

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

PROOF OF CLAIM



s131338

Scheduled Claim Ref # 2-F2-18964

YOUR CLAIM IS SCHEDULED AS

\$3 235 00 UNSECURED

In re
Fleming Companies, Inc

Case Number
03-10945

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

Check box if you have never received any notices from the bankruptcy court in this case

Check box if this address differs from the address on the envelope sent to you by the court

The amounts reflected above constitute your claim as scheduled by the Debtor If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below

If the amounts shown above are listed as Contingent Unliquidated or Disputed, a proof of claim must be filed

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

Name of Creditor and Address

0354429377947

AMERICAN EURO FOODS LLC
499 FEDERAL ROAD STE 22A
BROOKFIELD CT 06804

Creditor Telephone Number **803 740-7387**

CREDITOR TAX I D #

06-1489000

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces or amends a previously filed claim dated _____

1 BASIS FOR CLAIM

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly)
- Retiree benefits as defined in 11 U S C § 1114(a)
- Wages, salaries and compensation (Fill out below)

Your social security number _____

Unpaid compensation for services performed from _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED

10/1/02

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ **3,235.00** (unsecured)

(secured)

(unsecured priority)

(total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

- Real Estate
- Motor Vehicle
- Other _____

Value of collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any \$ _____

6 UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured priority claim

Specify the priority of the claim

- Wages salaries or commissions (up to \$4 650*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business whichever is earlier 11 U S C § 507(a)(3)
- Contributions to an employee benefit plan 11 U S C § 507(a)(4)
- Up to \$2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
- Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)
- Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
- Other Specify applicable paragraph of 11 U S C § 507(a) _____

* Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4 00 p m , September 15, 2003, Pacific Daylight Time

BY MAIL TO
Bankruptcy Management Corporation
P O BOX 900
El Segundo, CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO
Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

FILED

AUG 08 2003

DATE SIGNED

8/6/03

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

FRANK CAPIZZI MEMBER

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

See Other Side For Instructions

Fleming Companies Claim



02598



REMIT TO
AMERICAN EURO FOODS, LLC

499 FEDERAL ROAD, SUITE 22A
 BROOKFIELD, CT 06804
 PHONE (203) 740-7387
 FAX (203) 740-7396
 ameurofoods@aol.com

INVOICE

Import Specialists

SOLD TO Flemming Companies Inc. 201 West Church Road King of Prussia, PA 19406 Attn: Joe Quinn	SHIP TO name
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CUSTOMER #	OUR ORDER # A0112407	ORDER DATE 9/24/02	CUSTOMER PO # 309141	INVOICE NUMBER 274022
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BROKER	FOB Delivered	CARRIER/VEHICLE # customer pick-up	TERMS 2% 10 days; net 11	INVOICE DATE 10/3/02
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QUAN SHIPPED	ITEM	DESCRIPTION	UNIT PRICE	EXTENTION
40	00001	12/17 fl.oz. Bellef Red Wine Vinegar	\$ 11.00	\$ 440.00
30	00002	12/17 fl.oz. Bellef White Wine Vinegar	\$ 11.00	\$ 330.00
30	00003	12/17 fl.oz. Bellef Balsamic Vinegar	\$ 14.00	\$ 420.00
25		250-20 Allspice	\$ 1.60	\$ 40.00

CASH DISCOUNT OF 274.00	IF PAID BY 10/3/02	PAY THIS AMOUNT →	\$ 3,225.00
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BROKER

SHIPPING ORDER - NOT NEGOTIABLE

DATE 09/24/02

BILL OF LADING NO 0011555R

TO FLEMINGTON

FROM SHIPPER BL W0112407
 AMERICAN EURO FOODS
 499 FEDERAL AVE
 BROOKFIELD, CT 06804
 EX, GANNET WARE, ELIZ NJ

CARRIER SHIP DATE 09/25/02
 CUSTOMER P/U

PREPAID COLLECT

Mark the X to designate Hazardous Materials as defined in the Department of Transportation Regulations governing the transportation of hazardous materials
 HM REF C F R 49 SECTION 172 101
 PLACARD PROVIDED

COD SHIPMENT
 COD AMOUNT _____

HM	QUANTITY	PACKAGING	DESCRIPTION	CLASS	GROSS WEIGHT
	90	1PT/90PER	RED WINE VINFGAR 12/CTN LOT # L2057 PO# 30914J	60	2250 000
	90	1PLT/90PER	WHITE WINE VINFGAR 12/CTN LOT # L2100 PO# 30914J	60	2160 000
	95	1PT/95PER	RAI.SAMTC VINFGAR 12/CTN LOT # 00005/1249 PO# 30914J	60	2375 000
TOT	275			TOT	6785 000

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Original Bill of Lading, the property described below in apparent good order except as noted (contents and condition of contents of packages unknown) marked consigned and destined as indicated below which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination if on its route otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof if this is a rail or a rail-water shipment or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading set forth in the classification or tariff which governs the transportation of this shipment and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. Subject to Section 7 of conditions of applicable bill of lading if this shipment is to be delivered to the consignee without recourse on the consignor the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges Per 493002 275.00 (Signature of Consignor)

This is to certify that the above named articles are properly classified described packaged marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation

If the shipment moves between two ports by a carrier by water the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.
 Shipper's imprint in lieu of stamp, not a part of Bill of Lading approved by the Department of Transportation

NOTE -- Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property
 The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding 35K 1

Permanent Post Office Address of Shipper
Gannet Warehousing Corp.
 475 DIVISION STREET
 ELIZABETH NJ 07207

Shipper Per Fleming
 Agent Per [Signature] 275 09-20-02

CNJN56M
Page 01 of 01

Date: 09/20/02
Time: 09 39 29

D

040

PO 309141
PO Status OPEN

99994 PARAMOUNT

Reqstd Arrival 092502
Inforem Date MMDDYY

KJ QUINN, JOSEPH

Date Received MMDDYY

Type Shipment 0
Receiving Mode -
EST Unload Time - HRS

Appt Time HHMM Date MMDDYY

Warehouse No 01
00 000 % 010 DAYS Net

Date Placed at Dock MMDDYY

Date Car Reported MMDDYY

Note1 DEDUCT 60 A CASE BACK HAUL ALLOWANCE

Date Shpd From MFG MMDDYY

Date Ordered 092002

Note2

Carrier

Car/Trl#

Truck Load Bill

Totals-Items	3
Cases	275
Weight	6,875
Dollars	3,400
Cube	166
Pallet	

X

Command ==> POUH 309141 040

No data entered

Enter	F3=Return	F4=End	F5=Update	F6=PNTT	F7=Bkwd	F8=Fwd
F9=Del	F11=Rcv	F12=Reset	F13=Pur	F14=Rcv/Pur		

D

040

PO 309141

PO Status OPEN Reqstd Arrival 092502

99994 PARAMOUNT

Item D O-QTY Cost Sell Q-REC

33167 _ 90

11 500 11 530

CS BELLE VIN RED 12 17 FZ

Save

- 7 12146 00001

33174 _ 90

11.500 11 530

CS BELLE VIN WHT 12 17 FZ

- 7 12146 00002

33176 _ 95

14.000 14 960

CS BELLE BALS VIN 12 17 FZ

- 7 12146 00005

PER

PER

PER

PER

PER

PER

X

Command ==> POID 309141 040

P171 UPDATE COMPLETED

Enter F3=Return F4=End F5=Update F6=PNTR: F7=Bkwd F8=Fwd
F9=Del F10=Add F11=Rcv F12=Reset F13=Pur F14=Rcv/Pur

D

040

99994
P O Note: PO Status: OPEN Reqstd Arrival: 092502

A/C/D Item	Seq	Flags	Note
- 00000-0 00		P R N _ _	(1) DEDUCT .60 A CASE BACK HAUL ALLOWANCE
- 00000-0 00		- - - - -	(2) _____

X

Command ==> PNTE 309141 040

DATA ACCEPTED, KEY NEXT PO NUMBER

Enter F3=Return F4=End F5=Update F6=POUH
F11=Rcv F12=Reset F13=Pur F14=Rcv/Pur