

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



s132433

Scheduled Claim Ref # 2-F2-20059

YOUR CLAIM IS SCHEDULED AS

\$216.96 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.

Name of Creditor and Address

0354429388285

COMFORT INN  
2445 S. ACADIAN THRUWAY  
BATON ROUGE LA 70808

☐ 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.

Creditor Telephone Number ( ) **225-236-4000**

CREDITOR TAX ID #

**72-1504941**

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

Your social security number \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

2 DATE DEBT WAS INCURRED

**2/03: 3/03: 4/03**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ **216.96**

(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) **1009ING Bills**

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

DATE SIGNED

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).

THIS SPACE FOR COURT USE ONLY

**FILED**

**AUG 05 2003**

**BMC**

Fleming Companies Claim



02708

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

**COMFORT INN UNIVERSITY CENTER**

2445 S ACADIAN THRUWAY  
BATON ROUGE LA 70808  
(225) 236-4000

Account 124840

Date 08/04/03

Page 1 of 1

Room 236 FLEM

Arrival Date 02/10/03 17 39

Departure Date 02/11/03 04 03

Frequent Traveler ID

You were checked out by ER

You were checked in by RM

STOUTE BYRON

FLEMING FOODS

CARENCRO LA 70520

Post Date	Description	Comment	Amount
02/10/03	ROOM CHARGE	#236 STOUTE BYRON	48 00
02/10/03	STATE TAX	STATE TAX	1 92
02/10/03	CITY/COUNTY TAX	CITY/COUNTY TAX	2 40
02/10/03	OCCUPANCY TAX	OCCUPANCY TAX	1 92
02/11/03	DIRECT BILL DUE	DIRECT BILL DUE	54 24
		Balance Due	0 00

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

x \_\_\_\_\_

54 24 will be billed to Account 103

ON HOLD FLEMING FOODS INC P O BOX 900/ 108 KOL DR BROUSSARD LA 70518

**COMFORT INN UNIVERSITY CENTER**

2445 S ACADIAN THRUWAY  
BATON ROUGE LA 70808  
(225) 236-4000

Room 236

Arrival Date 02/10/03

Departure Date 02/11/03

Account 124840

Frequent Traveler ID

Merchant Number

Approval Number

Card Type

Date 8/4/2003

Card Number

Credit Card Expiration

Total

BYRON STOUTE

CARENCRO, LA 70520

x \_\_\_\_\_

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

**COMFORT INN UNIVERSITY CENTER**

2445 S ACADIAN THRUWAY  
BATON ROUGE, LA 70808  
(225) 236 4000

Account 126034

Date 08/04/03

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Room 428 FLEM

Arrival Date 03/05/03 17 21

Departure Date 03/06/03 04 47

Frequent Traveler ID

You were checked out by DG

You were checked in by MMD

CHAISSON GILFRED

BROUSSARD LA 70518

Post Date	Description	Comment	Amount
03/05/03	ROOM CHARGE	#428 CHAISSON GILFRED	48 00
03/05/03	STATE TAX	STATE TAX	1 92
03/05/03	CITY/COUNTY TAX	CITY/COUNTY TAX	2 40
03/05/03	OCCUPANCY TAX	OCCUPANCY TAX	1 92
03/06/03	DIRECT BILL DUE	DIRECT BILL DUE	54 24
			<hr/>
Balance Due			0 00

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

x \_\_\_\_\_

54 24 will be billed to Account 103

ON HOLD - FLEMING FOODS INC P O BOX 900/ 108 KOL DR BROUSSARD LA 70518

**COMFORT INN UNIVERSITY CENTER**

2445 S ACADIAN THRUWAY  
BATON ROUGE LA 70808  
(225) 236-4000

Room 428

Arrival Date 03/05/03

Departure Date 03/06/03

Account 126034

Frequent Traveler ID

Merchant Number

Approval Number

Card Type

Date 8/4/2003

Card Number

Credit Card Expiration

Total

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

GILFRED CHAISSON

BROUSSARD, LA 70518

x \_\_\_\_\_

**COMFORT INN UNIVERSITY CENTER**

2445 S ACADIAN THRUWAY  
BATON ROUGE, LA 70808  
(225) 236-4000

Account 127573

Date 08/04/03

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Room 126 FLEM

Arrival Date 03/26/03 14 08

Departure Date 03/27/03 04 23

Frequent Traveler ID

You were checked out by DG

You were checked in by SK

GREEN AL

231 BEVERLY RD

OPELOUSAS LA 70570

FLEMING FOODS

Post Date	Description	Comment	Amount
03/26/03	PAY MOVIE	PAY MOVIE	11 99
03/26/03	MOVIE TAX	MOVIE TAX	0 96
03/26/03	CASH	PAID FOR MOVIE	-12 95
03/26/03	ROOM CHARGE	#126 GREEN AL	48 00
03/26/03	STATE TAX	STATE TAX	1 92
03/26/03	CITY/COUNTY TAX	CITY/COUNTY TAX	2 40
03/26/03	OCCUPANCY TAX	OCCUPANCY TAX	1 92
03/27/03	DIRECT BILL DUE	DIRECT BILL DUE	54 24
			<hr/>
			Balance Due 0 00

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

x \_\_\_\_\_

54 24 will be billed to Account 103  
ON HOLD FLEMING FOODS INC P O BOX 900/ 108 KOL DR BROUSSARD LA 70518

**COMFORT INN UNIVERSITY CENTER**

2445 S ACADIAN THRUWAY  
BATON ROUGE, LA 70808  
(225) 236-4000

Room 126

Arrival Date 03/26/03

Departure Date 03/27/03

Account 127573

Frequent Traveler ID

Merchant Number

Approval Number

Card Type

Date 8/4/2003

Card Number

Credit Card Expiration

Total

AL GREEN

231 BEVERLY RD

OPELOUSAS, LA 70570

x \_\_\_\_\_

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

**COMFORT INN UNIVERSITY CENTER**

2445 S ACADIAN THRUWAY  
BATON ROUGE, LA 70808  
(225) 236-4000

Account 129377

Date 08/04/03

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Room 124 FLEM

Arrival Date 04/29/03 16 51

Departure Date 04/30/03 05 19

Frequent Traveler ID

You were checked out by DG

You were checked in by AH

MATTHEWS WILSON

119 TREW HILL

LAFAYETTE LA 70506

Post Date	Description	Comment	Amount
04/29/03	ROOM CHARGE	#124 MATTHEWS WILSON	48 00
04/29/03	STATE TAX	STATE TAX	1 92
04/29/03	CITY/COUNTY TAX	CITY/COUNTY TAX	2 40
04/29/03	OCCUPANCY TAX	OCCUPANCY TAX	1 92
04/30/03	DIRECT BILL DUE	DIRECT BILL DUE	54 24
			<hr/>
Balance Due			0 00

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

x \_\_\_\_\_

54 24 will be billed to Account 103

ON HOLD FLEMING FOODS INC P O BOX 900/ 108 KOL DR BROUSSARD LA 70518

**COMFORT INN UNIVERSITY CENTER**

2445 S ACADIAN THRUWAY  
BATON ROUGE, LA 70808  
(225) 236-4000

Room 124

Arrival Date 04/29/03

Departure Date 04/30/03

Account 129377

Frequent Traveler ID

Merchant Number

Approval Number

Card Type

Date 8/4/2003

Card Number

Credit Card Expiration

Total

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

WILSON MATTHEWS

119 TREW HILL

LAFAYETTE, LA 70506

x \_\_\_\_\_