


<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE</b>		<b>PROOF OF CLAIM</b>		 612803 Bar Date Ref #2 NVM-78659	
In re <u>Fleming Companies</u>		Case Number <u>03-10945 (MFW)</u>			
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.				<input type="checkbox"/> 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. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address  <div style="text-align: right;">0354653612803</div> Courtyard Florist 301 S Main St Goodlettsville TN 37072				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 (615) <u>376-5952</u>					
CREDITOR TAX ID # <u>62-1866896</u>		ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR <u>4346</u>		Check here <input type="checkbox"/> replaces or amends a previously filed claim dated _____.	
<b>1 BASIS FOR CLAIM</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages salaries and compensation (Fill out below) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) _____ Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)					
<b>2. DATE DEBT WAS INCURRED</b> <u>7 15 03 7 16 03 7 22 03</u> <b>3 IF COURT JUDGMENT DATE OBTAINED</b>					
<b>4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE</b> \$ <u>315.77</u> (unsecured)      \$ _____ (secured)      \$ _____ (unsecured priority)      \$ <u>315.77</u> (total)					
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> 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.					
<b>5 SECURED CLAIM</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim above if any \$ _____			<b>6 UNSECURED PRIORITY CLAIM</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim. Specify the priority of the claim: <input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Alimony maintenance or support owed to a spouse, former spouse or child - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) _____ <small>* 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.</small>		
<b>7 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.					
<b>8 SUPPORTING DOCUMENTS</b> 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.					
<b>9 DATE-STAMPED COPY</b> 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.				THIS SPACE FOR COURT USE ONLY	
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 <u>8-5-03</u>		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) <u>Tammy Stewart - Accounting</u>			

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 357P

See Other Side For Instructions

FILED

AUG 08 2003

BMC

Fleming Companies Claim



02712

# INVOICE

The Courtyard  
301 S Main Street  
Goodlettsville TN 37072  
(615)859-1311

Invoice Number 0000033069  
Invoice Date 7/15/2003  
Customer ID 0000004346

Fleming Co  
Mike Tait  
500 S Cartwright  
Goodlettsville TN 37072

Deliver on Tuesday 7/15/2003  
Wanda Elliott

Deliver To  
Wanda Elliott  
1209 Lamberth Way  
Antioch TN 37013  
(615)399-3312

Occasion Miscellaneous

Card Thinking About You And Wishing  
You A Speedy Recovery  
Your Friends At Fleming

Description	Qty	Amount	Sub Total
Vase Arrangement	1	\$50 00	\$50 00

Method Of Payment	Amount
House Charge	\$62 28
<b>Total Due</b>	<b>\$62 28</b>

Merchandise	\$50 00
Delivery	\$7 00
Service	\$0 00
Tax	\$5 28
<b>Total Due</b>	<b>\$62.28</b>

# INVOICE

The Courtyard  
301 S Main Street  
Goodlettsville TN 37072  
(615)859-1311

Invoice Number 0000033070  
Invoice Date 7/15/2003  
Customer ID 0000004346

Fleming Co  
Mike Tait  
500 S Cartwright  
Goodlettsville TN 37072

Deliver on Tuesday 7/15/2003  
Linda Duke

Deliver To  
Linda Duke  
222 Jacksonian Dr  
Hermitage TN 37076  
(615)872-8728

Occasion Miscellaneous  
Card Thinking About You And Wishing  
You A Speedy Recovery  
Your Friends At Fleming

Description	Qty	Amount	Sub Total
Vase Arrangment	1	\$50 00	\$50 00

Method Of Payment	Amount
House Charge	\$62 28
<b>Total Due</b>	<b>\$62 28</b>

Merchandise	\$50 00
Delivery	\$7 00
Service	\$0 00
Tax	\$5 28
<b>Total Due</b>	<b>\$62.28</b>

# INVOICE

The Courtyard  
301 S Main Street  
Goodlettsville TN 37072  
(615)859-1311

Invoice Number 0000033097  
Invoice Date 7/16/2003  
Customer ID 0000004346

Fleming Co  
Mike Tart  
500 S Cartwright  
Goodlettsville TN 37072

Deliver on Wednesday 7/16/2003  
Shay Dunivant

Deliver To  
Shay Dunivant  
Vanderbilt Hospital  
Room 6023  
Nashville TN 37212

Occasion Miscellaneous  
Card Thinking Of You!  
Your Friends At  
Fleming

Description	Qty	Amount	Sub Total
Fruit Baskets	1	\$50 00	\$50 00

Method Of Payment	Amount
House Charge	\$62 28
<b>Total Due.</b>	<b>\$62 28</b>

Merchandise	\$50 00
Delivery	\$7 00
Service	\$0 00
Tax	\$5 28
<b>Total Due</b>	<b>\$62.28</b>

# INVOICE

The Courtyard  
301 S Mian Street  
Goodlettsville TN 37072  
(615)859-1311

Invoice Number 0000033250  
Invoice Date 7/22/2003  
Customer ID 0000004346

Fleming Co  
Mike Tait  
500 S Cartwright  
Goodlettsville TN 37072

Deliver on Tuesday 7/22/2003  
Judy Wortham

Deliver To  
Judy Wortham  
372 Lee Rd  
Cottontown TN 37048

Occasion Illness  
Card Get Well Soon

Description	Qty	Amount	Sub Total
Vase Arrangment	1	\$50 00	\$50 00

Method Of Payment	Amount
House Charge	\$62 28
<b>Total Due</b>	<b>\$62 28</b>

Merchandise	\$50 00
Delivery	\$7 00
Service	\$0 00
Tax	\$5 28
<b>Total Due</b>	<b>\$62.28</b>

# INVOICE

The Courtyard  
301 S Mian Street  
Goodlettsville TN 37072  
(615)859-1311

Invoice Number 0000033581  
Invoice Date 8/1/2003  
Customer ID 0000004346

Fleming Co  
Mike Tait  
500 S Cartwright  
Goodlettsville TN 37072

Deliver on Friday 8/1/2003  
Mr Bob Ingram

Deliver To  
Mr Bob Ingram  
Shelton's Funeral Home  
Trenton TN

Occasion Sympathy  
Card Our Deepest Sympathy In Your  
Loss  
Your Freinds At  
Fleming Co

Description	Qty	Amount	Sub Total
Basket Of Fresh Flowers	1	\$50 00	\$50 00

Method Of Payment	Amount
House Charge	\$66 65
<b>Total Due</b>	<b>\$66 65</b>

Merchandise	\$50 00
Delivery	\$4 00
Service	\$7 00
Tax	\$5 65
<b>Total Due</b>	<b>\$66.65</b>