


UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		PROOF OF CLAIM	 s135699 Scheduled Claim Ref # 2-F2-23325 YOUR CLAIM IS SCHEDULED AS \$93 64 UNSECURED									
In re Fleming Companies, Inc		Case Number 03-10945										
<small>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.</small>		<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 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 O E C CORPORATION P O BOX 1069 MEDINA OH 44258 0354429419798												
Creditor Telephone Number 330 725-0001												
CREDITOR TAX ID # 34-0748385	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 1324140	<input type="checkbox"/> Check here if this claim replaces or amends a previously filed claim dated _____										
1 BASIS FOR CLAIM <table style="width:100%;"><tr><td><input checked="" type="checkbox"/> Goods sold</td><td><input type="checkbox"/> Personal injury/wrongful death</td><td><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</td></tr><tr><td><input type="checkbox"/> Services performed</td><td><input type="checkbox"/> Taxes</td><td><input type="checkbox"/> Wages, salaries and compensation (Fill out below)</td></tr><tr><td><input type="checkbox"/> Money loaned</td><td><input type="checkbox"/> Other (describe briefly)</td><td>Your social security number _____</td></tr></table> <div style="text-align: right;">Unpaid compensation for services performed from _____ to _____ (date) (date)</div>				<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 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 _____
<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 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 _____										
2 DATE DEBT WAS INCURRED <u>3/21/03</u> <u>3/27/03</u>		3 IF COURT JUDGMENT, DATE OBTAINED										
4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ <u>196.15</u> (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ <u>196.15</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.												
5 SECURED CLAIM <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 \$ _____		6 UNSECURED PRIORITY CLAIM <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>										
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 8/5/03	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). Scott R Rowkle / EXEC ADMDR											
<small>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.</small> See Other Side For Instructions												



Statement As of Date 7/11/2003

Customer ID 1224140

OEC Corporation

P O Box 1069

Medina, OH 44258

(330) 725-0001

FLEMING COMPANY INC

1200 WEST SUNSET

WAUKESHA, WI 531890000

414-542-9311

Statement

CUSTOMER ID

1224140

AS OF DATE

7/11/2003

PAGE

1 of 1

Total Amount Due 202 24

Invoice Number	Invoice Date	Due Date	Purchase Order Number	Amount Due	Invoice Number	Amount Enclosed
Branch ID	01	HQ				
9916319	3/21/2003	4/20/2003	M132453	93 64	9916319	
9917042	3/27/2003	4/26/2003	M132453 3/25/2003 07 48 38	102 51	9917042	
9921967	5/27/2003	5/27/2003	Finance Charge	3 28	9921967	
9924435	6/25/2003	6/25/2003	Finance Charge	2 81	9924435	
Total Amount Due				<u><u>202 24</u></u>		
-----Invoice Age in Days				196.15		
Current	<= 30	31 to 60	61 to 90	OVER 90		
0 00	2 81	X 28	0 00	196 15		
					Total Amount Due	202 24
					Amount Enclosed	



OEK Corporation

1035 INDUSTRIAL PKWY
MEDINA, OH 44256
US
(330) 725-0001

Bill To

FLEMING COMPANY INC
1200 WEST SUNSET
WAUKESHA, WI 531890000
USA
414-542-9311

PICK TICKET PACKING LIST

Pick Ticket Number	
1014111	
Pick Date	Page
3/27/2003 06 28 14	1 of 1
Order Number	
1011322	

Ship To

FLEMING CO INC
1200 WEST SUNSET
WAUKESHA, WI 53189

UPS MAP 2 7 2003

Customer ID 1224140

Picker 3-27-03

Packer 25307

Cartons 1

Wgt 3

Frt 6.28

Order Date	PO Number				Carrier	Taker
03/20/03	M132453-3/25/2003 07 48 38				UPS	DEARLL
Quantities				Item ID	Item Description	UOM
QTY ORDERED	QTY SHIPPED	QTY B/O	Disp			
60	6.0			NIM1936	PIPE FITTING	EA 10
60	6.0			NIM1937	PIPE FITTING	EA 10

Total Lines 2

475812 MAR 27, 2003 ACT 3 0
SERVICE GND COM BILL 3
TRACKING# 124758120340744909
PICK TICKET 1014111
REF 2 1011322

PUB SVC CHG \$4 28 HPK 1
IV \$0 00 COD \$0 00
DC \$0 00 RS \$0 00
AH \$0 00 SD \$0 00
HNDL \$2 00 SP \$0 00
NTFY \$0 00 HZMT \$0 00
PUB/NET CHG \$4 28 \$6 28

M.L.V.

10013626

Megan

54 nA

7-11-68

THE SUPPLEMENT

5. FLEETING COMPANY INC

E' 'Cl CSE 1 10 24

I 1200 WEST FUNEET

DESCR1PT1G 4 CD 2

2 4475 ESHA VI 5-159

P/C REQUIRED 1.

SHIP 14

64. EPA v. ...

FIELD TITLE

[illegible]

QTY	QTY	PRC	QTY	QTY DESCRIPTION	EXTENDED PRICE
-----	-----	-----	-----	-----------------	----------------

Nim1936 (EA) 1 3'8-2 6MALEPIPERIDJ 47 52
346157 31143-2-1

NIM1937 (EA) 1 3 2-1 CUDTER-3WIVEL 13 48
FARHER -0043-B-6

TO: W. LINE'S ENTIRETY 2 CREDIT TOTAL 71 25

1700 4500 600 ① 750 900 1050 1200

1.71 2402 LNC 0 +PRO 00 +CON 00 PRICE - 28

IF YOU CAN THESE ARE THE PRICES FROM LAST FALL. IF YOU LET ME

WHEW, THAT THE CLIENT PRICING IS THANKS

SECRET - NO USE OF VO EXCELLENCE

EASTERN HYDRAULIC

#1002297

3-21-03

OK Nancy

1011322

**DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

Tracking Number	1Z 475 812 03 4074 490 9
Reference Number(s)	1014111, 1011322, 1014111, 1011322
Service Type	GROUND
Package Weight	3 00 Lbs
Shipped or Billed on	Mar 27, 2003
Delivered on	Mar 31, 2003 10 00 A M
Delivered to	WAUKESHA, WI, US
Signed by	DEMPSEY

A handwritten signature in black ink, appearing to read 'M. Dempsey', is written over a horizontal line.

Location OFFICE

Thank you for giving us this opportunity to serve you

Sincerely,
United Parcel Service

Tracking results provided by UPS Jul 16, 2003 7 42 A M Eastern Time (USA)

OEC Corporation

P O Box 1069
Medina, OH 44258
US
(330) 725-0001

INVOICE

INVOICE	
9917042	
Invoice Date 3/27/2003	Page 1 of 1
ORDER NUMBER	
1011322	

Bill To

FLEMING COMPANY INC
1200 WEST SUNSET
WAUKESHA, WI 531890000
USA

Ship To

FLEMING CO INC
1200 WEST SUNSET
WAUKESHA, WI 53189

Customer ID 1224140

PO Number				Terms Description		Net Due Date	Order Date	Primary Salesrep Name		
M132453-3/25/2003 07 48 38				Frt 15/Net30		04/26/03	3/20/2003	Michael Riedl		
QTY Ordered	QTY Shipped	QTY Remaining	UOM	Disp	Item ID	Item Description		Unit Price	Extended Price	

6 0	6 0	0 0	EA~		NIM1936	PIPE FITTING		7 9300	47 58	
-----	-----	-----	-----	--	---------	--------------	--	--------	-------	--

6 0	6 0	0 0	EA~		NIM1937	PIPE FITTING		7 2800	43 68	
-----	-----	-----	-----	--	---------	--------------	--	--------	-------	--

Total Lines 2

Total Freight In 0 00

Total Freight Out 6 28

SUB-TOTAL	91 26
TOTAL FREIGHT	6 28
Wisconsin State Tax	4 87
Wisconsin Stadium Rate	0 10
AMOUNT DUE	102 51



OEC Corporation

1035 INDUSTRIAL PKWY
MEDINA, OH 44256
US
(330) 725-0001

Handwritten signature and date 02/29/03

PICK TICKET PACKING LIST

Pick Ticket Number	
1013606	
Pick Date	Page
3/21/2003 08 44 26	1 of 1
Order Number	
1011093	

Bill To

FLEMING COMPANY INC
1200 WEST SUNSET
WAUKESHA, WI 531890000
USA
414-542-9311

Ship To

FLEMING CO INC
1200 WEST SUNSET
WAUKESHA, WI 53189

UPS MAR 21 2003

Customer ID 1224140

Picker: *[Signature]*

Packer *DM1111*

Cartons 1

Wgt 6

Frt 6.82

Order Date	PO Number				Carrier	Taker	
03/20/03	M132453				UPS	LKELLAND	
Quantities				Item ID	Item Description	UOM	
QTY ORDERED	QTY SHIPPED	QTY B/O	Disp				PKG
3 0	3 3.0			9122	ULTRA BLUE RTV*	EA	1 0
1 0	1 1.0			15341	S HOOK	BX	50 0
2 0	2 2.0			15343	S HOOK	BX	25 0
3 0	3 3.0			20055	FUSE	BX	5 0
3 0	3 3.0			20056	FUSE	BX	5.0
1 0	1 1.0			21909	TERMINAL	BX	50.0

Total Lines 6

475812 MAR 21, 2003 ACT 5 4
SERVICE GND COM BILL 6
TRACKING# 1Z4758120340169773
PICK TICKET 1013606
REF 2 1011093

PUB SVC CHG \$4 82 #PK 1
IV \$0 00 COD \$0 00
DC \$0 00 RS \$0 00
AH \$0 00 SD \$0 00
HNDL \$2 00 SP \$0 00
NTFY \$0 00 HZMT \$0 00
PUB/NET CHG \$4 82 \$6 82

* Complete Order *

10013626

ORDER NUMBER 1707 *** EXCEPTION ORDER *** PAGE 1

CUSTOMER NO 27440
SHEMING COMPANY INC
SHEMING COMPANY INC
1200 WEST SUMMIT
WAUKECHA WI 53135
TYPE SHIPMENT 2
ENCLOSE INV N
DESCRIPTION CD 2
BACKORDER DAYS 20
P/O RECEIVED N
SHIP VIA

NAME OF CUSTOMER F D NUMBER SALESMAN - JDE
PO BOX 10000 FIELD, MICHAEL

ORDER BACKORDER TOTAL

QTY	PKG	COM	CT	DESCRIPTION	EXTENDED PRICE
100	EA		1	ULTRA BLUE PTC	19 95
100	EA		50	3 400K 1-3	6 90
100	EA		50	3 400K 129 2-7	27 06
100	EA		5	FUSE	7 58
100	EA		5	FUSE	7 58
100	EA		50	TERMINAL	10 94

TOTAL LINES ENTERED 6 ORDER TOTAL

22 29

NET TOTAL OF 23 EXCEEDED

NOV 1983

**United Parcel Service****DELIVERY NOTIFICATION**

Dear Customer,

This is in response to your request for delivery information concerning the shipment listed below

Tracking Number	1Z 475 812 03 4016 977 3
Reference Number(s)	1013606, 1011093, 1013606, 1011093
Service Type	GROUND
Package Weight	5 40 Lbs
Shipped or Billed on	Mar 21 2003
Delivered on	Mar 25, 2003 10 53 A M
Delivered to	WAUKESHA, WI, US
Signed by	RACHEL

A handwritten signature in black ink, appearing to read 'Rachel'.

Location DOCK

Thank you for giving us this opportunity to serve you

Sincerely,
United Parcel Service

Tracking results provided by UPS Jul 16, 2003 7 43 A M Eastern Time (USA)

OEC Corporation

P O Box 1069
 Medina, OH 44258
 US
 (330) 725-0001

INVOICE

INVOICE	
9916319	
Invoice Date 3/21/2003	Page 1 of 1
ORDER NUMBER	
1011093	

Bill To

FLEMING COMPANY INC
 1200 WEST SUNSET
 WAUKESHA, WI 531890000
 USA

Ship To

FLEMING CO INC
 1200 WEST SUNSET
 WAUKESHA, WI 53189

Customer ID 1224140

PO Number			Terms Description		Net Due Date	Order Date	Primary Salesrep Name		
M132453			Frt 15/Net30		04/20/03	3/20/2003	Michael Riedl		
QTY Ordered	QTY Shipped	QTY Remaining	UOM	Disp	Item ID	Item Description	Unit Price	Extended Price	
3 0	3 0	0 0	EA~		9122	ULTRA BLUE RTV*	6 6500	19 95	
1 0	1 0	0 0	BX~		15341	S HOOK	6 9600	6 96	
2 0	2 0	0 0	BX~		15343	S HOOK	14 5300	29 06	
3 0	3 0	0 0	BX~		20055	FUSE	2 5600	7 68	
3 0	3 0	0 0	BX~		20056	FUSE	2 5600	7 68	
1 0	1 0	0 0	BX~		21909	TERMINAL	10 9400	10 94	

Total Lines 6

Total Freight In 0 00

Total Freight Out 6 82

SUB-TOTAL 82 27

TOTAL FREIGHT 6 82

Wisconsin State Tax 4 45

Wisconsin Stadium Rate 0 10

AMOUNT DUE 93 64