

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

PROOF OF CLAIM



644742

Bar Date Ref # 2-NVM-112299

In re

Case Number

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.

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

0354653644742

Eversten Distributin
592 Oakley St
Salt Lake City, UT 84116

Creditor Telephone Number 801 595-6477

CREDITOR TAX I.D. #

E 93667

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
FOOD 4 LESS

Check here rep a es
if this claim 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

2/20/03 - 3/19/03

3. IF COURT JUDGMENT, DATE OBTAINED

4. TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ 1230.96

(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) _____

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

8-4-03

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).

David Eversten **DAVID EVERSTEN** *Owner*

THIS SPACE FOR COURT USE ONLY

FILED

AUG 08 2003

BMC

Fleming Companies Claim



02617

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

EVERTSEN DISTRIBUTING LLC
 592 OAKLEY STREET
 SALT LAKE CITY, UTAH 84116

Statement

DATE

03/14/2003

BILL TO

Food 4 Less
 5600 So VanWinkle Blvd
 Salt Lake City Utah

AMOUNT DUE	AMOUNT ENC
\$193 68	

DATE	DESCRIPTION	AMOUNT	BALANCE
02/19/03	Balance forward		55 20
02/24/03	INV #10132	153 48	208 68
02/28/03	PMT #22800 - inv 10033	-55 20	153 48
03/10/03	INV #10177	40 20	193 68

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DUE
193 68	0 00	0 00	0 00	0 00	\$193 68

EVERTSEN DISTRIBUTING LLC
 592 OAKLEY STREET
 SALT LAKE CITY UTAH 84116

Statement

DATE

03/19/2003

BILL TO

Food 4 Less
 5345 So 4015 West
 Kearns Utah

		AMOUNT DUE	AMOUNT ENC		
		\$297 48			
DATE	DESCRIPTION	AMOUNT	BALANCE		
02/19/03	Balance forward		52 92		
02/20/03	INV #10118	54 00	106 92		
03/05/03	INV #10164	126 48	233 40		
03/10/03	PMT #3469 - INV 10045	-52 92	180 48		
03/19/03	INV #10210	117 00	297 48		
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DUE
297 48	0 00	0 00	0 00	0 00	\$297 48