

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

PROOF OF CLAIM



s138596

Scheduled Claim Ref # 2 F2-26222

YOUR CLAIM IS SCHEDULED AS

\$56.22 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
GREEN'S Implement Inc,
DBA GRAYSON CO AUTO PARTS
1517 E-TOWN ROAD
LEITCHFIELD KY 42754
0354429399116

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 *(202) 259-4056*

CREATOR TAX ID #
61-0878022

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
2910

Check here replaces or amends a previously filed claim dated _____ if this claim replaces or amends

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

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ *56.22* (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ *56.22* (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 11 2003

BMC

Fleming Companies Claim

02988

DATE SIGNED
8-5-2003

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).

WALTER B GREEN VP

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



AUTO PARTS

GRAYSON COUNTY AUTO PARTS
 1517 ELIZABETHTOWN ROAD P O BOX 264
 LEITCHFIELD, KY 42754
 PHONE 270-259-4056

NAPA GOLD FILTERS
 FOR EVERY MAKE OF CARS
 CHANGE YOURS TODAY

LIMITED WARRANTY - PLEASE READ
 *The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

SUBJECT TO 10% HANDLING CHARGE ON ALL RETURNED MERCHANDISE
 AND 2% SERVICE CHARGE ON ALL ACCOUNTS OVER 30 DAYS

RECEIVED BY
 X

Alan Dotson

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

ACCOUNT NO	SOLD TO
02910 FLEMING KY DIVISION	
PO BOX 4609	
LEITCHFIELD, KY	
15) LEITCHFIELD, KY, 42755	

DATE	INVOICE NO.	STORE NO	EMP	SR
3/18/03	190800	09318	7	0
TIME	PURCHASE ORDER NO.	ATTENTION		
10:59				
INVOICE TYPE		CHARGE SALE		

QUANTITY	PART NUMBER	LINE	DESCRIPTION	PRICE	NET	TOTAL	CODE
1.00	DAL1679	DC	SILVER M		4.090	4.09	T1
1.00	LOAD BINDER	ZZZ	LOAD BIND	19.390	17.790	17.79	T1DP
SUB TOTAL		21.88	MISC	0.00	6.000 % TAX	1.31	TOTAL
						23.19	



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 PHONE 270-259-4056

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 GREAT FILTER AT
 GREAT PRICES

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12) LEITCHFIELD, KY, 42755	

DATE	INVOICE NO.	STORE NO	EMP	SR
3/14/03	190492	09318	8	0
TIME	PURCHASE ORDER NO.	ATTENTION		
08:16				
INVOICE TYPE		CHARGE SALE		

QUANTITY	PART NUMBER	LINE	DESCRIPTION	PRICE	NET	TOTAL	CODE
1.00	NDF-52	NHT	WRENCH		9.690	9.69	T1
1.00	NDF-52-H	NHT	WRENCH		10.690	10.69	T1
2.00	54TD	LIT	REFLECTR	6.640	5.390	10.78	T1