

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

PROOF OF CLAIM



656306

Bar Date Ref # 2-NVM-124388

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
892018
0354653656306
 Hamburg Distributing CO
 PO Box 3437
 Peoria IL 61612

Creditor Telephone Number (~~773~~ - ~~254~~ - 9000)

CREDITOR TAX I D #
36-3784235

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
892018

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

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 ~~3-03~~ 3-03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE
 \$ 9423 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ 9423 (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

THIS SPACE FOR COURT
FILED
 AUG 11 2003
BMC

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)

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

892018 UL

FLEMING COMP INC FESTIVAL FD 03B1 224 224 224 224 000 R029786 0404 DELQ-BOTH
185 B KENNEDY DR 815-932-0600 B 3 5 ***23***** ***** 14 005819

BRADLEY IL 60914 COD-CURRENCY 1500 00 323/

961011 6,043 60 LC-030501 LI-030416 DD-030424

WAS 1 03B10945 CPT 11 T 4/30/03

INVOICE	TR	DATE	O	DEBITS	CREDITS	BALANCE	REFNUMB	SRC	DATE	SRC	AMT
P960545	IS	10/30/00	Y		500 00	500 00-					
P633084	OP	01/03/03	Y		39 54	539 54-0/P					
P070816	OP	01/13/03	Y		86 30	625 84-582498					
P426240	OP	03/07/03	Y		36 24	662 08-2169787					
9689688	CMQ	03/04/03	Y		23 59	685 67-				DI=K/A=<	23 59
2644995	21	03/26/03	Y	793 10		107 43				DI=K/A=<	775 10
7711336	CNT	03/27/03			18 00	89 43 2644995					
3672979	DM3	05/30/03	Y	1 57		91 00 INT0503					
4061610	DM3	06/30/03	Y	1 60		92 60 INT0603					
4491775	DM3	07/31/03	Y	1 63		94 23 INT0703					

ENTER CUSTOMER