

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

PROOF OF CLAIM



570532

Bar Date Ref # 2-NVM-29490

In re	Case Number
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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.

Name of Creditor and Address

Moore Red & White
17 S Main St
Holland NY 14080

0354653570532

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.

Creditor Telephone Number (716) 537-0661

CREDITOR TAX ID #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR <u>09381</u>	Check here <input type="checkbox"/> if this claim	<input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated _____
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1 BASIS FOR CLAIM

<input 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 _____
		Unpaid compensation for services performed from _____ to _____
		(date) (date)

2 DATE DEBT WAS INCURRED	3 IF COURT JUDGMENT, DATE OBTAINED
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4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ _____ (unsecured)	\$ _____ (secured)	\$ _____ (unsecured priority)	\$ <u>49.16</u> (total)
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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.

<p>BY MAIL TO</p> <p>Bankruptcy Management Corporation P.O. BOX 900 El Segundo, CA 90245-0900</p>	<p>BY HAND OR OVERNIGHT DELIVERY TO</p> <p>Bankruptcy Management Corporation 1330 East Franklin Avenue El Segundo, CA 90245</p>
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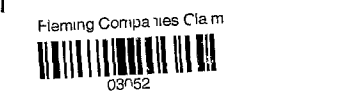
THIS SPACE FOR COURT

FILED

AUG 11 2003

BMC

DATE SIGNED <u>Aug 6, 2003</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>Kathy Matthey</u>
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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

Fleming

DSAR735-01

MASSILLON DIVISION
4676 ERIE ST SO
P O BOX 207
MASSILLON

*** STATEMENT ***

DATE - 07/31/03 PAGE - 2

BILL TO MOORES RED & WHITE
016 09381 MOORES RED & WHITE, INC
OH 446480207 TERR 18 HOLLAND NY 14080

STMT NO - 68287 DAY - 7
CHAIN NO - 00027

** STATEMENT TOTALS **

NET AMOUNT * RETAIL G M % RETL TAXABLE

TOTAL PAST DUE 49 16CR*
TOTAL DUE 49 16CR*

*
*

*** YOUR CHECK NO _____ WAS FILLED OUT FOR _____

Fleming

DSAR735-01

*** STATEMENT ***

DATE - 07/31/03 PAGE - 1

MASSILLON DIVISION
 4676 ERIE ST SO
 P O BOX 207
 MASSILLON OH 446480207
 PHONE (330) 879-5681

BILL TO
 016 09381
 TERR 18

MOORES RED & WHITE
 MOORES RED & WHITE, INC
 HOLLAND NY 14080

STMT NO - 68287 DAY - 7
 CHAIN NO - 00027

MAIL TO

MOORES RED & WHITE
 17 SOUTH MAIN STREET
 HOLLAND, NY 14080

TERMS - NET 04 DAYS

INV DATE	INV NO	DESCRIPTION	REF NO	DEPT	DETAIL	AMOUNT	NET AMOUNT	RETAIL	G M %
07/24/03	0068287	LAST STATEMENT TOTAL			***	49 16CR			
OPEN INVOICES FROM LAST STATEMENT									
06/06/03	0068684	TELXON MACHINE CHG			***	16 00	16 00		
06/12/03	0177267	WEEKLY SERVICE C CREDIT			***	20 00CR	20 00CR		
06/13/03	0070291	TELXON MACHINE CHG			***	16 00	16 00		
06/19/03	0130347	TELXON MACHINE CHG	1323		***	16 00CR	16 00CR		
07/03/03	0178066	RECLAMATION CRED CREDIT			***	45 16CR	45 16CR		
						TOTAL PASTDUE	49 16CR		
						GRAND TOTAL BALANCE	49 16CR		

Fleming

DSAR735-01

MASSILLON DIVISION
4676 ERIE ST SO
P O BOX 207
MASSILLON

*** CURRENT TRANSFERS RECAP ***

DATE - 07/31/03 PAGE - 3

BILL TO MOORES RED & WHITE
016 09381 MOORES RED & WHITE, INC
TERR 18 HOLLAND NY 14080
OH 446480207

STMT NO - 68287 DAY - 7
CHAIN NO - 00027

DEPT DESCRIPTION RECAP AMOUNT * RETAIL G M % RETAIL TAXABLE

CURRENT RECAP TOTAL 00

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

**In re. Fleming Companies, Inc et al
Case No 03-10945-(MFW)-11**

DOCUMENTS APPENDED TO CLAIM

On October 24, 2005, document(s) were appended to Claim Number **3052** for the following reason(s)

- Stipulation and Settlement Agreement
- Proof of Payment
- Change of Address Request dated
- Withdrawal Notice
- Other Docket Number ###

Fleming Companies, Inc - Estate

34810

REFERENCE NO / DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
Account Payables - CAP				49 16
CHECK DATE	CHECK NUMBER	PAYEE	DISCOUNTS TAKEN	CHECK AMOUNT
10/21/05	34810	MOORE'S RED & WHITE INC		\$49 16

THE BACKGROUND OF THIS DOCUMENT IS PRINTED IN COLORED INK

Fleming Companies, Inc - Estate

Phone 405.841.5789
3701 North Shartel
Oklahoma City OK 73118

JPMorgan Chase Bank
New York Controlled Disbursements

34810

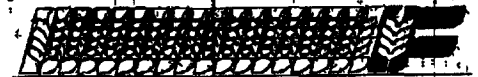
CHECK NO	DATE	AMOUNT
34810	Oct 21, 2005	\$49 16

Forty-Nine and 16/100 Dollars

Merco

PAY
TO THE
ORDER
OF

MOORE'S RED & WHITE INC
17 S MAIN
PO BOX 14
HOLLAND, NY 14080-0014



Authorized Signature