

723248

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PROOF OF CLAIM
In re	Case Number



560731

Bar Date Ref # 2-NVM-19303

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

United Refrigeration Inc
PO Box 951333
Dallas TX 75395-1333

0354653560731

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 (817) 625-9600

CREDITOR TAX I D # 23-1307731

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 723248

Check here replaces or amends a previously filed claim dated _____

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 \$ 5,285.25 (unsecured) \$ _____ (secured) \$ 5,285.25 (total) (unsecured priority)

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

<p>5 SECURED CLAIM</p> <p><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)</p> <p>Brief description of collateral</p> <p><input type="checkbox"/> Real Estate</p> <p><input type="checkbox"/> Motor Vehicle</p> <p><input type="checkbox"/> Other _____</p> <p>Value of collateral \$ _____</p> <p>Amount of arrearage and other charges at time case filed included in secured claim above if any \$ _____</p>	<p>6 UNSECURED PRIORITY CLAIM</p> <p><input type="checkbox"/> Check this box if you have an unsecured priority claim</p> <p>Specify the priority of the claim</p> <p><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)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan 11 U S C § 507(a)(4)</p> <p><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)</p> <p><input type="checkbox"/> Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)</p> <p><input type="checkbox"/> Other Specify applicable paragraph of 11 U S C § 507(a) _____</p> <p><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></p>
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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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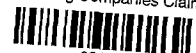
THIS SPACE FOR COURT USE ONLY

FILED

AUG 11 2003

BMC

Fleming Companies Claim



03163

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)

DIANTHA Chisholm, REGIONAL Credit Mgr

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

(800)438-4810

723248

830 LUBBOCK TX

06/30/83

Fleming Foods 83
P O Box 1530
Lubbock , TX 79408

UNITED REFRIGERATION, INC.
PO BOX 951333
DALLAS, TX 75395-1333

03/19/83 IN 6010591-00 MIKE JAMES	2103.57	2103.57
03/25/83 IN 6050750-00 MIKE	3103.57	5207.14
05/31/83 SC 53103-99	78.11	5285.25

0.00	78.11	0.00	5207.14	5,285.25
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