

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

**PROOF OF CLAIM**



s135413

Scheduled Claim Ref # 2 F2 23039

**YOUR CLAIM IS SCHEDULED AS**

\$568 74 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**

0354429416967

MONTALVAN S SALES INC  
2225 S CASTLE HARBOR PLACE  
ONTARIO CA 91761

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 ( **909 930-5670** )

CREDITOR TAX ID #  
**33-0594438**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
**F-2**

Check here  replaces or  amends a previously filed claim dated **6-11-03**

**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** **3/25/03-04/12/03**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** **\$3699.90** (unsecured) \$ (secured) \$ **3699.90** (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 a list of 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

03181

DATE SIGNED **08/07/03**

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)

**Carmen Montalvan Vice Pres.**

MONTALVAN'S SALES, INC  
 2225 S. CASTLE HARBOR PL  
 ONTARIO, CA 91761  
 " TRAYENDOLE EL SABOR DE SU TIERRA "  
 (909) 930-5670 (909) 930-5677  
 info@montalvans.com

\* INVOICE \*  
 \*\*\*\*\*

Date : 03/10/03 No . 36432

\*\*\*\*\*

Due Date 03/25/03 Page 1

F-2  
 FOOD 4 LESS - ROSE PARK - # 1204  
 THOMAS (PRODUCE), BRIANT (GROCERY)  
 729 N REDWOOD RD.  
 SALT LAKE CITY UT 84116

Ship To/Remarks

PHONE (801) 322-3562 FAX (801) 322-3725

Via	FOB	Terms	Your#	Our#	Rep
		NET 15 DAYS		36432	
Description	Item Number	Ordered Measure	Shipped Backordered	Unit Price Discount %	Extended
CROWN CORNED BEEF 24/16oz		1 0	1.0	91.0000	91 00
CE16	56869-90002		CASE		
PALM C BEEF 6 LB		6 0	6.0	101 0000	606 00
P6	56869-91001		CASE		
ALOHA SHOYU SOY SAUCE 6 X 1/2		1.0	1.0	25.0000	25 00
AS1	73366-10081		CASE		
ARNOTTS ARROWROOT		1.0	1 0	24.0000	24.00
ARA	56869-10603		CASE		
ARNOTTS SAO CRACKERS 20/250g		1 0	1.0	24 0000	24.00
SAO	56869-10601		CASE		
P T MACKEREL OILY 12/15oz		4 0	4.0	8 0000	32.00
PTM12	70715-07357		CASE		
P.T. MACKEREL IN WATER 12/15o		3.0	3.0	7.5000	22 50
PSM12	56869-00001		CASE		
PT MACKEREL TOMATO SAUCE 12/1		2 0	2.0	8.2500	16 50
PTMT12	56869-00015		CASE		
P.T. COCONUT MILK 6/ 96 oz		4 0	4.0	25.7500	103.00
CM1	70715-08353		CASE		
P T COCONUT MILK 24/ 13 5oz		12.0	12 0	15.5000	186 00
CM	70715-08354		CASE		
PEE PEE COCONUT CREAM 24/400m		2 0	2.0	33 0000	66.00
PEPE	56869-10961		CASE		
P T CABIN BISCUITS 6/4.15 LB		3 0	3 0	30.0000	90.00
PC5	56869-30002		CASE		
P T CABIN BISCUITS 4 X 9 14		3 0	3.0	34.5000	103.50
PC10	56869-30003		CASE		

Wt Total:

Sub-Total :  
 Freight .  
 Total .  
 Adv Pay

Net To Pay.

MONTALVAN'S SALES, INC  
 2225 S CASTLE HARBOR PL  
 ONTARIO, CA 91761  
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 info@montalvans.com

\* INVOICE \*  
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Date 03/10/03 No. 36432

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Due Date 03/25/03 Page 2

Ship To/Remarks

F-2  
 FOOD 4 LESS - ROSE PARK - # 1204  
 THOMAS (PRODUCE), BRIANT (GROCERY)  
 729 N. REDWOOD RD  
 SALT LAKE CITY UT 84116

PHONE (801) 322-3562 FAX (801) 322-3725

Via	FOB	Terms	Your#	Our#	Rep
		NET 15 DAYS		36432	

Description Item Number	Ordered Measure	Shipped Backordered	Unit Price Discount %	Extended
P T. BREAKFAST CRACKERS 6/4 1 PB5 56869-30000	4.0 CASE	4.0	35.0000	140.00
P T. BREAKFAST CRACKER 4X9 14 PB10 56869-30001	4.0 CASE	4.0	42.0000	168.00
P T. KOKO BALL 12 X 8 oz COCOA 56869-10004	1.0 EA	12.0	3.9500	47.40
P.T CURRY POWDER 12 X 1 LB CP 56869-10002	1.0 EA	12.0	3.7500	45.00
WATTIES SPAGHETTI 24 X 15 oz WS 56869-01811	2.0 CASE	2.0	14.7500	29.50
Pallet Charge				5.00

Wt Total	0.0000	Sub-Total	1824.40
		Freight	10.00
		Total	1834.40
		Adv Pay	
		Net To Pay	1834.40

ALL PRICES ON THIS INVOICE ARE FINAL  
 NO CHANGES UNLESS AUTHORIZED BY  
 MAIN OFFICE 909-930-5670 ask for JULIO

MONTALVAN'S SALES, INC  
 2225 S CASTLE HARBOR PL  
 ONTARIO, CA 91761  
 " TRAYENDOLE EL SABOR DE SU TIERRA "  
 (909) 930-5670 (909) 930-5677  
 info@montalvans.com

\* INVOICE \*  
 \*\*\*\*\*

Date . 03/28/03 No . 36512  
 \*\*\*\*\*  
 Due Date 04/12/03 Page. 1

F-2  
 FOOD 4 LESS - ROSE PARK - # 1204  
 THOMAS (PRODUCE), JOHN (GROCERY)  
 729 N REDWOOD RD  
 SALT LAKE CITY UT 84116

Ship To/Remarks

PHONE. (801) 322-3562 FAX (801) 322-3725

Via	FOB	Terms NET 15 DAYS	Your#	Our# 36512	Rep
Description Item Number	Ordered Measure	Shipped Backordered	Unit Price Discount %	Extended	
CROWN CORNED BEEF 6 x 3 lb CE3A 56869-90001	2.0 CASE	2 0	70.0000	140 00	
PALM C BEEF 6 LB P6 56869-91001	3 0 CASE	3 0	111 0000	333 00	
PALM CORNED BEEF 6 x 3 lbs P3A 56869-91002	8 0 CASE	8 0	62 0000	496.00	
PALM C BEEF 24 X 1 lb P16 7-56869-91003	4 0 CASE	4 0	69 0000	276 00	
ALOHA SHOYU SOY SAUCE 6 X 1/2 AS1 73366-10081	3 0 CASE	3.0	25 0000	75 00	
ALOHA BARBECUE SAUCE 6X 1/2ga AB 73366-10090	1 0 CASE	1.0	32.0000	32 00	
ARNOTTS ARROWROOT ARA 56869-10603	1.0 CASE	1.0	24.0000	24 00	
P T. MACKEREL OILY 12/15oz PTM12 70715-07357	12 0 CASE	12.0	8.0000	96 00	
P.T. MACKEREL IN WATER 12/15o PSM12 56869-00001	9 0 CASE	9 0	7 5000	67 50	
PEE PEE COCONUT CREAM 24/400m PEPE 56869-10961	1 0 CASE	1.0	33 0000	33.00	
P T CABIN BISCUITS 6/4 15 LB PC5 56869-30002	2 0 CASE	2 0	30 0000	60.00	
P T CABIN BISCUITS 4 X 9.14 PC10 56869-30003	1 0 CASE	1 0	34 5000	34.50	
P.T BREAKFAST CRACKERS 6/4 1 PB5 56869-30000	2 0 CASE	2 0	35 0000	70 00	

Wt Total:

Sub-Total  
 Freight  
 Total  
 Adv Pay

Net To Pay

**MONTALVAN'S SALES, INC**  
**2225 S. CASTLE HARBOR PL**  
**ONTARIO, CA 91761**  
**" TRAYENDOLE EL SABOR DE SU TIERRA "**  
**(909) 930-5670 (909) 930-5677**  
**info@montalvans.com**

**\* INVOICE \***  
**\*\*\*\*\***

**Date . 03/28/03 No . 36512**  
**\*\*\*\*\***  
**Due Date 04/12/03 Page: 2**

**Ship To/Remarks**

**F-2**  
**FOOD 4 LESS - ROSE PARK - # 1204**  
**THOMAS (PRODUCE), JOHN (GROCERY)**  
**729 N. REDWOOD RD.**  
**SALT LAKE CITY UT 84116**

**PHONE (801) 322-3562 FAX. (801) 322-3725**

Via	FOB	Terms	Your#	Our#	Rep
		NET 15 DAYS		36512	
Description	Item Number	Ordered Measure	Shipped Backordered	Unit Price Discount %	Extended
P T BREAKFAST CRACKER 4X9 14		2 0	2 0	42 0000	84.00
PB10	56869-30001		CASE		
WATTIES SPAGHETTI 24 X 15 oz		2 0	2 0	14 7500	29 50
WS	56869-01811		CASE		
Pallet Charge					5 00

**Nt Total 52 0000**

**Sub-Total 1855.50**  
**Freight 10 00**  
**Total : 1865 50**  
**Adv Pay**  
**Net To Pay: 1865 50**

**ALL PRICES ON THIS INVOICE ARE FINAL**  
**NO CHANGES UNLESS AUTHORIZED BY**  
**MAIN OFFICE 909-930-5670 ask for JULIO**