

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

PROOF OF CLAIM



588036

Bar Date Ref # 2-NVM-53052

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.

Name of Creditor and Address

Montalvan's Sales
2225 Castle Harbor
Ontario CA 91761

0354653588036

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 notice 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 **909 930-5670**

CREDITOR TAX ID #
33-0594438

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
F-6

Check here replaces if this claim 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 **03/29/03-09/09/02** **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE **\$ 1878.55** \$ _____ \$ **1878.55**

(unsecured) (secured) (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 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.

FILED
AUG 11 2003
BMC

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 USE ONLY

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
08/05/03

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.

FILED
JS 11 2003
BMC

Fleming Companies Claim



03182

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

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

e

*** INVOICE ***

No. 35539

Date 08/30/02 **No. 35539**
Due Date 09/09/02 **Page: 1**

F-06
FOOD 4 LESS - SPANISH FORK
BRANDON, PRODUCE MANAGER
784 CHAPPEL DR
SPANISH FORK UT 84660

Ship To/Remarks

PHONE (801) 794-3868 FAX. (801) 794-3867

Via	FOB	Terms NET 10 DAYS	Your#	Our# 35539	Rep
Description Item Number	Ordered Measure	Shipped Backordered	Unit Price Discount %	Extended	
PALM CORNED BEEF 6 x 3 lbs P3A 56869-91001	6.0 CASE	6.0	62 0000	372 00	
ALOHA SHOYU SOY SAUCE 6 X 1/2 AS1 73366-10081	6.0 CASE	6.0	25.0000	150 00	
P.T. MACKEREL IN WATER 12/15o PSM12 56869-00001	3 0 CASE	3 0	7.5000	22 50	
P T. COCONUT MILK 24/13 5oz CM 70715-08354	4.0 CASE	4 0	14 9500	59 80	
P T. CABIN BISCUITS 6/4 15 LB PC5 56869-30002	1 0 CASE	1.0	30 0000	30 00	
Delivery Fee				10.00	

Wt Total 0 0000

Sub-Total 644.30
Freight 0 00
Total 644.30
Adv Pay
Net To Pay 644 30

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 *

 No 36479

Date 03/19/03
 Due Date 03/29/03
 Page 1

F-06
 FOOD 4 LESS - SPANISH FORK
 BRANDON, PRODUCE (JAMES GROCERY)
 784 CHAPPEL DR
 SPANISH FORK UT 84660

Ship To/Remarks

PHONE (801) 794-3868 FAX (801) 794-3867

Via	FOB	Terms NET 10 DAYS	Your#	Our# 36479	Rep.
Description Item Number	Ordered Measure	Shipped Backordered	Unit Price Discount %	Extended	
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	3.0 CASE	3.0	62 0000	186 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	3 0 CASE	3 0	32.0000	96 00	
TROP PLANTAINS CHIPS 16/4 25 PC 72995-02008	1 0 CASE	1 0	12.9000	12 90	
Tropical Yucca Chips 12x4 oz YC 72995-01421	1 0 CASE	1.0	10 8500	10 85	
P T MACKEREL OILY 12/15oz PTM12 70715-07357	1 0 CASE	1 0	8 0000	8.00	
P T MACKEREL IN WATER 12/15o PSM12 56869-00001	1 0 CASE	1 0	7.5000	7.50	
P.T COCONUT MILK 6/ 96 oz CM1 70715-08353	4 0 CASE	4 0	25 7500	103.00	
PEE PEE COCONUT CREAM 24/400m PEPE 56869-10961	2 0 CASE	2.0	33.0000	66.00	
P T CABIN BISCUITS 6/4.15 LB PC5 56869-30002	3 0 CASE	3.0	30.0000	90.00	
P T BREAKFAST CRACKERS 6/4 1 PB5 56869-30000	3.0 CASE	3.0	35 0000	105 00	
P.T BREAKFAST CRACKER 4X9 14 PB10 56869-30001	3.0 CASE	3 0	42 0000	126 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 03/19/03 No. : 36479

 Due Date 03/29/03 Page 2

F-06
 FOOD 4 LESS - SPANISH FORK
 BRANDON, PRODUCE (JAMES GROCERY)
 784 CHAPPEL DR
 SPANISH FORK UT 84660

Ship To/Remarks

PHONE (801) 794-3868 FAX (801) 794-3867

Via	FOB	Terms	Your#	Our#	Rep.
		NET 10 DAYS		36479	
Description	Item Number	Ordered Measure	Shipped Backordered	Unit Price Discount %	Extended
Pallet Charge					5 00

Wt Total 0 0000

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 MAIN OFFICE 909-930-5670 ask for JULIO

Sub-Total 1224 25
 Freight 10 00
 Total : 1234 25
 Adv Pay
 Net To Pay 1234 25

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 03/19/03 No. 36433
 Due Date. 04/03/03 Page 1

F-3
 FOOD 4 LESS WEST VALLEY -FLEMINGS #1158
 JASON,(PRODUCE MANAGER)
 1585 W 3500 SOUTH
 WEST VALLEY UT 84119

Ship To/Remarks

PHONE (801) 972-5761 FAX (801) 972-6810

Via	FOB	Terms	Your#	Our#	Rep
		NET 15 DAYS		36433	
Description	Item Number	Ordered Measure	Shipped Backordered	Unit Price Discount %	Extended
PALM CORNED BEEF 6 x 3 lbs		4.0	4 0	62 0000	248 00
P3A	56869-91002		CASE		
FIJIAN TARO PINK 1 / 45 lbs		3.0	3 0	34 0000	102 00
FT			EA		
P T CABIN BISCUITS 6/4.15 LB		6.0	6 0	30 0000	180 00
PC5	56869-30002		CASE		
P T. BREAKFAST CRACKERS 6/4 1		6.0	6 0	35 0000	210.00
PB5	56869-30000		CASE		
P T BREAKFAST CRACKER 4X9 14		6 0	6 0	42.0000	252 00
PB10	56869-30001		CASE		
P.T CURRY POWDER 12 X 8 oz		6 0	72 0	2 5000	180 00
CP8	56869-10059		EACH		

Wt Total 135 0000

Sub-Total 1172 00
 Freight . 10 00
 Total 1182 00
 Adv Pay
 Net To Pay 1182 00

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 MAIN OFFICE 909-930-5670 ask for JULIO