

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

PROOF OF CLAIM



s136896

Scheduled Claim Ref # 2-F2-24522

YOUR CLAIM IS SCHEDULED AS

\$2 422 50 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.
- 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.

Name of Creditor and Address

0354429430332

SELECT SERVICES
~~PO BOX 00607~~ 1528 Chapala Street
LOS ANGELES CA 90060
Santa Barbara, CA 93101

Creditor Telephone Number **805 882-2200**

CREDITOR TAX ID #
93-0994537

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
033587-00

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

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 **1/19/03 - 3/16/03**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ **3,007.39** (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.

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
SEP 11 2003
BMC

DATE SIGNED **8/7/03**

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)
Stephanie Schaefer Stephanie Schaefer

Fleming Companies Claim
 03188

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

TRN	DATE	INVOICE #/DESCRIPTION	AMT/NET	0-19	20-29	30-45	45-60	OVER 60
INVOICE	01/19/2003	01314501	1173 80					
PAYMENT	03/27/2003	01314501	1173 80					
ADJSTMT	04/17/2003	01314501 1-REFER	1173 80					
=====>	01/19/2003	01314501 *BALANCE	1173 80 *					1173 80
03358700 FLEMING COMPANIES INC TOTALS			1173 80 *					1173 80

BR 0022 A/P KILHENNY DORIS 916-381-9218
 8301 FRUITRIDGE RD SACRAMENTO CA 95826-7010 ADDED 05/14/1999 TERMS 10
 TERMS 10

*** 0022 *** BRANCH TOTALS 1173 80 1173 80

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08/07/2003  10 55 AM          H I S T O R I C A L   A G E D   T R I A L   B A L A N C E          (HSAGE2)          PAGE  2
Provided By  SELECT Personnel Services          AS OF 08/07/2003          BRANCH 0022
=====
TRN      DATE      INVOICE #/DESCRIPTION          AMT/NET          0-19      20-29      30-45      45-60      OVER 60
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*** 3000 ***          CORPORATE TOTALS          1173 80          1173 80

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08/07/2003  10 55 AM          H I S T O R I C A L  A G E D  T R I A L  B A L A N C E          (HSAGE2)          PAGE  4
Provided By  SELECT Personnel Services          AS OF 08/07/2003          BRANCH 0022
=====
TRN      DATE      INVOICE #/DESCRIPTION          AMT/NET          0-19      20-29      30-45      45-60      OVER 60
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*** 8200 ***          CORPORATE TOTALS          1833 59          1833 59

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08/07/2003 10 55 AM HISTORICAL AGED TRIAL BALANCE (HSAGE2) PAGE 5

Provided By SELECT Personnel Services AS OF 08/07/2003 BRANCH 0022

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TRN	DATE	INVOICE #/DESCRIPTION	AMT/NET	0-19	20-29	30-45	45-60	OVER 60
TOTAL FOR ALL CORPORATIONS			3007 39					3007 39



CORPORATE OFFICE

1528 Chapala Street • Santa Barbara CA 93101 • (805) 882-2200

- ANAHEIM
- BAKERSFIELD
- BUENA PARK
- CERRITOS
- CHINO
- CITRUS HEIGHTS
- COVINA
- DALLAS
- EL PASO
- ESCONDIDO
- FREMONT
- FRESNO
- GARDEN GROVE
- GLENDALE
- GREENVILLE
- HUNTINGTON PARK
- IRVINE
- LANCASTER
- LAS VEGAS
- LOS ANGELES
- MANHATTAN BEACH
- MISSION VIEJO
- NO HOLLYWOOD
- OCEANSIDE
- ONTARIO
- OXNARD/VENTURA
- RIVERSIDE
- SACRAMENTO
- SALT LAKE CITY
- SAN BERNARDINO
- SAN DIEGO
- SAN LEANDRO
- SANTA BARBARA
- SANTA CLARA
- SANTA MARIA
- SANTA MONICA
- SIMI VALLEY
- THOUSAND OAKS
- TUCSON
- UPLAND
- VALENCIA
- VICTORVILLE
- WOODLAND
- WOODLAND HILLS

Date 8/7/03

Clerk, United States Bankruptcy Court

RE Fleming Companies, Inc

Case # 03-10945

Dear Clerk

Enclosed please find an executed Proof of Claim, a copy of the claim, and a stamped return envelope

Please date stamp the copy and return it to me in the envelope provided

Thank you very much

Very truly yours,