

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

PROOF OF CLAIM



s136236

Scheduled Claim Ref # 2 F2 23862

YOUR CLAIM IS SCHEDULED AS

\$2 790 11 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

PRECISION DEVICES INC
121 N NORTH PLAINS INDUSTRIAL
WALLINGTON CT 06492

0354429423908

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 () **203-294-0702**

CREDITOR TAX ID #
06-1043269

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces or amends a previously filed claim dated **4/25/03**

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 \$ **2790.11** (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

JUG 11 2003

BMC

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).

Christine L. Baden



03189

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

Christine L. Baden

UNITED STATES BANKRUPTCY COURT
For the District of Delaware

PROOF OF CLAIM



COPY

In re **FLEMING COMPANIES, INC** Case Number **03-10945**

NOTE: This claim 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 USC § 503.

Creditor Name (Person or entity debtor owes) **PRECISION DEVICES INC**

Address Line 1 **ATTN CHRIS BACHA**

Address Line 2 **121 N NORTH PLAINS IND**

Address Line 3

City, ST ZIP **WALLINGFORD CT 06492**

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 the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR **FLEMING-1**

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

1 BASIS FOR CLAIM

Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 USC § 1114(a)

Services performed Taxes Wages, salaries, and compensation (Fill out below)

Money loaned Other (Describe Briefly)

Your social security No _____

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

2 Date Debt Incurred (MMDDYY)

03 25 03

3 If Court Judgment, Date Obtained

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT THE TIME CASE FILED.

SECURED CLAIM
Attach evidence of perfection of security interest. Brief Description of Collateral:
 Real Estate Motor Vehicle Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____

UNSECURED NONPRIORITY CLAIM
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM - Specify the priority of the claim:
 Wages, salaries or commissions (up to \$4,650) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 USC § 507(a)(3)
 Contributions to an employee benefit plan - 11 USC § 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 USC § 507(a)(6)
 Taxes or penalties of governmental units - 11 USC § 507(a)(7)
 Other - Specify applicable paragraph of 11 USC § 507(a) _____

5 AMOUNT OF CLAIM AT TIME CASE FILED

				2790.11							
(Secured)				(Unsecured Nonpriority)				(Unsecured Priority)			

Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8 TIME-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclosed a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

APR 29 AM 11:11
CLERK OF DISTRICT COURT
DISTRICT OF DELAWARE

Date **4/25/03**

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)
Christine Bacha

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 USC §§ 152 and 3571

Christine Bacha

System 6/13/2003 9 27 36 AM
 User Date 5/31/2003

Precision Devices, Inc
 AGED TRIAL BALANCE WITH OPTIONS - DETAIL
 Receivables Management

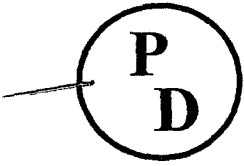
Page 1
 User ID cbacha

Ranges
 Customer ID FLEMING-1 - FLEMING-1
 Customer Class First - Last
 Salesperson ID First - Last
 Sales Territory First - Last
 Customer Type First - Last
 Account Type All
 Customer Name First - Last
 ZIP Code First - Last
 State First - Last
 Telephone First - Last
 Document Date First - 5/29/2003
 Short Name First - Last

Exclude Multicurrency Info
 Customer by Customer ID
 Document by Document Number

* - Indicates an unposted credit document that has been applied

Customer	Name	Account Type	Aged As of						
Document Number	Type	Date	Amount	Discount	Writeoff	0 - 30 Days	31 - 60 Days	61 - 90 Days	91 and Over
FLEMING-1	Northeast Division/Expense	Open Item				4/30/2003			
Customer Type	L10	Salesperson	50			Territory	PDI		
INV085172	SLS	3/25/2003	\$1,595 00				\$1,595 00		
INV085303	SLS	3/27/2003	\$1,195 11				\$1,195 11		
Contact	Wayne D - A/P	(405) 951-7991	Ext	0000					
Terms	NET 15 DAYS	Totals	\$2,790 11			\$0 00	\$2,790 11	\$0 00	\$0 00
Credit	\$2,000 00								
1 Customer(s)		Grand Totals	\$2,790 11			\$0 00	\$2,790 11	\$0 00	\$0 00



PRECISION DEVICES INC.

REMIT TO ADDRESS ONLY
121N NORTH PLAINS INDUSTRIAL ROAD
WALLINGFORD CT 06492
PH-(203)294-0702 FAX-(203)294-4941

INVOICE #
INV085172

Original Doc#
NJ41077
Master No
40,761

SOLD TO FLEMING-1
Northeast Division/Expense
Fleming Companies
P O Box 268953
Oaklahoma City OK 73126-8953

SHIP TO
Fleming Northeast Division
ATTN FORKLIFT MAINTENANCE
4 Center Drive
North East MD 21901

PURCHASE ORDER NO	SHIP VIA	DATE SHIPPED	TERMS	INVOICE DATE
WAYNE	UPS GROUND	3/25/2003	NET 15 DAYS	3/25/2003

ORDER QTY	SHIP QTY	B.O. QTY	ITEM PART #	ITEM DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	1	0	ZRA-410-029	RAYMOND GEAR UNIT	\$1,200 00	\$1,200 00
1	1	0	ZRA-570-348/500N	RAYMOND ARMATURE	\$395 00	\$395 00

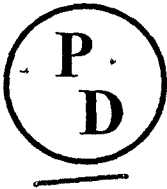
PLEASE NOTE RETURN CORES (IF APPLICABLE) ARE DUE 10 DAYS AFTER DELIVERY OF ORDER IF CORE IS NOT RECEIVED WITHIN 10 DAYS, BY PRECISION DEVICES, THE CORE CHARGE AMOUNT WILL BE ISSUED AGAINST YOUR PO NUMBER

Trkg #

Thank You

SALES AMOUNT	\$1,595 00
SALES TAX	\$0 00
FREIGHT	\$0 00
INVOICE TOTAL	\$1,595 00

PAYABLE IN U S DOLLARS



PRECISION DEVICES INC.

REMIT TO ADDRESS ONLY
121N NORTH PLAINS INDUSTRIAL ROAD
WALLINGFORD CT 06492
PH-(203)294-0702 FAX-(203)294-4941

INVOICE #
INV085303

Original Doc#
ORD077646
Master No
40,040

SOLD TO FLEMING-1

Northeast Division/Expense
Fleming Companies
P O Box 268953
Oklahoma City OK 73126-8953

SHIP TO

Fleming Northeast Division
ATTN FORKLIFT MAINTENANCE
4 Center Drive
North East MD 21901

PURCHASE ORDER NO.	SHIP VIA	DATE SHIPPED	TERMS	INVOICE DATE
G00633	ESTES - PRE	3/4/2003	NET 15 DAYS	3/27/2003

ORDER QTY	SHIP QTY	B O. QTY	ITEM PART #	ITEM DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	1	0	RA-570-348/500	RAYMOND EASI 36V RB	\$725 00	\$725 00
				1 C037220		
1	1	0	AR-570-348/500N	RAYMOND 36V NEW DRI	\$395 00	\$395 00

PLEASE NOTE RETURN CORES (IF APPLICABLE) ARE DUE 10 DAYS AFTER DELIVERY OF ORDER. IF CORE IS NOT RECEIVED WITHIN 10 DAYS, BY PRECISION DEVICES, THE CORE CHARGE AMOUNT WILL BE ISSUED AGAINST YOUR PO NUMBER

Trkg # 088-0221520

Thank You

SALES AMOUNT	\$1,120 00
SALES TAX	\$0 00
FREIGHT	\$75 11
INVOICE TOTAL	\$1,195 11

PAYABLE IN U S DOLLARS