

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

PROOF OF CLAIM



s138527

Scheduled Claim Ref # 2-F2-26153
YOUR CLAIM IS SCHEDULED AS

\$17 057 41 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.

Name of Creditor and Address

DMD PHARMACEUTICALS
P O BOX 1055
NOBLESVILLE, IN 46060

0354429391775

☐ 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.

Creditor Telephone Number () **317-773-8330**

CREDITOR TAX ID #

ACCOUNT OR OTHER NUMBER BY WHICH
CREDITOR IDENTIFIES DEBTOR

35-1914349

FLEM

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 Various-see attachd **3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM
AS OF PETITION DATE**

\$ **33,919.92** \$ _____ \$ **33,919.92**
(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

DATE SIGNED

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).

8/6/03

David Riddle CFO

David Riddle

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

THIS SPACE FOR COURT

FILED

AUG 11 2003

BMC

Fleming Companies Claim



03202

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

PROOF OF CLAIM



s138527

Scheduled Claim Ref # 2-F2-26153
YOUR CLAIM IS SCHEDULED AS

\$17 057 41 UNSECURED

In re
Fleming Companies, Inc

Case Number
03-10945

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DMD PHARMACEUTICALS
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NOBLESVILLE, IN 46060

0354429391775

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☐ Check box if you have never received any notices from the bankruptcy court in this case.

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Creditor Telephone Number () **317-773-8330**

CREDITOR TAX ID #

35-1914349

ACCOUNT OR OTHER NUMBER BY WHICH
CREDITOR IDENTIFIES DEBTOR
FLEM

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 Various-see attach **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ **33,919.92** (unsecured) \$ (secured) \$ (unsecured priority) \$ **33,919.92** (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.

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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.

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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

DATE SIGNED

8/6/03

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).

David Riddle, CFO David Riddle

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

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

In re)	Chapter 11
)	
Fleming Companies, Inc , et al , ¹)	Case No 03-10945 (MFW)
Debtors)	(Jointly Administered)

**NOTICE OF DEADLINE FOR THE
FILING OF PROOFS OF CLAIM AND PROOFS OF INTEREST**

TO ALL CREDITORS OF THE DEBTORS

PLEASE TAKE NOTICE that the above-captioned debtors and debtors-in-possession (the "Debtors") filed a voluntary petition for relief under Chapter 11 of title 11 of the United States Code (as amended from time to time, the "Bankruptcy Code") in the United States Bankruptcy Court for the District of Delaware (the "Court"). The Debtors are operating their businesses and managing their property as debtors in possession pursuant to Sections 1107(a) and 1108 of the Bankruptcy Code.

Pursuant to Section 105(a) of the Bankruptcy Code and Bankruptcy Rule 3002(c)(3), all Persons and Entities, including without limitation, individuals, partnerships, corporations, estates, trusts, governmental units (which shall include all entities defined as such in Section 101(27) of the Bankruptcy Code, including any such entity that holds a claim arising from prepetition tax years or periods or from prepetition transactions to which a Debtor was a party), and entities asserting claims against an individual Debtor that arose out of the obligations of such entities or the Debtors under a contract for the provision of liability insurance (each a "Creditor" and collectively, "Creditors"), holding or wishing to assert a claim as defined in Section 101(5) of the Bankruptcy Code against any of the Debtors (collectively, the "Claims") or interest in any of the Debtors (collectively, the "Interests") arising on or before April 1, 2003 (the "Petition Date"), are required to file a separate, completed and executed proof of claim form conforming substantially to Official Bankruptcy Form 10) (the "Proof of Claim") on account of any Claims such Creditors hold or wish to assert against the Debtors, so that the Proof of Claim is actually received on or before 4:00 p.m. Pacific Daylight Time on September 15, 2003 (the "General Bar Date"), or in the case of governmental units by October 1, 2003, the "Governmental Unit Bar Date," by the Debtors' Official Notice and Claims Agent at the following address:

Bankruptcy Management Corporation ("BMC")
1330 East Franklin Avenue, El Segundo, CA 90245 *(for overnight mail or hand delivery)*
P O Box 900 El Segundo, CA 90245-0900 *(for regular mail)*
Telephone 1-888-909-0100

Notwithstanding the foregoing, AT THIS TIME, Proofs of Claim ARE NOT REQUIRED to be filed by Creditors holding or wishing to assert Claims against the Debtors of the types that are set forth in clauses (a) through (f) below (collectively the "Excluded Claims"):

- (a) Claims listed in the Debtors' Schedules of Assets and Liabilities (the "Schedules") filed with the Court, pursuant to Bankruptcy Rule 1007 or any amendments thereto which are not therein listed as "contingent," "unliquidated" or "disputed" and which are not disputed by the creditor holding such claim as to nature, amount, or classification,
- (b) Claims on account of which a Proof of Claim has already been properly filed with the Court,
- (c) Claims previously allowed by, or paid pursuant to, an order of the Court, including, without limitation, any claims of the Agents and/or the Lenders allowed pursuant to the Final DIP Order,²
- (d) Claims allowable under Sections 503(b) and 507(a)(1) of the Bankruptcy Code as administrative expenses of the Debtors' chapter 11 cases,
- (e) Claims made by any of the Debtors or any direct or indirect subsidiary of any of the Debtors against one or more of the other Debtors,
- (f) Claims of an entity whose claim is limited exclusively to a claim for the repayment of principal and/or interest on or under any issuance by any of the Debtors of any debt security (collectively the "Notes") or any indenture in respect of each issue of the Notes (the "Indentures") and each such Indenture collectively with the Notes issued thereunder the "Debt Instruments") provided, however that (i) the foregoing exclusion shall not apply to the indenture trustees under any of the

¹ The Debtors are the following entities: Core-Mark International, Inc., Fleming Companies, Inc., ABCO Food Group, Inc., ABCO Markets, Inc., ABCO Realty Corp., ASI Office Automation, Inc., C/M Products, Inc., Core-Mark Interrelated Companies, Inc., Core-Mark Mid-Continent, Inc., Dunigan Fuels, Inc., Favar Concepts, Ltd., Fleming Foods Management Co., L.L.C., Fleming Foods of Texas, L.P., Fleming International, Ltd., Fleming Supermarkets of Florida, Inc., Fleming Transportation Service, Inc., Food 4 Less Beverage Company, Inc., Fuelserv, Inc., General Acceptance Corporation, Head Distributing Company, Marquise Ventures Company, Inc., Munter-Weisman Co., Piggly Wiggly Company, Progressive Realty, Inc., Rainbow Food Group, Inc., Retail Investments, Inc., Retail Supermarkets, Inc., RTS Marketing Services, Inc., and Richmar Foods, Inc.

² The term "Final DIP Order" refers to the Final Order Authorizing (I) Post-Petition Financing Pursuant to 11 U.S.C. § 364 and Bankruptcy Rule 4001(c), (II) Use of Cash Collateral Pursuant to 11 U.S.C. § 363 and Bankruptcy Rules 4001(b) and (d), (III) Grant of Adequate Protection Pursuant to 11 U.S.C. §§ 361 and 363, and (IV) Approving Secured Inventory Trade Credit Program and Granting Subordinate Liens Pursuant to 11 U.S.C. §§ 105 and 364(c)(3) and Rule 4001(c).

DMD Pharmaceuticals

A Division of Dickey Consumer Products, Inc
PO Box 1055
Noblesville, Indiana U S A 46061
800-795-2477 Fax 800-522-2425
www.dmdpharm.com
DEA# 002305DMY

INVOICE

INVOICE DATE 03/17/03 INVOICE NO 0008532-PAGE 1

SOLD TO

Fleming Plymouth Division
DEA#005404FYY
1035 Nathan Lane North
Plymouth MN 55441

SHIPPED TO

Fleming Plymouth Division
DEA#005404FYY
1035 Nathan Lane North
Plymouth MN 55441

SALES ORDER:0008532

ACCOUNT NUMBER	SALES REP	CUSTOMER PO NUMBER	TERMS	SHIP VIA	FOB
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0010 32775 2&10 Net 30 FED EX EAST 03/17/03

QUANTITY			DESCRIPTION			DISCOUNT	AMOUNT
ORDERED	SHIPPED	BACK ORDERED	STOCK ID	UNIT	UNIT PRICE		
3600	3600	0	RL60CT ****	EACH	2.35		8,460.00
			RL EphedrinePlus 60cBot12.5mgT				
			LOT NUMBER: 03A092B 01/06		864		
			LOT NUMBER: 03A092C 01/06		2736		
3600	3600	0	/01	EACH	.05		180.00-
			Allowance				

1/144 - 25cs

NET INVOICE: 8,280.00
SALES TAX: .00
FREIGHT: .00
INVOICE TOTAL: 8,280.00

TERMS AND CONDITIONS:
FINANCE CHARGES ON PAST DUE BALANCES ARE 1 1/2% PER MONTH FROM INVOICE DATE.
NO RETURNS WITHOUT CONSENT OF SELLER AND RETURN AUTHORIZATION NUMBER.

DMD Pharmaceuticals

A Division of Dickey Consumer Products, Inc
PO Box 1055
Noblesville, Indiana U S A 46061
800-795-2477 Fax 800-522-2425
www.dmdpharm.com
DEA# 002305DMY

INVOICE

INVOICE DATE 03/28/03 INVOICE NO 0008712-IN PAGE 1

SOLD TO

Fleming Novelty
DEA#005191FCY
851 Lovers Lane
Bowling Green KY 42103

SHIPPED TO

Fleming Novelty
DEA#005191FCY
851 Lovers Lane
Bowling Green KY 42103

SALES ORDER:0008712

ACCOUNT NUMBER	SALES REP	CUSTOMER PO NUMBER	TERMS	SHIP VIA	FOB
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0007 2306 2810 Net 30 FED EX EAST 03/28/03

QUANTITY			DESCRIPTION			DISCOUNT	AMOUNT
ORDERED	SHIPPED	BACK ORDERED	STOCK ID	UNIT	UNIT PRICE		

8640	8640	0	EP6CT ****	EACH	.27		2,332.80
------	------	---	------------	------	-----	--	----------

Ephedrine Plus 6c pkt 25mg tab
LOT NUMBER: 02G065 07/05 8640

8640	8640	0	/01	EACH	.02		172.80-
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Allowance

12/36 - 20cs

2880	2880	0	ETW60CT ****	EACH	2.05		5,904.00
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Ephedrine Plus 60c Bot 25mg tab
LOT NUMBER: 02L021K 11/05 2880

2880	2880	0	/01	EACH	.30		864.00-
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Allowance

1/144 - 20cs

NET INVOICE: 7,200.00
SALES TAX: .00
FREIGHT: .00

INVOICE TOTAL: 7,200.00

TERMS AND CONDITIONS

FINANCE CHARGES ON PAST DUE BALANCES ARE 1 1/2% PER MONTH FROM INVOICE DATE.
NO RETURNS WITHOUT CONSENT OF SELLER AND RETURN AUTHORIZATION NUMBER.

DMD Pharmaceuticals

A Division of Dickey Consumer Products, Inc
PO Box 1055
Noblesville, Indiana U S A. 46061
800-795-2477 Fax 800-522-2425
www.dmdpharm.com
DEA# 002305DMY

INVOICE

INVOICE DATE INVOICE NO PAGE
03/25/03 0008652-IN 1

SOLD TO

Fleming KY Division
DEA#005190FMY
PO Box 4609
Leitchfield

KY 42755-4609

SHIPPED TO

Fleming KY Division
DEA#005190FMY
1055 Salt River Road
Leitchfield KY 42754

SALES ORDER: 0008652

ACCOUNT NUMBER	SALES REP	CUSTOMER PO NUMBER	TERMS	SHIP VIA	FOB
0007	175-008700		2%10 Net 30	UPS	03/25/03

QUANTITY		DESCRIPTION				DISCOUNT	AMOUNT
ORDERED	SHIPPED	BACK ORDERED	STOCK I D	UNIT	UNIT PRICE		
4320	4320	0	EP6CT **** Ephedrine Plus 6c pkt 25mg tab LOT NUMBER: 02F131 06/05	EACH	.27		1,166.40
4320	4320	0	/01 Allowance	EACH	.02		86.40-
12/36 - 10cs							
576	576	0	ETW60CT **** Ephedrine Plus 60c Bot 25mg tab LOT NUMBER: 02K116P 10/05	EACH	2.05		1,180.80
576	576	0	/01 Allowance	EACH	.30		172.80-
1/144 - 4cs							

NET INVOICE: 2,088.00
SALES TAX: .00
FREIGHT: .00

INVOICE TOTAL: 2,088.00

TERMS AND CONDITIONS:
FINANCE CHARGES ON PAST DUE BALANCES ARE 1 1/2% PER MONTH FROM INVOICE DATE
RETURNS WITHOUT CONSENT OF SELLER AND RETURN AUTHORIZATION NUMBER

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PO Box 1055
Noblesville, Indiana U S A 46061
800-795-2477 Fax 800-522-2425
www.dmdpharm.com
DEA# 002305DMY

INVOICE

INVOICE DATE INVOICE NO PAGE
03/18/03 0008552-IN 1

SOLD TO

Fleming KY Division
DEA#005190FMY
PO Box 4609
Leitchfield

KY 42755-4609

SHIPPED TO

Fleming KY Division
DEA#005190FMY
1055 Salt River Road
Leitchfield KY 42754

SALES ORDER:0008552

ACCOUNT NUMBER	SALES REP	CUSTOMER PO NUMBER	TERMS	SHIP VIA	FOB
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0007 175-0006270 2810 Net 30 UPS 03/18/03

QUANTITY

DESCRIPTION

ORDERED	SHIPPED	BACK ORDERED	STOCK I D	UNIT	UNIT PRICE	DISCOUNT	AMOUNT
1728	1728	0	EP6CT **** Ephedrine Plus 6c pkt 25mg tab LOT NUMBER. 02F131 06/05	EACH	.27		466.56
1728	1728	0	/01 Allowance	EACH	.02		34.56-
12/36 - 4cs							
864	864	0	ETW60CT **** EphedrinePlus 60c Bot 25mg tab LOT NUMBER: 02K116M 10/05	EACH	2.05		1,771.20
864	864	0	/01 Allowance	EACH	.30		259.20-

1/144 - 6cs

NET INVOICE: 1,944.00
SALES TAX: .00
FREIGHT: .00
INVOICE TOTAL: 1,944.00

TERMS AND CONDITIONS:

FINANCE CHARGES ON PAST DUE BALANCES ARE 1 1/2% PER MONTH FROM INVOICE DATE
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PO Box 1055
Noblesville, Indiana U S A 46061
800-795-2477 Fax 800-522-2425
www.dmdpharm.com
DEA# 002305DMY

INVOICE

INVOICE DATE 03/19/03 INVOICE NO 0008570-PAGE 1

SOLD TO

Fleming Altoona Division
DEA#002035FIY
PO Box 470
Altoona PA 16603

SHIPPED TO

Fleming Altoona Division
DEA#002035FIY
3000 7th Avenue
Altoona PA 16602

SALES ORDER:0008570

ACCOUNT NUMBER	SALES REP	CUSTOMER PO NUMBER	TERMS	SHIP VIA	FOB
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0008 143-0037740 2%10 Net 30

FED EX EAST

03/19/03

QUANTITY			DESCRIPTION			DISCOUNT	AMOUNT
ORDERED	SHIPPED	BACK ORDERED	STOCK ID	UNIT	UNIT PRICE		

2592	2592	0	EP6CT ****	EACH	.27		699 84
			Ephedrine Plus 6c pkt 25mg tab				
			LOT NUMBER. 02F131 06/05		2592		

2592	2592	0	/01	EACH	.01		25.92-
			Allowance				

12/36 - 6cs

2880	2880	0	ETW60CT ****	EACH	2.05		5,904.00
			Ephedrine Plus 60c Bot 25mg tab				
			LOT NUMBER: 02K116M 10/05		432		
			LOT NUMBER: 02K116R 10/05		2448		

2880	2880	0	/01	EACH	.05		144.00-
			Allowance				

1/144 - 20cs

NET INVOICE: 6,433.92
SALES TAX: .00
FREIGHT: .00

INVOICE TOTAL: 6,433.92

TERMS AND CONDITIONS:
CHARGES ON PAST DUE BALANCES ARE 1 1/2% PER MONTH FROM INVOICE DATE.
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www.dmdpharm.com
DEA# 002305DMY

INVOICE

INVOICE DATE 03/17/03 INVOICE NO 0008524-IN PAGE 1

SOLD TO

Fleming Marshfield Division
DEA#001642FFY
PO Box 490
Marshfield WI 54449

SHIPPED TO

Fleming-Marshfield Div
DEA#001642FFY
1700 S Laemle Avenue
Marshfield WI 54449

SALES ORDER.0008524

ACCOUNT NUMBER	SALES REP	CUSTOMER PO NUMBER	TERMS	SHIP VIA	FOB
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0014 0500061700 2*10 Net 30 FED EX EAST 03/17/03

QUANTITY			DESCRIPTION			DISCOUNT	AMOUNT
ORDERED	SHIPPED	BACK ORDERED	STOCK I D	UNIT	UNIT PRICE		
72	72	0	EPB60CT **** EphedrinePlus 60cBlst 25mg tab LOT NUMBER: 02J007 09/05 12/6 - 1cs	EACH	2.25		162.00
144	144	0	RLB60CT **** RL EphedrinePlus60cBlst12.5mgT LOT NUMBER. 02K008 10/05 12/6 - 2cs	EACH	2.25		324.00
1584	1584	0	RL60CT **** RL EphedrinePlus 60cBot12.5mgT LOT NUMBER: 02M096L 12/05	EACH	2.05		3,247.20
1584	1584	0	/01 Allowance	EACH	.05		79.20-
2160	2160	0	ETW60CT **** EphedrinePlus 60c Bot 25mg tab LOT NUMBER: 02K111J 10/05	EACH	2.05		4,428.00
2160	2160	0	/01 Allowance	EACH	.05		108.00-

NET INVOICE: 7,974.00
SALES TAX: .00
FREIGHT: .00

INVOICE TOTAL: 7,974.00

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RETURNS WITHOUT CONSENT OF SELLER AND RETURN AUTHORIZATION NUMBER.