

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

**PROOF OF CLAIM**



s131820

Scheduled Claim Ref # 2-F2-19446  
**YOUR CLAIM IS SCHEDULED AS**

\$564 49 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**

0354429381613

BEST ELECTRIC SUPPLY CORP  
5300 W LINCOLN AVE  
MILWAUKEE WI 53234

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 ( )

CREDITOR TAX ID #

391215649

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

154240

Check here  replaces or  amends if this claim

a previously filed claim dated \_\_\_\_\_

**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 IF COURT JUDGMENT, DATE OBTAINED**

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

\$ 548.43 (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (unsecured priority) \$ 548.43 (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

AUG 11 2003

**BMC**

DATE SIGNED

8/4/03

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)

Anna B. Kosh, Sec-Treas.

Fleming Companies Claim



03216

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

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

PAGE INVOICE #  
 1 4033478 00

FAX SENT  
 14 36 12 08/04/03

BEST ELECTRIC MENOMONEE FALLS  
 N56 W13712 SILVER SPRING RD

SHIP VIA OUR TRUCK  
 CUST ORD# 9957

MENOMONEE FALLS WI 53051

SOLD TO  
 -----  
 CRESTWOOD BAKERY  
 1710 S 108TH STREET

SHIP TO  
 -----  
 CRESTWOOD BAKERY  
 1710 S 108TH STREET

WEST ALLIS WI 53214

WEST ALLIS WI 53214

WH	TAX	SLM	TYPE	CUST	INV-DATE	TERMS
4	300	34	1	154240	03/10/03	1% 10TH NET 30

LINE	ORDQTY	SHQTY	BOQTY	DESCRIPTION	U/M	PRICE	EXTENDED
1	1	1		CHCE15ANS3AB	E	80 800	80 80
				C-H CE15ANS3AB CONTACTOR			
2	2	2		UNV480SLHTCP000C	E	59 740	119 48
				MAGT 480SLHTCP000C 2-96T12/HO			
3	30	30		SYLF40CWSS	E	1 310	39 30
				SYL F40CW/SS-34W 48-IN FLRLMP			
4	6	6		SYLLU70MED	E	15 560	93 36
				SYL LU70/MED CLR B17MED HPS LA			
5	15	15		SYLF96T12CWSS	E	2 890	43 35
				SYL F96T12/CW/SS-60W 425MA FLR			
6	24	24		SYL100A130V	E	410	9 84
				SYL 100A-130V IF A19 MED LAMP			
7	30	30		LOU6251	E	2 300	69 00
				8' T12 TUBE GAURD			
8	6	6		LOULI3122	E	1 310	7 86
				4' T12 TUBE GAURD CLEAR			
9	24		24	LOULI3122	E	1 310	00
				4' T12 TUBE GAURD CLEAR			

IF PAID BY 04/10/03 DEDUCT 4 63

SIGNED BY GAIL E

SUB TOTAL 462 99  
 TAX 00  
 GRAND TOTAL 462 99



# BEST Electric Supply Corp.



MILWAUKEE  
5300 W LINCOLN AVENUE  
MILWAUKEE, WISCONSIN 53234-1190  
414-545-8800 FAX 414-545-8849

MEMONONEE FALLS  
N56 W13712 SILVER SPRING DRIVE  
MEMONONEE FALLS, WISCONSIN 53051  
262-790-5557 • FAX 262-790-1913

RACINE  
6201 REGENCY WEST DRIVE  
RACINE, WISCONSIN 53406  
262-554-0600 • FAX 262-554-0777

APPLETON  
1524 WEST CIVIC STREET  
APPLETON, WISCONSIN 54914  
920-733-3791 • FAX 920-733-1701

PLEASE REFER TO NUMBER  
BELOW WHEN MAKING INQUIRIES

PAGE	INVOICE NUMBER
1	441 4/1 1/14

CUSTOMER PO NO 11111111

**\*\*\* PICK TICKET \*\*\***

CUSTOMER S CRESTWOOD BAKERY  
O 1710 S. JIMMIE STREET  
L WEST FALLS

S CRESTWOOD BAKERY  
H 1710 S. JIMMIE STREET  
P WEST FALLS

**REMIT TO**  
P O BOX 341190  
MILWAUKEE, WI 53234-1190

CUSTOMER PO NO	SHIP VIA	CARTONS	BUNDLES	LENGTHS	REELS	COILS	SLM	ORDER DATE	SHIP DATE	TERMS
3411	TR						37 4/1	4/1/14		THE MATERIALS ARE COVERED ONLY BY STATED WARRANTIES OF MANUFACTURE. THERE ARE NO WARRANTIES WHICH EXTEND BEYOND THE DESCRIPTION ON THE FACE HEREOF. NO LABOR OR BILL BACK CHARGES OF ANY KIND ACCEPTED WITHOUT WRITTEN APPROVAL. A CHARGE OF 1.5% PER MONTH WILL BE MADE ON INVOICES PAST DUE 30 DAYS.

LINE	ORDERED	SHIPPED	BACK ORDERED	DESCRIPTION	UNIT PRICE	U/M	DIS	C/D	AMOUNT
1	1	1		110V 15A 50HZ CONTACTOR	80.80	E			80.80
2	2	2		110V 40A SI HTCP/MO/C	59.74	E			119.48
3	10	10		SYL F40CW/SS 30W 48 UN-FL RIMP	1.31	E			13.10
4	6	6		SYL F1070/MFD CIR BRJ/MFD 110V 1A	15.56	F			93.36
5	15	15		SYL F96112/CW/SS 425MA 110V	2.89	F			43.35
6	24	24		SYL 100W-150V 1/4" 110V MFD LAMP	.41	E			9.84
7	10	10		100V 15A 50HZ CONTACTOR	2.30	F			23.00
8	6	6		4" 110V 100W 50HZ CONTACTOR CLEAR	1.10	E			6.60
9	10	10		4" 110V 100W 50HZ CONTACTOR CLEAR	1.10	E			11.00

FILLED BY  
  
CHECKED BY

**NOTE**  
RETURN GOODS  
POLICY ON  
REVERSE SIDE

RECEIVED IN GOOD ORDER	PLEASE PRINT AND SIGN								
PRINT	SIGN <i>[Signature]</i>	CASH DISCOUNT	SUB TOTAL	TAX AMOUNT	OTHER CHARGES	SHIP/HAND CHG	<b>TOTAL</b>		

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

PAGE INVOICE #  
 -----  
 1 4033480 01

FAX SENT  
 -----  
 14 36 58 08/04/03

BEST ELECTRIC MENOMONEE FALLS  
 N56 W13712 SILVER SPRING RD  
 MENOMONEE FALLS WI 53051

SHIP VIA OUR TRUCK  
 CUST ORD# 9957

SOLD TO  
 -----  
 CRESTWOOD BAKERY  
 1710 S 108TH STREET  
 WEST ALLIS WI 53214

SHIP TO  
 -----  
 CRESTWOOD BAKERY  
 1710 S 108TH STREET  
 WEST ALLIS WI 53214

WH	TAX	SLM	TYPE	CUST	INV-DATE	TERMS
4	300	34	1	154240	03/24/03	1% 10TH NET 30

LINE	ORDQTY	SHQTY	BOQTY	DESCRIPTION	U/M	PRICE	EXTENDED
1	12	12		SYL100A23120V	E	3 620	43 44
				SYL 100A23-120V 115-125V HITMP			
2	12	12		SYL75A21RSSLRP120V E		3 500	42 00
				SYL 75A21/RS/SL/RP-120V A19 ME			

IF PAID BY 04/10/03 DEDUCT 85

SIGNED BY GORDON B

SUB TOTAL 85 44  
 TAX 00  
 GRAND TOTAL 85 44



# BEST Electric Supply Corp.



PLEASE REFER TO NUMBER BELOW WHEN MAKING INQUIRIES

WISCONSIN  
W LINCOLN AVENUE  
MILWAUKEE, WISCONSIN 53234-1190  
414-545-8800 • FAX 414-545-8849

MENOMONEE FALLS  
N56 W13712 SILVER SPRING DRIVE  
MENOMONEE FALLS, WISCONSIN 53051  
262-790-5557 • FAX 262-790-1913

RACINE  
6201 REGENCY WEST DRIVE  
RACINE, WISCONSIN 53406  
262-554-0600 • FAX 262-554-0777

APPLETON  
1524 WEST CIVIC STREET  
APPLETON, WISCONSIN 54914  
920-733-3791 • FAX 920-733-1701

PAGE	INVOICE NUMBER
1	4003180 01

03/20/2003 07:26:17

**PICK TICKET**

CUSTOMER 151240  
S CRESTWOOD BAKERY  
O 1710 S 108TH STREET  
L WEST ALLIS WI 53214  
T  
O

S CRESTWOOD BAKERY  
H 1710 S. 108TH STREET  
P WEST ALLIS WI 53214  
T  
O

**REMIT TO**  
P O BOX 341190  
MILWAUKEE, WI 53234 1190

CUSTOMER PO NO 9957	SHIP VIA 01	CARTONS 2	BUNDLES	LENGTHS	REELS	COILS	SLM 34 00	ORDER DATE 03/07/03	SHIP DATE 3-7-03	TERMS THE MATERIALS ARE COVERED ONLY BY STATED WARRANTIES OF MANUFACTURE. THERE ARE NO WARRANTIES WHICH EXTEND BEYOND THE DESCRIPTION ON THE FACE HEREOF. NO LABOR OR BILL BACK CHARGES OF ANY KIND ACCEPTED WITHOUT WRITTEN APPROVAL. A CHARGE OF 15% PER MONTH WILL BE MADE ON INVOICES PAST DUE 30 DAYS.
------------------------	----------------	--------------	---------	---------	-------	-------	-----------------	------------------------	---------------------	---

LINE	ORDERED	SHIPPED	BACK ORDERED	DESCRIPTION	UNIT PRICE	U/M	DIS	C/D	AMOUNT
1	12	12		SYL100A23120V 04613513280 SYL 100A23-120V 115-125V HITMP	3.620	L			43.44
2	12	12		SYL75A21RS/SL/120V 04613512554 SYL 75A21/RS/SL/RP-120V A19 NE	3.500	L			42.00

FILLED BY  
  
CHECKED BY

*Gordon Book*  
2:00

**\*\*BACK ORDER\*\***

**NOTE**  
RETURN GOODS  
POLICY ON  
REVERSE SIDE

RECEIVED IN GOOD ORDER	PLEASE PRINT AND SIGN	85.44	00	00	00	00	00	00	15.14
PRINT	SIGN	CASH DISCOUNT	SUB TOTAL	TAX AMOUNT	OTHER CHARGES	SHIP/HAND CHG	<b>TOTAL</b>		