

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

**PROOF OF CLAIM**



672600

Bar Date Ref # 1-NV-61670

In re Fleming Companies, Inc Case Number 03-10945 (MFW)

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**

Comfort Suites Alta Mesa  
6504 S Freeway  
Ft Worth TX 76134

0354653672600

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.

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 (817) 518-9500

CREDITOR TAX ID # 15-2785399

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR Fleming Conv acct # 141

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

**1 BASIS FOR CLAIM**

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly) hotel lodging
- 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** 3-17-03

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ 6785 (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (unsecured priority) \$ 6785 (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 11/01 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.

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

8-5-03

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).

Cindy Black / Cindy Black Assistant manager

Fleming Companies Claim



03266

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**



# COMFORT SUITES

6504 S FREEWAY  
FT WORTH, TX 76134

BY CHOICE HOTELS

Amount Due	Due Date
67 85	Upon Receipt

Account Number 141  
Invoice Number 10376  
Invoice Date 03/17/03  
Page 1 of 1

FLEMING CONVENIENCE  
POB 2547  
FORT WORTH, TX 76113

6401 Will Rogers Blvd  
FT. Worth, TX 76134

## Invoice

Please call 8175689500 if you should have any questions regarding this statement

Invoice Date	Guest Account	Guest Name	Company Information	Amount
03/17/03	115532	STEWART, KEVIN	FLEMING CONVENIENCE	67 85
<b>Invoice Total</b>				<b>67 85</b>

PAST  
DUE

We filed for  
Bankruptcy on  
4-1-03 You can  
contact our controller  
Michael Kiddy with  
question at 817-293-5558  
ext 122.

FLEMING CONVENIENCE  
POB 2547  
FORT WORTH, TX 76113

Please make checks payable to  
COMFORT SUITES

Account Number	Invoice Number	Amount Due	Due Date
141	10376	67 85	Upon Receipt

Please return this stub with your payment



# COMFORT SUITES

6504 S FREEWAY  
FT WORTH, TX 76134

BY CHOICE HOTELS

Called  
5-31-03  
Coremark Fleming  
LM for Michael Kiddy



BY CHOICE HOTELS

**COMFORT SUITES**

6504 S FREEWAY  
FT WORTH TX 76134  
(817) 568-9500

Account 115532  
Date 03/17/03  
Page 1 of 1  
Room 112 LCORP2  
Arrival Date 03/16/03 15 09  
Departure Date 03/17/03 11 02  
Frequent Traveler ID

You were checked out by GDB  
You were checked in by CP

STEWART KEVIN

POB 2547  
FORT WORTH TX 76113

FLEMING CONVENIENCE  
POB 2547  
FORT WORTH TX 76113

Date	Description	Comments	Amount
03/16/03	ROOM CHARGE	#112 STEWART, KEVIN	59 00
03/16/03	STATE TAX	STATE TAX	3 54
03/16/03	CITY/COUNTY TAX	CITY/COUNTY TAX	5 31
03/17/03	DIRECT BILL DUE	DIRECT BILL DUE	67 85
		Balance Due	0 00

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

x \_\_\_\_\_

67 85 will be billed to Account 141  
FLEMING CONVENIENCE POB 2547, FORT WORTH TX 76113



BY CHOICE HOTELS

**COMFORT SUITES**

6504 S FREEWAY  
FT WORTH, TX 76134  
(817) 568-9500

Room 112  
Arrival Date 03/16/03  
Departure Date 03/17/03  
Account 115532  
Frequent Traveler ID

Merchant Number  
Approval Number  
Card Type  
Date 3/17/03  
Card Number  
Credit Card Expiration /  
Total

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

KEVIN STEWART  
POB 2547  
FORT WORTH, TX 76113

x \_\_\_\_\_

Comfort Suites  
 6504 South Freeway  
 Fort Worth, Texas 76134  
 817/568-9500  
 Fax 817/568-9505

REQUEST FOR DIRECT BILLING

Credit may be authorized after careful review of this application has been completed. Allow at least fifteen days before your event so that credit can be established for your company and the representative(s). Payment is due upon receipt of invoice.

As a company policy, Comfort Suites grants credit bases upon a company or organizations credit history. Individuals are not as a rule, granted billing privileges.

Full and complete disclosure of the following information is required to begin the credit review process. This application must be signed by a company representative normally authorized to disburse funds or otherwise contractually obligate your company or organization.

Comfort Suites may consider sources of credit information other than those represented below to make a determination of credit worthiness.

Billing Information

Company Name Fleming Convenience  
 Billing Address PO Box 2547  
 City/State/Zip Ft Worth, TX 76113  
 Phone # 817-293-5558 Fax # 817-293-4979  
 Type of charges (room tax, phone, etc) Room & tax Only  
 Credit amount requested \_\_\_\_\_

Authorization Signatures

Name Tabi Silva Title Transportation Asst  
 Signature Tabi Silva Date 3-14-03

Name All Fleming Drivers Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

\* reservations will be phoned in

Bank References

Bank Name See attached Account # \_\_\_\_\_  
Branch \_\_\_\_\_ Phone # \_\_\_\_\_  
Type of account \_\_\_\_\_ Officer \_\_\_\_\_

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_  
Branch \_\_\_\_\_ Phone # \_\_\_\_\_  
Type of account \_\_\_\_\_ Officer \_\_\_\_\_

Hotel/Trade References

Company Name See Attached Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Contract Originator \_\_\_\_\_ Date \_\_\_\_\_

*The undersigned hereby guarantees absolutely and unconditionally, payment upon demand, and indebtedness or balance of indebtedness to Comfort Suites resulting from purchases made upon granting of extension of credit to the aforementioned organization, heretofore or hereafter incurred and whatever from it may be evidenced. The undersigned further agrees as a duly authorized representative of the organization represented on the application to pay all reasonable costs and expenses, including attorney's fees incurred in the collection of such indebtedness whether or not suit is actually instituted.*

Signature of Officer Oliver Silva Date 3-14-03  
Name/Title Transportation Asst.

ROOM NO. <u>112</u>	FIRST NAME <u>KEVIN</u>	LAST NAME <u>STEWART</u>	CHECK IN <u>12/16</u>
	ADDRESS <u>3202 Woodville Rd</u>		CHECK OUT <u>3-17</u>
NO IN PARTY	CITY <u>BRYAN</u>	STATE <u>TX</u>	ZIP <u>77803</u>
ADULTS	RATE <u>59</u>		RATE ACCEPTED
CHILD	MY ACCOUNT WILL BE HANDLED BY <input type="checkbox"/> CASH <input type="checkbox"/> M C / VISA <input checked="" type="checkbox"/> BILLING <input type="checkbox"/> DINNERS CLUB <input type="checkbox"/> AM EX <input type="checkbox"/> DISCOVER		

COMPANY NAME <u>Fleming Cartelene</u>							
DATE	ROOM RENTAL	ROOM TAX	TELEPHONE	MISC	BALANCE DUE	PAYMENTS	
						CASH	CREDIT CARDS KIND

I am informed about special event rates \_\_\_\_\_ Int  
 I agree to vacate my room by 11AM on \_\_\_\_\_ Int  
 I/We agree to abide by hotel policy \_\_\_\_\_ Int  
 It is agreed that my departure date will be on or before  
X Kevin Stewart 3-16-03  
 GUEST SIGNATURE DATE

NOTE TO GUESTS THIS PROPERTY IS PRIVATELY OWNED AND THE MANAGEMENT RESERVES THE RIGHT TO REFUSE SERVICE TO ANYONE AND WILL NOT BE RESPONSIBLE FOR ACCIDENTS OR INJURY TO GUESTS OR FOR LOSS OF MONEY JEWELRY OR VALUABLES OF ANY KIND	CHECK OUT TIME 11 00 A M
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MAKE OF CAR <u>Explorer</u>	LICENSE NO <u>L252R5</u>	STATE <u>TX</u>
STATE	DL# <u>10719186</u>	6504 South Freeway Ft Worth, TX 76134 Tel (817) 568-9500