UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE PI		OOF OF CLAIM		s134505
In re	Case Number		Schedul	ied Claim Ref # 2 F2 22131
Fleming Companies, Inc)945	YOUR CLA	AIM IS SCHEDULED AS
Fleming Companies, inc		,0 10	\$572 29 UNSE	CURED
NOTE This form should not be used to make a claim for an administr	rative		1	
expense arising after the commencement of the case. A request for an administrative expense may be filed pursuant to 11 U S C § 503		arrais and arry one one mas		
Name of Creditor and Address		filed a proof of claim relating to your claim. Attach copy of		
035442940	06969	statement giving particulars	The amounts reflec	ted above constitute your claim as
KAESTNER AUTO ELECTRIC CO PO BOX 906 WAUKESHA WI 53187		Check box if you have never received any notices from the bankruptcy court in this case	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	
		Check box if this address differs from the address on the envelope sent to you by the	om the address on the Unliquidated or Disputed a proof of claim must be	
Creditor Telephone Number () (262) 547-9600 court				r BMC you do not need to file again
CREDITOR TAX I D # ACCOUNT OR OTHER NUMBE CREDITOR IDENTIFIES DEBTO		Check here 1ep	olaces or a previou	sly filed claim dated
39-08 18 60¢ 23048 In this claim 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 fromtoto				
2 DATE DEBT WAS INCURRED 1/6/03 thru 3/20/03	3 IF C	OURT JUDGMENT, DATE O	OBTAINED	(date) (date)
4 TOTAL AMOUNT OF CLAIM \$ 583 30 \$, , ,	\$		\$ 58330
AS OF PETITION DATE (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 Check this box if you have an unsecured priority claim				
Check this box if your claim is secured by collateral (including a right of setoff)				
Brief description of collateral Specify the priority of the claim				
Real Estate Wages salaries or commissions (up				
Motor Vehicle				
Other	Contributions to an employee benefit plan 11 U S C § 507(a)(4)			
		to \$2 100* of deposits toward pure personal family or household use		
Value of collateral \$	Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)			
Amount of arrearage and other charges at time case filed Taxes or penalties owed to governmenta				C § 507(a)(8)
ıncluded ın secured claim above if any \$	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 <u>Attach copies of supporting documents</u> , 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) THIS SPACE FOR COURT use on the control of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) THIS SPACE FOR COURT use on the control of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) THIS SPACE FOR COURT use of the control of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) THIS SPACE FOR COURT use of the control of the				
BY MAIL TO BY HAND OR OVERNIGHT DELIVERY TO				EILED
Bankruptcy Management Corporation Bankruptcy Management Corporation Bankruptcy Management Corporation				FILED
P O BOX 900 1330 East Franklin Avenue El Segundo CA 90245-0900 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)				
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonmen	nt for up to 5	years or both 18 USC §§ 15	ر مفر 52 AND 3571	Fleming Companies Claim









