UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PRO	OF OF CLAIM				
In re	Case Number			s136248 uled Claım Ref # 2 F2-23874		
Fleming Companies, Inc			YOUR CLAIM IS SCHEDULED AS			
, ioning companies, me		03-10945		ISECURE D		
NOTE This form should not be used to make a claim for an administr		Check box if you are	# 11 9/91	O-UNGERUATO		
expense arising after the commencement of the case A 'request" for an administrative expense may be filed pursuant to 11 U S C § 503	payment d	aware that anyone else has filed a proof of claim relating to	1655	O-UNSECURED 1++ACHED PROOF		
Name of Creditor and Address		your claim Attach copy of statement giving particulars	l .	HM FORM)		
03544294	23942			ted above constitute your claim as		
PREMIUM ICE CREAM CO PO BOX 3765 OGDEN UT 84409		Check box if you have never received any notices from the bankruptcy court in this case	scheduled by the D set forth herein and Debtor you do not EXCEPT as stated	ebtor If you agree with the amounts d have no other claim against the need to file this proof of claim below		
		Check box if this address differs from the address on the	If the amounts sho Unliquidated or Di filed	own above are listed as Contingent, sputed a proof of claim must be		
Creditor Telephone Number ()		envelope sent to you by the court	If you have already	filed a proof of claim with the r BMC you do not need to file again		
CREDITOR TAX I D # ACCOUNT OR OTHER NUMBE CPEDITOP IDENTIFIES DEBTO		Check here rep	laces	. Direction to the again		
OFED TOP DENTIFIES DEBT	ж	if this claim	or a previous ends	sly filed claım dated		
1 BASIS FOR CLAIM						
Goods sold Personal injury/wrongful death		ree benefits as defined in 11	= : :			
	wag	ges salaries and compensa Your social security numbe	•	v)		
Worley located Outer (describe briefly)		Unpaid compensation for se		f from to		
				(date) (date)		
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE C	DBTAINED			
4 TOTAL AMOUNT OF CLAIM \$ S		\$		_ \$		
(unsecured)	,	,	secured priority)	(total)		
If all or part of your claim is secured or entitled to priority, also confidence this box if claim includes interest or other charges in addition to the			mized statement of	f all interest or additional charges		
		RED PRIORITY CLAIM	The distance of the distance o	an interest of datational onlarges		
Check this box if your claim is secured by collateral (including a		this box if you have an unsec	cured priority clain	n		
right of setoff)		•				
Brief description of collateral		the priority of the claim				
Real Estate		es salaries or commissions (up re filing of the bankruptcy petition				
Motor Vehicle	busir	ness whichever is earlier - 11 U S	S C § 507(a)(3)			
Other	-	tributions to an employee benefit		, , , ,		
	Up to	o \$2 100* of deposits toward purc ersonal family or household use	chase lease or renta 11 USC § 507(a	al of property or services a)(6)		
Value of collateral \$		ony maintenance or support owed 11 U S C § 507(a)(7)	d to a spouse forme	r spouse or		
Amount of arrearage and other charges at time case filed included in secured claim above if any \$		es or penalties owed to governme				
molecular occurred starting and are a fairly and a fairly	Amo	er Specify applicable paragraph of ounts are subject to adjustment on 4/1 respect to cases commenced on or after the spect to cases commenced on or after the specific spe	/01 and every 3 years t	thereafter		
7 CREDITS The amount of all payments on this claim has been cred						
8 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u> running accounts contracts court judgments mortgages security agre if the documents are not available explain. If the documents are volur participated DATE-STAMPED COPY To receive an acknowledgment of you additional copy of this proof of claim.	eements a minous att	and evidence of perfection of ach a summary	lien DO NOT SE	END ORIGINAL DOCUMENTS		
The original of this completed proof of claim form must be sent b	v mail or	hand delivered (FAXES NO	T ACCEPTED)	THIS SPACE FOR COURT		
so that it is received on or before 4 00 p m , September 15, 2003,	Pacific Da	nding genvered († AXES NO nylight Time D OR OVERNIGHT DELIVERY 1		4SF PMEND		
Bankruptcy Management Corporation	Bankru	ıptcy Management Corpo		AUG 08 2003		
P O BOX 900 Fl Segundo, CA 90245-0900		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)						
a and damin (under copy or power or allo	o, nany)			I leming Companies Claim		
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	for up to 5 y	vears or both 18 U S C §§ 152	2 AND 3571			

UNITED STATES BANKRUPTCY COURT **PROOF OF CLAIM** FOR THE DISTRICT OF DELAWARE In re Case Number Bar Date Ref # 2-NVM-83113 FLEMING COMPANIES, INC 03-10945 NOTE This form should not be used to make a claim for an administrative Check box if you are expense arising after the commencement of the case A 'request" for payment aware that anyone else has of an administrative expense may be filed pursuant to 11 U S C § 503 filed a proof of claim relating to your claim Attach copy of Name of Creditor and Address statement giving particulars Check box if you have never received any notices 0354653616795 from the bankruptcy court in Premium Ice Cream CO this case PO Box PO Box 3765 Ogden UT 84409 Check box if this address differs from the address on the envelope sent to you by the If you have already filed a proof of claim with the Creditor Telephone Number (Bankruptcy Court or BMC you do not need to file again CREDITOR TAX I D # ACCOUNT OR OTHER NUMBER BY WHICH replaces CREDITOR IDENTIFIES DEBTOR Check here 87-0519756 a previously filed claim dated or amends if this claim 0000 450 1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U S C § 1114(a) Services performed 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 86900 \$ 869.00 AS OF PETITION DATE (secured) (unsecured priority) 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 6 UNSECURED PRIORITY CLAIM Check this box if your claim is secured by collateral (including a Check this box if you have an unsecured priority claim right of setoff) Specify the priority of the claim Brief description of collateral Wages salaries or commissions (up to \$4 650*) earned within 90 days Real Estate before filing of the bankruptcy petition or cessation of the Debtor's business whichever is earlier 11 USC § 507(a)(3) Motor Vehicle Contributions to an employee benefit plan 11 U S C § 507(a)(4) Other 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 Value of collateral \$ child 11 USC § 507(a)(7) Amount of arrearage and other charges at time case filed Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) included in 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 there ifter with respect to cases commenced on or after the date of adjustment 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

PO BOX 900

El Segundo, CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO

Bankruptcy Management Corporation

1330 East Franklin Avenue

El Segundo CA 90245

2/5/03

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)

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both

THIS SPACE FOR COURT REPORT)

AUG 08 2003

 BMC



PAGE 1

PREMIUM ICE CREAM COMPANY

P O BOX 3765 OGDEN, UT 84409 STATEMENT DATE 04/29/03

CUSTOMER NO 00-0000450

SALESPERSON

NONE

(801) 476-0277

FLEMING COMPANIES, INC

SALT LAKE CITY PSC 2455 WEST 1500 SOUTH

SALT LAKE CITY UT 84104-4148

CONTACT

DATE	REFERENCE	DESCRIPTION	CHARGE	CREDIT	BALANCE
04/07/03	0012995-IN 0016852-IN 0013115-IN		1,143 75 1,372 50 2,352 75		1,143 75 1,372 50 2,352 75

				TOTAL	4,869 00
CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	BALANCE DUE
3,725 25	1,143 75	00	00	00	4,869 00

EDI Purchase Order Selection List

Active Acknowledged Invoiced
Invoice Accepted w/Errors Invoice Rejected Invoice Accepted

SALT LAKE	PREMIUM ICE CRM
CITY	{ 30C}TUES

PO Status	Purchase Order	Order Date
N	692556	04/15/2003
X	5 <u>6</u> 8064	03/24/2003
`	4174 <u>12</u>	02/25/2003

PREMIUM ICE CREAM COMPANY P O BOX 3765 OGDEN, UT 84409

INVOICE NUMBER 0012995-IN INVOICE DATE 03/06/03

FLEMING COMPANIES, INC
SALT LAKE CITY PSC
2455 WEST 1500 SOUTH
SALT LAKE CITY UT 8

CUSTOMER NO 00-0000450 CUSTOMER P O 417412 SHIP VIA

SALT LAKE CITY UT 84104-4148

NET 10 DAYS

SALES CD DESCRIPTION (QUANTITY	PR [CE	AMOUNT
BC6 6CT BANANA CREAMIES CASE CC6 6CT CHOCOLATE CREAMIES CASE SC6 6CT STRAWBERRY CREAMIES CASE	30	15 25	457 50
	30	15 25	457 50
	15	15 25	228 75

NET INVOICE 1,143 75 FREIGHT 00
INVOICE TOTAL 1,143 75

THANK YOU FOR YOUR BUSINESS

EDI Purchase Order Invoicing

PREMIUM ICE CRM{ 30C}TUES

Invoic	e Valıdated - Please do a I	3row se	Print fo	r Your Record	s - Press DONE t	o Create Invoic	е
Invoice Number	12995				Invoice Date	03/06/2003	
Purchase Order					Order Date	02/25/2003	
Vendor Order Number	0306				FOB Point Code	Destination	<u> </u>
Ship Pay Method	Prepaid	M			Shipment Via	Customer picku	p 🛂
Contact Name					Phone number		www.
Allow/Chrg Type	None	7	Handle Code	Off Invoice		Allow/Chrg Amt	
Allow/Chrg Type	None		Handle Code	Off Invoice		Allow/Chrg Amt	
			Invoice	Terms			
Due Date	03/16/2003		Percent	0 0		Days 1	0
Net Due Date			Terms Casl Discount	1		Net Days	
		Sh	up to In	formation			
Address	FLEMING-SALT LAKE CITY 2455 WEST 1500 SOUTH	Y			DUNS#	006943773SL00	
Cıty	SALT LAKE CITY		State			Z ıp 84	1104-0000
		B	ıll to Inf	ormation			
	P O Box 24930				DUNS#	006943773SL00	
City	Oklahoma City	_	State			Z ıp <i>7</i> 3	3124
		_ Rem	ittance l	Information			
Address					DUNS#	0000000	
City			State			Zıp 「	
~ .	UPC/ Description		List	Allow Type		Off Invoice	Net Invoice
	007979206003 PREM CREAMIES CHOC	Ţ	15 25	None	cur E	00	\$457 50
30 CA	007979206002	ſ	15 25	None		00	\$457 50

12 6 PK PREM CREAMIES BANANA

15 CA 007979206007
12 6 PK PREM CREAMIES STRWBR
75 Totals

Validate

Validate

Done

EDI Purchase Order View

Vendor PREMIUM ICE CRM{ 30C} TUES

Purchase Order 417412-SL

Shipment Method Customer Pickup

Pickup Date 03/04/2003

Contact Name DEBUS JORY

Phone Number 8019735500

Order Date 02/25/2003

Ship From DUNS 0000000

Ship to Information

FLEMING-SALT LAKE CITY 2455 WEST 1500 SOUTH

DUNS# 006943773SL00

City SALT LAKE CITY

State UT

Zip 84104-0000

Acknowledge Receipt

Bill to Information

Address PO Box 24930

City Oklahoma City

State OK

DUNS# 006943773SL00

Zıp 73124

					The state of the s		
Quantity UOM		Pack Size	Lıst In	Off voice	Bıll Back	Net Order Price	
	007979206003 PREM CREAMIES CHOC	12 6 PK	15 55	00	00	\$466 50	
30 CA	007979206002 PREM CREAMIES BANANA	12 6 PK	15 55	00	00	\$466 50	
15 CA	007979206007 PREM CREAMIES STRWBR	12 6 PK	15 55	00	00	\$233 2 5	
75	Totals					\$1,166 25	

Special Instructions

PREMIUM ICE CREAM COMPANY P O BOX 3765 OGDEN, UT 84409 INVOICE NUMBER 0016852-IN 1NVOICE DATE 04/07/03

FLEMING COMPANIES, INC
SALT LAKE CITY PSC
2455 WEST 1500 SOUTH
SALT LAKE CITY UT 84104-4148

CUSTOMER NO 00-0000450 CUSTOMER P O 568064 SHIP VIA

NET 10 DAYS

SALES CI	DESCRIPTION	QUANTITY	PRICE	AMOUNT
BC6	6CT BANANA CREAMIES	CASE 30	15 25	457 50
CC6	6CT CHOCOLATE CREAMIES	CASE 30	15 25	457 50
OC6	6CT ORANGE CREAMIES	CASE 15	15 25	228 75
SC6	6CT STRAWBERRY CREAMIES	CASE 15	15 25	228 75

NET INVOICE 1,372 50 FREIGHT 00 INVOICE TOTAL 1,372 50

THANK YOU FOR YOUR BUSINESS

EDI Purchase Order Invoicing

PREMIUM ICE CRM{ 30C}TUES

Invoice Validated - Please do a Browsei Print for Your Records - Press DONE to Cieate Invoice Invoice Number | 16852 Invoice Date | 04/08/2003 Purchase Order 568064-SL Order Date 03/24/2003 Vendor Order 0407 FOB Point Code Destination Number 130 **Ship Pay Method** Shipment Via Customer pickup Prepaid Contact Name Phone number Allow/Chrg Handle Off Invoice Allow/Chrg Type None Code Amt Allow/Chrg Handle Off Invoice Allow/Chrg Type None Code Amt **Invoice Terms** Due Date | 04/18/2003 Percent 00 Days 10 Terms Net Due Date Cash Net Days Discount **Ship to Information** FLEMING-SALT LAKE CITY 2455 WEST 1500 SOUTH **Address DUNS#** 006943773SL00 State UT City SALT LAKE CITY **Zip** 84104-0000 **Bill to Information** Address PO Box 24930 **DUNS#** 006943773SL00 State OK City Oklahoma City Zip 73124 **Remittance Information** Address **DUNS#** 0000000 Zıp City State Allow Off Net UPC/ Qty/ UOM/ List Type Invoice Invoice Pack Size Description 15 00 15 25 None CA 007979206001 \$228 75 12 6 PK PREM CREAMIES ORANGE 30 15 25 None 00 CA 007979206003 \$457 50

12	6 PK	PREM CREAMIES CHOC				
30	CA	007979206002	15 25	None	3 00	\$457 50
12	6 PK	PREM CREAMIES BANANA				
15	CA	007979206007	15 25	None	3 00	\$228 75
12	6 PK	PREM CREAMIES STRWBR				
90		Totals				\$1,372 50
		Validate			Done	

EDI Purchase Order View

Vendor PREMIUM ICE CRM{ 30C} TUES

Purchase Order 568064-SL

Shipment Customer Pickup

Pickup Date 04/01/2003

Contact Name DEBUS, JORY

Phone Number 8019735500

Order Date 03/24/2003

Ship From DUNS 0000000

Ship to Information

FLEMING-SALT LAKE CITY 2455 WEST 1500 SOUTH Address

DUNS# 006943773SL00

City SALT LAKE CITY

State UT

Zip 84104-0000

Acknowledge Receipt

Bill to Information

Address PO Box 24930

City Oklahoma City

State OK

DUNS# 006943773SL00 **Zip** 73124

								A STATE OF THE PARTY OF THE PAR
Quantity UOM	UDC	D				Off	Bill	
•		Description	Pack	Size	List]	Invoice	Back	Net Order Price
		PREM CREAMIES ORANGE	12	6 PK	15 55	00	00	\$233 25
	007979206003	PREM CREAMIES CHOC	12	6 PK	15 55	00	00	\$466 50
		PREM CREAMIES BANANA	12	6 PK	15 55	00	00	\$466 50
15 CA	007979206007	PREM CREAMIES STRWBR	12	6 PK	15 55	00	00	\$233 25
90		Totals						\$1,399 50
C								\$1,399.30

Special Instructions

PREMIUM ICE CREAM COMPANY P O BOX 3765 OGDEN, UT 84409

INVOICE NUMBER 0013115-IN INVOICE DATE 04/23/03

FLEMING COMPANIES, INC SALT LAKE CITY PSC 2455 WEST 1500 SOUTH

CUSTOMER NO 00-0000450 CUSTOMER P O 692556 SHIP VIA

SALT LAKE CITY UT 84104-4148

NET 10 DAYS

SALES CD	DESCRIPTION	QUANTITY	PRICE	AMOUNT
BC6	6CT BANANA CREAMIES 6CT CHOCOLATE CREAMIES	CASE 45	15 55	699 75
CC6		CASE 75	15 55	1,166 25
SC6	6CT STRAWBERRY CREAMIES 6CT CHOC COVERED CHERRY	CASE 15	15 55	233 25
CD6		CASE 15	16 90	253 50

NET INVOICE 2,352 75 FREIGHT 00

INVOICE TOTAL 2,352 75

THANK YOU FOR YOUR BUSINESS

EDI Purchase Order Invoicing

PREMIUM ICE CRM{.30C}TUES

Invoice Number	13115				Invoice Dat	e 04/23/2003	_			
Purchase Order	692556-SL				Order Dat	e 04/15/2003				
Vendor Order Number	0423				FOB Point Cod	e Destination				
Ship Pay Method	Prepaid				Shipment Vi	a Customer pic	kup 🏂			
Contact Name					Phone numbe	•				
Allow/Chrg Type	None		Handle Code	Off Invoice	V	Allow/Chr Amt				
Allow/Chrg Type	None	T	Handle Code	Off Invoice		Allow/Chr Am				
Invoice Terms										
Due Date	05/03/2003		Percent	0 0		Days	10			
Net Due Date			Terms Cash Discount			Net Days				
		Sh	up to Inf	formation						
Address	FLEMING-SALT LAKE CITY 2455 WEST 1500 SOUTH				DUNS	# 006943773SL0	00			
City	SALT LAKE CITY		State			Zıp	84104-0000			
		B	ıll to Inf	ormation						
	PO Box 24930				DUNS	DUNS # 006943773SL00				
Cıty	Oklahoma City	_	State			Zıp	73124			
		Rem	uttance I	Information						
Address					DUNS	# 0000000				
City		State			Zıp					
Qty/ UOM/ Pack Size	UPC/ Description		List	Allow Type		Off Invoice	Net Invoice			
15 CA 12 6 PK	007979206004 PREM CREAMIES CHRY DP		16 90	None		00	\$253 50			
75 CA 12 6 PK	007979206003 PREM CREAMIES CHOC	ļ	15 55	None		00	\$1,166 25			

EDI Purchase Order View

Vendor PREMIUM ICE CRM { 30C} TUES Purchase Order 692556-SL

Shipment Method Customer Pickup Pickup Date 04/23/2003

Contact Name GUSTAFSON, LANCE Phone Number 8019735500

Order Date 04/15/2003 Ship From DUNS 0000000

Ship to Information

Address FLEMING-SALT LAKE CITY 2455 WEST 1500 SOUTH **DUNS#** 006943773SL00

City SALT LAKE CITY State UT **Zip** 84104-0000

Bill to Information

Address PO Box 24930 **DUNS#** 006943773SL00

City Oklahoma City State OK **Zip** 73124

				Done.			Acknowledge Receipt 📑			
Quantity U	ОМ		Description	Pack	Sıze	Lıst	Off Invoice	Bıll Back	Net Order Price	
15 C	A	007979206004	PREM CREAMIES CHRY DP	12	6 PK	16 90	00	1 35	\$253 50	
75 C.	A	007979206003	PREM CREAMIES CHOC	12	6 PK	15 55	00	00	\$1,166 25	
45 C.	Α	007979206002	PREM CREAMIES BANANA	12	6 PK	15 55	00	00	\$699 75	
15 C.	Α	007979206007	PREM CREAMIES STRWBR	12	6 PK	15 55	00	00	\$233 25	
150			Totals						\$2,352 75	

Special Instructions