

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

PROOF OF CLAIM



s136248

Scheduled Claim Ref # 2 F2-23874

YOUR CLAIM IS SCHEDULED AS

~~\$1,142.04 UNSECURED~~

*# 4,869.00 - UNSECURED
(SEE ATTACHED PROOF
OF CLAIM FORM)*

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.

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

0354429423942

PREMIUM ICE CREAM CO
PO BOX 3765
OGDEN UT 84409

☐ 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.

Creditor Telephone Number ()

CREDITOR TAX ID #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITORS IDENTIFY DEBTOR

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

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM 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 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

FILED

AUG 08 2003

BMC

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).

Fleming Companies Claim



03393

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

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

PROOF OF CLAIM



616795

Bar Date Ref # 2-NVM-83113

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

Premium Ice Cream CO
PO Box PO Box 3765
Ogden UT 84409

0354653616795

☐ 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 ()

CREDITOR TAX ID #

87-0519756

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

0000450

Check here if this claim

☐ 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 *3/6/03 - 4/23/03*

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ *4,869.00*
(unsecured)

(secured)

(unsecured priority)

\$ *4,869.00*
(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.

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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

DATE SIGNED

8/15/03

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).

Brad Kappale - Brad Kappale President

THIS SPACE FOR COURT

FILED

AUG 08 2003

BMC

Fleming Companies Claim



03394

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

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

STATEMENT DATE 04/29/03

SALESPERSON
NONE

(801) 476-0277

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

CUSTOMER NO 00-0000450

DATE	REFERENCE	DESCRIPTION	CHARGE	CREDIT	BALANCE
03/06/03	0012995-IN		1,143 75		1,143 75
04/07/03	0016852-IN		1,372 50		1,372 50
04/23/03	0013115-IN		2,352 75		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
CITY

PREMIUM ICE CRM
{ 30C}TUES

PO Status	Purchase Order	Order Date
\	692556	04/15/2003
\	568064	03/24/2003
\	417412	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 84104-4148

CUSTOMER NO 00-0000450
CUSTOMER P O 417412
SHIP VIA
NET 10 DAYS

SALES CD	DESCRIPTION	QUANTITY	PRICE	AMOUNT
BC6	6CT BANANA CREAMIES	CASE 30	15 25	457 50
CC6	6CT CHOCOLATE CREAMIES	CASE 30	15 25	457 50
SC6	6CT STRAWBERRY CREAMIES	CASE 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

Invoice Validated - Please do a Browser Print for Your Records - Press DONE to Create Invoice

Invoice Number 12995

Invoice Date 03/06/2003

Purchase Order 417412-SL

Order Date 02/25/2003

Vendor Order Number 0306

FOB Point Code Destination

Ship Pay Method Prepaid

Shipment Via Customer pickup

Contact Name

Phone number

Allow/Chrg Type None

Handle Code Off Invoice

Allow/Chrg Amt

Allow/Chrg Type None

Handle Code Off Invoice

Allow/Chrg Amt

Due Date 03/16/2003

Invoice Terms

Percent 0 0

Days 10

Net Due Date

Terms Cash

Net Days

Discount

Ship to Information

Address FLEMING-SALT LAKE CITY
2455 WEST 1500 SOUTH
City SALT LAKE CITY

State UT

DUNS# 006943773SL00

Zip 84104-0000

Bill to Information

Address P O Box 24930
City Oklahoma City

State OK

DUNS# 006943773SL00

Zip 73124

Remittance Information

Address
City

State

DUNS# 00000000

Zip

Qty/ Pack	UOM/ Size	UPC/ Description	List	Allow Type	Off Invoice	Net Invoice
30	CA	007979206003	15 25	None	00	\$457 50
12	6 PK	PREM CREAMIES CHOC				
30	CA	007979206002	15 25	None	00	\$457 50

12	6 PK	PREM CREAMIES BANANA
15	CA	007979206007
12	6 PK	PREM CREAMIES STRWBR
75	Totals	

15 25	None	<input checked="" type="checkbox"/>	00
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\$228 75

\$1,143 75

Validate

Done

EDI Purchase Order View

Vendor PREMIUM ICE CRM{ 30C}TUES
Shipment Method Customer Pickup
Contact Name DEBUS JORY
Order Date 02/25/2003

Purchase Order 417412-SL
Pickup Date 03/04/2003
Phone Number 8019735500
Ship From DUNS 0000000

Ship to Information

Address FLEMING-SALT LAKE CITY
 2455 WEST 1500 SOUTH
City SALT LAKE CITY

State UT

DUNS# 006943773SL00

Zip 84104-0000

Bill to Information

Address P O Box 24930
City Oklahoma City

State OK

DUNS# 006943773SL00

Zip 73124

Done

Acknowledge Receipt

Quantity	UOM	UPC	Description	Pack	Size	List	Invoice	Off	Bill	Net Order Price
30	CA	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 25
75			Totals							\$1,166 25

Special Instructions

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

INVOICE NUMBER 0016852-IN
INVOICE 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 CD	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 Browser Print for Your Records - Press DONE to Create Invoice

Invoice Number 16852

Invoice Date 04/08/2003

Purchase Order 568064-SL

Order Date 03/24/2003

Vendor Order Number 0407

FOB Point Code Destination

Ship Pay Method Prepaid

Shipment Via Customer pickup

Contact Name

Phone number

Allow/Chrg Type None

Handle Code Off Invoice

Allow/Chrg Amt

Allow/Chrg Type None

Handle Code Off Invoice

Allow/Chrg Amt

Due Date 04/18/2003

Invoice Terms

Percent 00

Days 10

Net Due Date

Terms Cash

Net Days

Discount

Ship to Information

Address FLEMING-SALT LAKE CITY
2455 WEST 1500 SOUTH
City SALT LAKE CITY

State UT

DUNS# 006943773SL00

Zip 84104-0000

Bill to Information

Address P O Box 24930
City Oklahoma City

State OK

DUNS# 006943773SL00

Zip 73124

Remittance Information

Address
City

DUNS# 0000000

State

Zip

Qty/ Pack	UOM/ Size	UPC/ Description	List	Allow Type	Off Invoice	Net Invoice
15	CA	007979206001	15 25	None	00	\$228 75
12	6 PK	PREM CREAMIES ORANGE				
30	CA	007979206003	15 25	None	00	\$457 50

12	6 PK	PREM CREAMIES CHOC			
30	CA	007979206002	15 25	None	\$457 50
12	6 PK	PREM CREAMIES BANANA			
15	CA	007979206007	15 25	None	\$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

Shipment Method Customer Pickup

Contact Name DEBUS, JORY

Order Date 03/24/2003

Purchase Order 568064-SL

Pickup Date 04/01/2003

Phone Number 8019735500

Ship From DUNS 0000000

Ship to Information

Address FLEMING-SALT LAKE CITY
2455 WEST 1500 SOUTH

City SALT LAKE CITY

State UT

DUNS# 006943773SL00

Zip 84104-0000

Bill to Information

Address P O Box 24930

City Oklahoma City

State OK

DUNS# 006943773SL00

Zip 73124

Done

Acknowledge Receipt

Quantity	UOM	UPC	Description	Pack	Size	List	Invoice	Off Back	Bill Back	Net Order Price
15	CA	007979206001	PREM CREAMIES ORANGE	12	6 PK	15	55	00	00	\$233 25
30	CA	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 25
90			Totals							\$1,399 50

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
SALT LAKE CITY UT 84104-4148

CUSTOMER NO 00-0000450
CUSTOMER P O 692556
SHIP VIA
NET 10 DAYS

SALES CD	DESCRIPTION	QUANTITY	PRICE	AMOUNT
BC6	6CT BANANA CREAMIES	CASE 45	15 55	699 75
CC6	6CT CHOCOLATE CREAMIES	CASE 75	15 55	1,166 25
SC6	6CT STRAWBERRY CREAMIES	CASE 15	15 55	233 25
CD6	6CT CHOC COVERED CHERRY	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 Date 04/23/2003

Purchase Order 692556-SL

Order Date 04/15/2003

Vendor Order Number 0423

FOB Point Code Destination

Ship Pay Method Prepaid

Shipment Via Customer pickup

Contact Name

Phone number

Allow/Chrg Type None

Handle Code Off Invoice

Allow/Chrg Amt

Allow/Chrg Type None

Handle Code Off Invoice

Allow/Chrg Amt

Due Date 05/03/2003

Invoice Terms

Percent 0 0

Days 10

Net Due Date

Terms Cash

Net Days

Discount

Ship to Information

Address FLEMING-SALT LAKE CITY
2455 WEST 1500 SOUTH
City SALT LAKE CITY

DUNS# 006943773SL00

State UT

Zip 84104-0000

Bill to Information

Address P O Box 24930
City Oklahoma City

DUNS# 006943773SL00

State OK

Zip 73124

Remittance Information

Address
City

DUNS# 0000000

State

Zip

Qty/ Pack	UOM/ Size	UPC/ Description	List	Allow Type	Off Invoice	Net Invoice
15	CA	007979206004	16 90	None	00	\$253 50
12	6 PK	PREM CREAMIES CHRY DP				
75	CA	007979206003	15 55	None	00	\$1,166 25
12	6 PK	PREM CREAMIES CHOC				

EDI Purchase Order View

Vendor PREMIUM ICE CRM{ 30C}TUES

Shipment Method Customer Pickup

Contact Name GUSTAFSON, LANCE

Order Date 04/15/2003

Purchase Order 692556-SL

Pickup Date 04/23/2003

Phone Number 8019735500

Ship From DUNS 0000000

Ship to Information

Address FLEMING-SALT LAKE CITY
2455 WEST 1500 SOUTH

City SALT LAKE CITY

State UT

DUNS# 006943773SL00

Zip 84104-0000

Bill to Information

Address P O Box 24930

City Oklahoma City

State OK

DUNS# 006943773SL00

Zip 73124

Done

Acknowledge Receipt

Quantity	UOM	UPC	Description	Pack	Size	List	Off Invoice	Bill Back	Net Order Price
15	CA	007979206004	PREM CREAMIES CHRY DP	12	6 PK	16 90	00	1 35	\$253 50
75	CA	007979206003	PREM CREAMIES CHOC	12	6 PK	15 55	00	00	\$1,166 25
45	CA	007979206002	PREM CREAMIES BANANA	12	6 PK	15 55	00	00	\$699 75
15	CA	007979206007	PREM CREAMIES STRWBR	12	6 PK	15 55	00	00	\$233 25
150			Totals						\$2,352 75

Special Instructions