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BESSEMER DIVISION
Room 201 Courthouse
Bessemer Alabama 35020

GROVER DUNN
ASSISTANT TAX COLLECTOR - JEFFERSON COUNTY

December 26, 2003

Clerk - Chapter 11 Division
U S Bankruptcy Court for the
District of Delaware
824 Market St
Wilmington DE 19801


RE Fleming Companies, Inc , et al
Bankruptcy Case No 03-10945(MFW)

Dear Sir

Please withdraw the claims that were filed for the 2003 taxes on the parcels shown on the attached list The 2003 taxes have been paid in full

Thank you for your assistance in this matter

Sincerely,



Grover Dunn
Assistant Tax Collector
Bessemer Division

GD jkh

Enclosure

Copy to Pachulski, Stang, Ziehl, Young,
Jones & Weintraub PC

~~Pachulski & Ziehl LLP~~

United States Bankruptcy Court District of <u>Delaware</u>		PROOF OF CLAIM	
In re (Name or Debtor) Piggly Wiggly Company		Case Number 03-10965 (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 of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503			
Name of Creditor <i>(The person or entity to whom the debtor owes money or property)</i> Jefferson County Asst Tax Collector		<input type="checkbox"/> 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 <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	
Name and Addresses Where Notices Should be Sent Jefferson County Assistant Tax Collector 201 Courthouse Bessemer AL 35020			
Telephone No (205) 481-4131			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR Parcel 30-33-2-1-1 002-RR		Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes - 2003 ad valorem taxes on real property <input type="checkbox"/> Other (Describe briefly)			
2 DATE DEBT WAS INCURRED 10/01/02		3 IF COURT JUDGMENT DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Unsecured Priority (3) Secured It is possible for part of a claim to be in one category and part in another CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM <input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges included in secured claim above, if any \$ _____ <input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ _____ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim			
<input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM \$ 75.12 Specify the priority of the claim <input type="checkbox"/> Wages salaries or commissions (up to \$2000), earned not more than 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) <input type="checkbox"/> Contributions to an employee benefit plan—U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase lease or rental of property or services for personal family or household use—11 U.S.C. § 507(a)(6) <input checked="" type="checkbox"/> Taxes or penalties of governmental units—11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other—11 U.S.C. §§ 507(a)(2) (a)(5)—(Describe briefly)			
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ (Unsecured)		\$ 75.12 (Priority) <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ 75.12 (Total)</div>	
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim Attach itemized statement of all additional charges			
6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim In filing this claim claimant has deducted all amounts that claimant owes to debtor		THIS SPACE IS FOR COURT USE ONLY FILED AUG 08 2003 BMC <small>Fleming Companies Claim</small>  <small>03406</small>	
7 SUPPORTING DOCUMENTS Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments or evidence of security interests If the documents are not available explain If the documents are voluminous, attach a summary			
8 TIME STAMPED COPY To receive an acknowledgement of the filing of your claim enclose a stamped, self addressed envelope and copy of this proof of claim			
Date 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) Jefferson County Assistant Tax Collector By <i>Kraver Dunn</i>		

ATAX
 TAX ACCOUNTING INFORMATION
 TT AA SS Q BBB PPP PPP REC-TYPE REC-NBR TAX-YR SPEC CD
 PCL-ID 30 00 33 2 001 001 002 RR 00 03 00
 NAME PIGGLY WIGGLY ALA DIST CO INC PROP LOC 2514 J TERRELL WOOTE DR
 TAX DIST 050 TAX SUB DIST 0000 BOE MKT VAL L 6000 I
 ***** F I R S T C L A S S *****
 CLASS 2 LND-IND 03 PRIVATE-USE 00 STHE 01 COHE 01
 L-TAXABLE-VAL 6000 L-NON-TAXABLE 00 L-ASD-VAL 1200
 I-TAXABLE-VAL I-NON-TAXABLE 00 I-ASD-VAL
 **CURRENT USE CODE AMT TOTAL-ASD-VAL FOR CLASS 1200
 ***** S E C O N D C L A S S *****
 CLASS LND-IND 00 PRIVATE-USE 00 STHE 00 COHE 00
 L-TAXABLE-VAL L-NON-TAXABLE 00 L-ASD-VAL
 I-TAXABLE-VAL I-NON-TAXABLE 00 I-ASD-VAL
 **CURRENT USE CODE AMT TOTAL-ASD-VAL FOR CLASS
 ***** TOTAL-ASD-VALUE 1,200
 ***** T A X E S A N D F E E S ***** HOMESTEAD EXEMPTIONS
 CODE AMOUNT **CODE** AMOUNT *CODE* AMOUNT H/CD H/AMOUNT
 STATE TAX 7 80 SPC1 TAX 6 12 EXTRA 00 ST 00
 CO TAX 16 20 SPC2 TAX 20 16 EXTRA 00 CO 00
 MUN TAX 00 SPC3 TAX 00 EXTRA 00 MU 00
 SCH TAX 9 84 FRST FEE 00 FIRE DUES 00 SCH 00
 ***** PRESS RCV FOR NEXT SCREEN TOTAL TAX/FEEES 60 12
 Storm Water Fee + 15 00
 TOTAL DUE 75 12