FOR THE DISTRICT OF DELAWARE	PRO	OOF OF CLAIM		590098
In re	Case N	Number	Bar D	Date Ref # 2-NVM-55350
Fleming Composies, Inc et al	03-	10945 (MFW)		
NOTE This form should not be used to make a claim for an administrate expense arising after the commencement of the case A "request" for just an administrative expense may be filed pursuant to 11 U S C § 503	payment	Check box if you are aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address		to your claim Attach copy of statement giving particulars		
Eurobest Food Industries 12360 SW Leveton Dr Tualatin OR 97062  Creditor Telephone Number (Ja) 691 - 0661	8900	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		y filed a proof of claim with the
CREDITOR TAX I D # ACCOUNT OR OTHER NUMBE	R BY WHI	CH -		or BMC you do not need to file again
93-0765528 CREDITOR IDENTIFIES DEBTO		Check here rep	laces or a previou ends	usly filed claim dated
1 BASIS FOR CLAIM				
Goods sold Personal injury/wrongful death	Re	tiree benefits as defined in 11	USC§ 1114(a	1)
Services performed Taxes	☐ Wa	ages salaries and compensal	tion (Fill out belo	w)
Money loaned Other (describe briefly)		Your social security number	r	
		Unpaid compensation for se	ervices performe	d from to
				(date) (date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE C	BTAINED	
4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE  \$ 10,826 +8 (unsecured)		secured) (uni	secured priority)	\$ 10, 826, 88 (total)
If all or part of your claim is secured or entitled to priority, also co	omplete It	tem 5 or 6 below		
Check this box if claim includes interest or other charges in addition to the			mized statement o	of all interest or additional charges
5 SECURED CLAIM 6	UNSECL	JRED PRIORITY CLAIM		
Check this box if your claim is secured by collateral (including a right of setoff)		this box if you have an unsec	cured priority claii	m
Brief description of collateral		y the priority of the claim		
Real Estate		ges salaries or commissions (up ore filing of the bankruptcy petition		
Motor Vehicle	bus	iness whichever is earlier 11 U	S C § 507(a)(3)	
Other	Cor	ntributions to an employee benefit	plan 11USC §	§ 507(a)(4)
		to \$2 100* of deposits toward pur personal family or household use		
Value of collateral \$		nony maintenance or support owe d -11 U S C § 507(a)(7)	d to a spouse form	ner spouse or
Amount of arrearage and other charges at time case filed	Tax	kes or penalties owed to governme	ental units 11 U S	C § 507(a)(8)
included in secured claim above if any \$		er - Specify applicable paragraph		
		nounts are subject to adjustment on 4/1 respect to cases commenced on or aft		
7 CREDITS The amount of all payments on this claim has been crec 8 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security agre if the documents are not available explain. If the documents are voluments are voluments are voluments are voluments.	dited and o uments, seements	deducted for the purpose of m such as promissory notes pur and evidence of perfection of	naking this proof chase orders in	of claim voices itemized statements of
9 DATE-STAMPED COPY To receive an acknowledgment of you additional copy of this proof of claim	our claım	, please enclose a self-addr	essed stamped	envelope and an
The original of this completed proof of claim form must be sent by so that it is received on or before 4 00 p m , September 15, 2003, I			FACCEPTED)	THIS SPACE FOR COURT USE ONLY
BY MAIL TO Bankruptcy Management Corporation P O BOX 900	Bankr 1330	ND OR OVERNIGHT DELIVERY Tuptcy Management Corpo East Franklin Avenue		FILED
El Segundo, CA 90245-0900  DATE SIGNED SIGN and print the name and title if any of the	creditor or			AUG 08 2003
file this claim (attach copy of power of att	torney if an	(x)	CFO	PN/C
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	nt for up to	5 years or both 18 USC §§	152 AND 3571	Fleming Companies Claim

See Other Side For Instructions

Fleming Companies Claim

# ACCOUNTS RECEIVABLE AGED TRIAL BALANCE

## A G E D T R I A L B A L A N C E Tuesday August 5, 2003

PAGE 1

DATE 08/05/03
AMOUNTS AGED THROUGH 08/05/03

CUST # NAME	ROUTE & STOP	SLSM INVOICE	# DATE	TR DIV	CURRENT	16- 30 DAYS 31-	45 DAYS	46- 60 DAYS 61 & OVER
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#### ACCOUNTS RECEIVABLE AGED TRIAL BALANCE

DATE 08/05/03

Tuesday August 5, 2003

PAGE 2 AMOUNTS AGED THROUGH 08/05/03

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COMPANY 10 DPI NORTHWEST

## A C C O U N T S R E C E I V A B L E

AGED TRIAL BALANCE

DATE 08/05/03
AMOUNTS AGED THROUGH 08/05/03

Tuesday August 5, 2003

PAGE 3

CUST # NAME

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A DISTRIBUTION PLUS INC COMPANY

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A DISTRIBUTION PLUS INC. COMPANY

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An Adventure in Good Taste

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A DISTRIBUTION PLUS INC COMPANY

12360 S W Leveton Drive Tualatin Oregon 97062 Phone 503/692 0662 • Fax 503/692 4776

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#### An Adventure in Good Taste

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FREVIOUS BALANCE

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An Adventure in Good Taste

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**Northwest** 

12360 S W Leveton Drive Tualatin Oregon 97062 Phone 503/692 0662 • Fax 503/692 4776

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#### An Adventure In Good Taste

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A DISTRIBUTION PLUS INC COMPANY

12360 S W Leveton Drive Tualatin Oregon 97062 Phone 503/692 0662 • Fax 503/692 4776

www.dpi-northwest.com

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Invoice

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Date

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An Adventure in Good Taste

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PREVIOUS BALANCE PAYMENTS THIS INVOICE NEW BALANCE CASES GROSS WT CUBE Total Invoice

A DISTRIBUTION PLUS INC COMPANY

12360 S W Leveton Drive Tualatin Oregon 97062 Phone 503/692 0662 • Fax 503/692 4776

www.dpi-northwest.com

B ETFRANC CAMPUSIANCE

TO ATT ACCOUNTY TAILELE

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An Adventure in Good Taste

Invoice 195477 (Illing IT ATE )

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— NOT NEGOTIABLE — SHIP DATE CONSIGNEE (TO) **DPI** Northwest FLEMING COMPANIES ATTN» (ABCO) STREET 624 S. 25th AVE. 12360 SW LEVETON DR 3315 S 116 ST STE 109 CITY TUALATIN, OR 97062 TUKWILA, WA 98168 PHOENIX AZ206/248 1148 503/692-0662 PHONE 502-269-5209 85069 FAX 503/692-4776 FAX 206/248 8990 CONSIGNEE PO# CROSSDOCK-NO PO REC'D **PREPAID** FREIGHT CHARGES ARE DPI NORTHWEST INVOICE NUMBERS TO BE PREPAID UNLESS COLLECT MARKED COLLECT THE LETTERS COD MUST APPEAR IN BOX BEFORE SEE ATTACHED MANIFEST COD CONSIGNEE S NAME ABOVE
☐ CASHIERS CHECK ONLY ☐ CONSIGNEE S CHECK OK COD FEE PAID BY SHIPPER (AMOUNT) (SHIPPER SIGNATURE) UNITS DESCRIPTION WEIGHT Subject to section 7 of conditions of applicable bill of lading if this shipment is to be delivered to the consignee PACKET SHIPPING DOCUMENTS without recourse on the consignor the consignor shall sign the following statement
The carrier shall not make PROCESSED FOODSIUFFS delivery of this shipment without payment of freight and all other lawful charges OBate Shpd: Sald to Contain Plts DELIVERY DUL TO CONSIGNEE Locations TIME: 5AM (Consignor Signature) cemps Note - Where the rate is dependent on value shippers are required to state specifically Comments. Rocle 3027 are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding CONSIGNEE SIGNATURE REQUIRED ATTACHED **DRY GOODS** CHILL **FREEZE** DO NOT FREEZE @ 34° - 38° F BELOW 10° F per pound RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described in apparent good order except as noted (contents and condition of contents of packages unknown) marked consigned and destined as indicated which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading as set forth (1) in Uniform Freight Classification in effect on the date hereof if this is a rail or a rail water shipment or (2) in the applicable motor carrier classification or tariff if this is a motor Shipper hereby certifies that he is familiar with all the terms and conditions of the said Bill of Lading including these on the back thereof set forth in the classification or tariff which governs the transportation of this shipment and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns CARRIER DRIVER NO TRAILER NO PIECE COUNT PALLET COUNT DRIVER SĤIPPÉR This is to certify that the above named ĎPI NORTHWEST materials are properly classified described packaged marked and labeled and are in **CAREFULLY AFFIX** PER PRO NO LABEL proper condition for transportation according to the applicable regulations of the Department of Transportation HERE **CONSIGNEE COPY** 

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