

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

**PROOF OF CLAIM**



s136021

Scheduled Claim Ref # 2 F2 23647

**YOUR CLAIM IS SCHEDULED AS**

\$1 295 55 UNSECURED

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.

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.

Name of Creditor and Address  
  
PERRY WYNNS FISH CO  
COLERAIN NC 27924

0354429422446

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.

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.

Creditor Telephone Number (252) 356-4387

CREDITOR TAX ID #  
**56 0854930**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES 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** \$ 2085.50 (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (unsecured priority) \$ 2085.50 (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 12 2003**

**BMC**

DATE SIGNED  
**8-8-03**

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)

*Lisa Myers* **LISA MYERS** SEC

Fleming Companies Claim



03488

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**

PERRY-WYNNS FISH CO , INC  
 P O Box 85  
 Colerain, NC 27924

Phone (252) 356-4387 Fax (252) 356-2515  
 I N V O I C E

C-F007  
 Fleming Companies, Inc  
 Donna  
 PO Box 268854  
 Oklahoma City OK 73126

Date 03/04/03 Invoice No 9021  
 Due Date 04/03/03 Page 1

Ship To/Remarks  
 Fleming of NC  
 Highway 117 South  
 Warsaw NC 28398

Via FOB Terms Your# Our# Rep  
 O/ O/ N30 532471 PWF

Description Item Number	Ordered Measure	Shipped Backordered	Unit Price Discount %	Extended
12-1 lb polly herring Item # 81764	22 0	22.0	19 0000	418 00
12-2 lb polly herring Item # 81763	20 0	20 0	32 5000	650 00

TERMS NET 30 DAYS

#22204  
 Pd. 3/27/03  
 OK# 23569852  
 Disc 152.45  
 Showed net  
 house taken  
 Disc  
 WI  
 3/5/03

Sub-Total 1068 00  
 Tax 0 00  
 Total 1068 00  
 Net To Pay 1068 00



TEXAS COMMERCE  
SAN ANGELO TX

No 23569852  
HI

Box 26647 Oklahoma City OK 73126

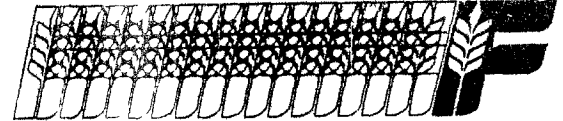
Date Amount  
03, 1/03 \$\*\*\*\*\*915 55\*

Pay  
NINE HUNDRED FIFTEEN DOLLARS AND 55/100

Pay  
To  
The  
Order  
Of

PERRY WYNNS FISH CO  
COLERAIN, NC 27924

010297296 04-04 0



Unique Character Facsimile Signature

⑈ 23569852⑈ ⑆ 111300880⑆ 06300036160⑈

⑈0000091555⑈



49-1084

ADVICE FOR UNPAID DEPOSITED IT M

Page 1 of 1

ACCT NO 0312000113-

04/04/2003

OFFICE/BRANCH 0/0

ACCOUNT TYPE REGULAR

COMMERCIAL

THE FOLLOWING ITEMS HAVE BEEN RETURNED

WE ARE CHARGING YOUR ACCOUNT FOR ITEMS

AMS

RETURNED UNPAID AS LISTED BELOW

INT

\$915 55

FEES HAVE BEEN SENT TO ACCOUNT ANALYSIS

\$0 00

L

\$915 55

Reason

REFERENCE

MAKER

PERRY WYNNS FISH CO INC  
P O BOX 85  
COLERAIN NC

RBC Ser 1a  
PO BOX 10  
27924-0085 RCK77 IT NC 27802

1-800- PURA

PERRY-WYNNE FISH CO, INC  
 Box 85  
 Colerain, NC 27924

Phone (252) 356-4387 Fax (252) 356-2515  
 I N V O I C E

Date 04/01/03 Invoice No 9062  
 Due Date 05/01/03 Page 1

C-F007  
 Fleming Companies, Inc  
 Donna  
 PO Box 268854  
 Oklahoma City OK 73126

Ship To/Remarks  
 Fleming of NC  
 Highway 117 South  
 Warsaw NC 28398

via	FOB	Terms	Your#	Our#	Rep
		O/ O/ N30			PWF
Description	Ordered	Shipped	Unit Price	Extended	
Item Number	Measure	Backordered	Discount %		
12-1 lb polly herring Item # 81764	25 0	25 0	19 0000	475 00	
12-2 lb polly herring Item # 81763	5 0	5 0	32 5000	162 50	

TERMS NET 30 DAYS

*EDI  
4/1/03*

Sub-Total 637  
 Tax 0  
 Total 637  
 Net To Pay 637

2/18/03

PERRY-WYNNS FISH CO , INC  
P O Box 85  
Colerain, NC 27924

Phone (252) 356-4387 Fax (252) 356-2515  
I N V O I C E

Date 03/19/03 Invoice No 9045  
Due Date 04/18/03 Page 1

C-F007  
Fleming Companies, Inc  
Donna  
PO Box 268854  
Oklahoma City OK 73126

Ship To/Remarks  
Fleming of NC  
Highway 117 South  
Warsaw NC 28398

-----  
Via FOB Terms Your# Our# Rep  
O/ O/ N30 611990 PWF  
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Description Item Number	Ordered Measure	Shipped Backordered	Unit Price Discount %	Extended
12-1 lb polly herring Item # 81764	20 0	20 0	19 0000	380 00

TERMS NET 30 DAYS

Sub-Total	380 00
Tax	0 00
Total	380 00
Net To Pay	380 00