

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

**PROOF OF CLAIM**



654584

Bar Date Ref # 2 NVM 122585

In re Fleming Co

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.

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.

**Name of Creditor and Address**  
Bottled Water  
Cullian of Anoka  
~~PO Box 900~~  
Anoka MN 55303  
7165 Boone Ave North  
Brooklyn Park, MN 55428

0354653654584

Creditor Telephone Number 763 545-3700

CREDITOR TAX ID #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
03086394

Check here  replaces if this claim  or  amends a previously filed claim dated \_\_\_\_\_

**1. BASIS FOR CLAIM**

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly)
- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (Fill out below)

Your social security number \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

**2. DATE DEBT WAS INCURRED** 2-28-03

**3. IF COURT JUDGMENT, DATE OBTAINED**

**4. TOTAL AMOUNT OF CLAIM AS OF PETITION DATE**  
\$ 30.89 (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (unsecured priority) \$ 30.89 (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.

**FILED**  
**AUG 12 2003**  
**BMC**

**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 USE ONLY  
**AUG 12 2003**  
**BMC**

DATE SIGNED  
8-7-03

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).  
Kaluta Anderson - Credit Assistant

Fleming Companies Claim  
 03523

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**

125024691180

marked 7/31

Bottled Water

Duplicate

Copy

Past Due

Please remit payment

ACCOUNT # 114-03086394 7  
ACCOUNT NAME FLEMING CORPORATION  
ACCT OF  
SERVICE ADDRESS

Regularly Scheduled Delivery Dates

Let us do the work for you Call today to sign up for convenient salt or water delivery service

If you wish to skip a delivery, please call us at least one day in advance of your scheduled delivery day

How to Avoid Missing Deliveries

If you know you are not going to be home on one of your scheduled dates please do one of the following

- 1 Leave an entrance open
- 2 Leave a note telling us how we can gain entrance
- 3 Call our office to make arrangements so we may have access to a key or entry code (This should be done at least one day in advance)

SEND INQUIRIES TO CULLIGAN BOTTLED WATER (763) 535 4545 7165 BOONE AVE N BROOKLYN PARK MN 55428		INVOICE	
DATE	DESCRIPTION OF TRANSACTION	REFERENCE	CURRENT AMOUNTS
03/01/03-03/31/03	DRINKING WATER EQUIPMENT SERVICE SALES TAX		29 00 1 89
INVOICE NUMBER	Past Due Accounts will be subject to a late charge of \$1 00 or 5% of past due amount whichever is greater	BILLING DATE	DUE DATE NEW BALANCE
114X20030900		02/28/03	30 89

© UNCO DATA SYSTEMS INC 2000  
Regular I 1470

DETACH LOWER PORTION AND RETURN WITH PAYMENT

Filed  
5/2/03

ACCOUNT #	INVOICE #	DUE DATE	AMOUNT DUE	AMOUNT PAID
114 03086394-7	114X20030900		30 89	

7165 BOONE AVE N  
BROOKLYN PARK MN 55428

TO PAY BY CREDIT CARD (check box)

ACCOUNT#

Exp Date \_\_\_ / \_\_\_ Signature \_\_\_\_\_

NOTE CHANGE OF ADDRESS OR SPECIAL COMMENTS  
(write on back of form)

2469

FLEMING CORPORATION  
1035 NATHAN LN N  
PLYMOUTH MN 55441-5002



CULLIGAN BOTTLED WATER  
135 S LASALLE, DEPT 8511  
CHICAGO IL 60674-8193

114 030863947 X20030900 00000000 00003089 7