UNITED STATES BANKRUPTCY COURT
FOR TH DISTRICT OF DELAWARE

PROOF OF CLAIM

s136746

Scheduled Claim Ref # 2-F2-24372

YOUR CLAIM IS SCHEDULED AS

$24 995 20 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

Name of Creditor and Address

0354429428278

SAAG'S PRODUCTS INC
1799 FACTOR AVE
SAN LEANDRO CA 94577

Creditor Telephone Number (510) 352-8000

☐ 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

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 TAX I D # 94-1671493

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR Fleming

Check here if this claim ☐ replaces 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 ________ (date) to ________ (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 31,546 14	$ ________	$ ________	$ 31,546 14
(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 USE ONLY

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)

Michael J Tye MICHAEL J TYE C.F.O.

Fleming Companies Claim

03548

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

ag's Products, Inc
2078 • San Leandro, CA 94577
Avenue • San Leandro CA 94577
(510) 352-8000

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Sale Amount	[illegible]
Freight	[illegible]
Amount Paid	[illegible]
BALANCE DUE	[illegible]

A finance charge of 1-1/2% per month will be added If collection is necessary any attorney fees or collection costs incurred will be charged to the customer

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Sale Amount	[illegible]
Freight	[illegible]
Amount Paid	[illegible]
BALANCE DUE	[illegible]

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Sale Amount	[illegible]
Freight	[illegible]
Amount Paid	[illegible]
BALANCE DUE	[illegible]

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Sale Amount	[illegible]
Freight	[illegible]
Amount Paid	[illegible]
BALANCE DUE	[illegible]

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Sale Amount	[illegible]
Freight	[illegible]
Amount Paid	[illegible]
BALANCE DUE	[illegible]

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Prev Balance	Payments	This Invoice	New Balance	Total Cases	Total Wt.
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Sale Amount	[illegible]
Freight	[illegible]
Amount Paid	[illegible]
BALANCE DUE	[illegible]

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Sale Amount	[illegible]
Freight	[illegible]
Amount Paid	[illegible]
BALANCE DUE	[illegible]

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Sale Amount	[illegible]
Freight	[illegible]
Amount Paid	[illegible]
BALANCE DUE	[illegible]

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Sale Amount	[illegible]
Freight	[illegible]
Amount Paid	0.00
BALANCE DUE	[illegible]

A finance charge of 1-1/2% per month will be added If collection is necessary any attorney fees or collection costs incurred will be charged to the customer

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Sale Amount	[illegible]
Freight	[illegible]
Amount Paid	[illegible]
BALANCE DUE	[illegible]

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Sale Amount	[illegible]
Freight	[illegible]
Amount Paid	[illegible]
BALANCE DUE	[illegible]

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[illegible]		BUTCHERS [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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Sale Amount	[illegible]
Freight	[illegible]
Amount Paid	0 00
BALANCE DUE	[illegible]

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Sale Amount	[illegible]
Freight	[illegible]
Amount Paid	[illegible]
BALANCE DUE	[illegible]

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Saag's Products, Inc
P.O. Box 2078 • San Leandro, CA 94577
1799 Factor Avenue • San Leandro, CA 94577
(510) 352-8000

INVOICE

Time In ____________________

Time Out ____________________

Invoice No	Invoice Date	Page
[illegible]	[illegible]	[illegible]

SOLD TO
[illegible]

SHIP TO
[illegible]

Route	Stop	Salesman	Customer ID	Order No	Order Date	Purchase Order	Terms	Shipped Via
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]

Item ID	T	Description	Ordered	Shipped	Wt. Shipped	Price	TOTAL
[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Prev Balance	Payments	This Invoice	New Balance	Total Cases	Total Wt.
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Sale Amount	[illegible]
Freight	[illegible]
Amount Paid	[illegible]
BALANCE DUE	[illegible]

A finance charge of 1-1/2% per month will be added If collection is necessary any attorney fees or collection costs incurred will be charged to the customer

CUSTOMER COPY