

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PROOF OF CLAIM
In re	Case Number



616342
Bar Date Ref # 2-NVM-82565

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

Multiple Business Forms
PO Box PO Box 510484
New Berlin WI 53151

0354653616342

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.

Creditor Telephone Number (262) 786-9690

CREDITOR TAX I.D. # 39-1745836

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here if this claim 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 5/7/03 6/17/03 **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 662.46 (unsecured) \$ 1,987.39 (unsecured priority) \$ 2,649.85 (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 8-7-03

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):
Laurence A. Smith LAURENCE A SMITH OWNER

Fleming Companies Claim
 03580

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

FLEMING COMPANIES, INC.
PURCHASE ORDER

PAGE 1

BUYER MFM

B * FLEMING COMPANIES, INC.	S * FLEMING COMPANIES, INC.	BILL TO PHONE 262-542 9311	P.O. NO. 3590
I T* MILWAUKEE DIVISION	H T* MILWAUKEE DIVISION	MAIL TO PHONE 414-765-9690	VENDOR NO. 239110
L O* 1200 WEST SUNSET DRIVE	I O* 1200 WEST SUNSET DRIVE	SHIP TO PHONE 262-541 9311	ORDER DATE 04/04/05
L * WAUKESHA WI 53186	P * WAUKESHA WI 53186	DELIVERY METHOD TRUCK	DLVRY DATE 05/08/05

M * MULTIPLE BUSINESS FORMS	S L* MULTIPLE BUSINESS FORMS	FOB POINT
A T* 13045 WEST CRAWFORD DRIVE	U I* 13045 WEST CRAWFORD DRIVE	SHIP FROM NEW BERLIN
I O* P.O. BOX 51484	P O* P.O. BOX 51484	PKUP POINT
L * NEW BERLIN WI 53151	P O* NEW BERLIN WI 53151	MESSAGE-1 MAIL PO
		MESSAGE-2 FAX NO 786-9155
		MESSAGE-3
		DISC.TERMS 2.00 2 16 DAYS / NET 36

- 1 SEND INVOICE-> ATTN ACCTNG DEPT., ACCOUNTS PAYABLE
2. SUBSTITUTIONS AND CHANGES, NOTIFY BUYER PRIOR TO SHIPPING
- 3 SHOW P.O. NO. IN ALL INVOICE AND SHIPPING DOCUMENTS
4. DELIVERY BY APPOINTMENT ONLY, CALL RECEIVING DEPT. 72 HOURS IN ADVANCE
- 5 APPOINTMENTS MADE BY VENDOR MUST BE CONFIRMED BY SHIPPER
6. PALLETS WITH SLIP SHEETS BETWEEN LAYERS WILL NOT BE ACCEPTED

BY ACCEPTING THIS PURCHASE ORDER, VENDOR AGREES TO INDEMNIFY AND HOLD HARMLESS THE FLEMING COMPANIES, INC AND ITS SUBSIDIARIES FROM ANY LOSS, COST, AND EXPENSE ARISING FROM THE VENDOR PERFORMING OPERATIONS ON THE PREMISES OR FURNISHING PRODUCT TO THE FLEMING COMPANIES

SUPPL	OUR	STOCK	VENDR	SHIP	BILL	LIST	OFF-INV	OTHER	OTHER	P O.	EXTENDED	TI-HI	STATUS		
NO.	CODE	PKY	..SIZE	.DESCRIPTION.....	CS	CS	TRCK	LOST	ALLOW.	ALLOW.	COST				
09000	0485916	1	1005	SENTRY CHARGE SYSTEM REF.	1	36	00	18	0700	00	00	31	18.4018	662 46	10-03L

PAGE TOTALS	36 CUBE,	1 VNRD CASES,	36 SHIP CASES	68 POUNDS,	1 PALLETS,	662 46 COST
PURCHASE ORDER TOTALS	36 CUBE	1 VNRD CASES,	36 SHIP CASES	68 POUNDS,	1 PALLETS,	662 46 COST

FLEMING PALLET CONTROL / GATE PASS

Door _____

Carrier MULTIPLE BUSINESS

Trailer REG CAR

Vendor MULTIPLE BUSINESS FORMS

P.O. 55906

Time In 6:05 Time Out _____

Date 5/3

Department _____

PRODUCT LEAVING WITH DRIVER	
HAND TRUCK	_____
TWO WHEELER	_____
PALLET JACK	_____
EMPTY	_____

Pallets In		Pallets Out	
Good	Bad	Good	Bad
12(1)		—————	

Driver: X LARRY S MITT
Do Not Apply Seal After Delivery.
Trailers Are Inspected.

x M. M. M. M. M.
Receiver Signature

WHITE - Attach to Receiving Document
 YELLOW - Traffic PINK - Driver

x _____
Lumper/Driver Signature

Form #1519/9 00

Multiple Business Forms

INVOICE

13045 WEST CRAWFORD DRIVE • P O BOX 510484
 NEW BERLIN WISCONSIN 53151
 (262) 786 9690 • FAX (262) 786 9155

Invoice #
17479

Sold To
 FLEMING COMPANIES, INC
 MILWAUKEE DIVISION
 1200 W SUNSET DR.
 WAUKESHA, WI 53186

Ship To

Customer order no.	Salesman	Terms	Ship Via	FOB	Date
35906	LARRY	Net 10 days			5/7/2003
Qty order	Qty ship	Description			Amount
3,600)	3,600	SENTRY CHARGE SYSTEM RECEIPTS			662.46

THANK YOU FOR YOUR ORDER.

Subtotal	\$662.46
Sales Tax (0.0%)	\$0.00
Total	\$662.46

A FINANCE CHARGE of 1½% (18% PER ANNUM) will be added to all accounts over 30 days, or a minimum of \$1.00, whichever is greater.

BUYER PYM

FLEHING COMPANIES, INC. PURCHASE ORDER NO. 700234

PAGE 1

FLEHING COMPANIES, INC. MILWAUKEE DIVISION 1200 WEST SUNSET DRIVE WAUKESHA WI 53186

FLEHING COMPANIES, INC. MILWAUKEE DIVISION 1200 WEST SUNSET DRIVE WAUKESHA WI 53186

PHONE 262-542-9311 PHONE 414-748-9690 PHONE 262-542-9311 DELIVERY METHOD TRUCK

P.O. NO. 3795 VENDOR NO. 2391100 ORDER DATE 05/15/03 DELVRY DATE 06/18/03

MULTIPLE BUSINESS TOPICS 13045 WEST CUMMINGS DRIVE P.O. BOX 5424 NEW BERLIN WI 53151

MULTIPLE BUSINESS TOPICS 13045 WEST CUMMINGS DRIVE P.O. BOX 5424 NEW BERLIN WI 53151

FED POINT SHIP FROM NEW BERLIN PICKUP POINT MESSAGE-1 MAIL PO MESSAGE-1 FAX NO 766-9155 MESSAGE-3 DISC TRFMS 200% 10 DAYS / NET 30

- 1. SEND INVOICE WITH ATTN ACCTG DEPT ACCOUNTS PAYABLE 2. SUBSTITUTIONS AND CHANGES, NOTIFY BUYER PRIOR TO SHIPPING 3. SHOW P.O. NO. ON ALL INVOICES AND SHIPPING DOCUMENTS 4. DELIVERY BY APPOINTMENT ONLY, CALL RECEIVING DEPT 72 HOURS IN ADVANCE 5. APPOINTMENTS MADE BY VENDOR MUST BE CONFIRMED BY SHIPPER 6. GALLONS WITH LIF SHEETS BETWEEN LAYERS WILL NOT BE ACCEPTED

BY ACCEPTING THIS PURCHASE ORDER, VENDOR AGREES TO INDEMNIFY AND HOLD HARMLESS THE FLEHING COMPANIES, INC AND ITS SUBSIDIARIES FROM ANY LOSS, COST, AND EXPENSE ARISING FROM THE VENDOR PERFORMING OPERATIONS ON THE PREMISES OR FURNISHING PRODUCT TO THE FLEHING COMPANIES

Table with columns: SUPPL ITEM NO., CUR ITEM CODE, PACK, SIZE, DESCRIPTION, STOCK, JENEP, SHEP, BILL, L, DEF-INV, OTHER, OTHER, P, Q, EXTENDED COST, TI-HI STAT. Row 1: 00000 0485916 1 100S 574 PY LARGE SYSTEM REC 3 100 .00 10 .00 .00 31 18.4918 1987.39 10-03L

Handwritten signature and name: YVONNE MAIR 521-4279

PAGE TOTALS 2 CTS, 3 SHIP CASES, 205 POUNDS, 1 PALLETS, 1,987.39 COST PURCHASE ORDER TOTALS 21 CTS, 3 SHIP CASES, 205 POUNDS, 1 PALLETS, 1,987.39 COST

FLEMING PALLET CONTROL / GATE PASS

Door _____
 Carrier Multiple Business Forms
 Trailer car
 Vendor Multiple Business Forms
 P.O. 37916

Time In 11:37 Time Out _____

Date 17-3
 Department Dly

PRODUCT LEAVING WITH DRIVER.

HAND TRUCK _____
 TWO WHEELER _____
 PALLET JACK _____
 EMPTY _____

Pallets In		Pallets Out	
Good	Bad	Good	Bad
1		2	

Driver: LAURENCE A. SMITH
 Do Not Apply Seal After Delivery.
 Trailers Are Inspected.

x [Signature]
 Receiver Signature

x [Signature]
 Lumper/Driver Signature

WHITE - Attach to Receiving Document
 YELLOW - Traffic PINK - Driver

Multiple Business Forms

INVOICE

13045 WEST CRAWFORD DRIVE • P O BOX 510484
 NEW BERLIN WISCONSIN 53151
 (262) 786-9690 • FAX (262) 786 9155

Invoice #

17573

Sold To

FLEMING COMPANIES, INC
 MILWAUKEE DIVISION
 1200 W SUNSET DR.
 WAUKESHA, WI 53186

Ship To

Customer order no.	Salesman	Terms	Ship Via	FOB	Date
37976	LARRY	Net 10 days			6/17/2003
Qty order	Qty ship	Description			Amount
10,800	10,800	SENTRY CHARGE SYSTEM RECEIPTS			1,987.39

THANK YOU FOR YOUR ORDER.

Subtotal	\$1,987.39
Sales Tax (0.0%)	\$0.00
Total	\$1,987.39

A FINANCE CHARGE of 1½% (18% PER ANNUM) will be added to all accounts in arrears over 30 days, or a minimum amount of \$1.00 whichever is greater.