

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



628015

Bar Date Ref # 2-NVM-94628

In re Fleming Transportation Service, Inc Case Number 03-10957 (MFW)

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

Badger Utility Inc
N10 W24910 Hwy Tj
Po Box 1167
Waukesha WI 53187

0354653628015

☐ 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 ()

CREDITOR TAX ID #

39-1250799

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
R1036

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 3/03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ 301.42 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ 301.42 (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

AUG 12 2003

BMC

DATE SIGNED

8/6/03

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).

Jess Bluke Jess Bluke, Controller

Fleming Companies Claim



03645

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

ERC	INVOICE	DATE	REFERENCE	AMOUNT	TOTALS
393	P198862	03-18-03	R198862	54 79	54 79
393	R199198	03-25-03	R199198	34 07	34 07
803	BANKRUPT	04-10-03	K904085936	198 30	198 30
807	4 FCHG	04-30-03	8886	1 33	1 33
807	5 FCHG	05-31-03	28716	4 31	4 31
807	6 FCHG	06-30-03	28716	4 31	4 31
807	7 FCHG	07-31-03	28716	4 31	4 31
				220 3	ACCOUNT TOTAL
					301 42



Mailing:

P.O. BOX 908
WIS RAPIDS, WI 54495-0908

WATS 1-800-522-5661
(715) 424-3310

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3112 HWY 13 NORTH
WIS RAPIDS, WI 54495

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MADISON
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WATS 1 800 221-5760 (715) 359-8112

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MARSHFIELD, WI 54449

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CUSTOMER ACCT NO R1076		SALESMAN BM		INVOICE NUMBER				R193862	
CUSTOMER ORDER NO		DATE 08-18-03				ROUTE			
LOCATION	PART NO	DESCRIPTION	ORD	SHPD	B/O	LIST PRICE	SYM	SALES UNIT	EXTENSION
PARTS DELIVERED ON RECEIPT NO. H0036046									
SHRM5	22-4620	15'CORD	1	1 ✓		5022	U*	2360	2360
SHRM5	33-100-15CFP	AIR LIN	1	1 ✓		6238	U*	6117	3119
BUSINESS HOURS: 7:00AM TO 5:00PM MON-FRI, 8:00AM TO NOON SATURDAY THANKYOU, WE APPRECIATE YOUR BUSINESS! R Y R BM 58A1 PARTS NTX 04:35PM 715 424-3310 YOUR VALUE ADDED DEALER									
PICKED BY		PACKED BY		REC'D BY		SALES TAX TOTAL		220.3	
				X <i>Bob Wilson</i>				5479	

SALES TAX EXEMPTION CERTIFICATE

I HEREBY CLAIM EXEMPTION FROM WISCONSIN SALES TAX BASED ON PROPOSED NONTAXABLE USE DESCRIBED BELOW

☐ COMMON OR CONTRACT CARRIER AUTH NO. ☐ OWNER OPERATOR LEASED TO

☐ FOR RESALE S P NO. ☐ SIGNED

THE ABOVE CHARGES ARE HEREBY AUTHORIZED. I UNDERSTAND THAT ALL CHARGES ARE DUE WITHIN 30 DAYS FROM DATE OF SALE. IF PAYMENT IS NOT MADE BY THEN, I HEREBY AGREE TO PAY SIMPLE INTEREST AT THE RATE OF 1 1/2% PER MONTH 18% ANNUAL PERCENTAGE RATE ON THE DECLINING BALANCE UNTIL PAID IN FULL. I ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT.

SIGNED _____

Any warranties on the products sold here-
by are those made by the manufacturer.
The Seller BADGER UTILITY INC. hereby
expressly disclaims all warranties
other than those of implied in writing any
express warranty of merchantability or fit-
ness for a particular purpose, and neither
assume, nor authorize any other person
to act on its behalf in connection
with this sale of goods.

NO REFUNDS WITHOUT THIS
INVOICE. NO REFUNDS
AFTER 30 DAYS. NO RE-
FUNDING ON RETURNS OF
ELECTRICAL OR SPECIAL
ORDER ITEMS.



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 MARSHFIELD, WI 54449

CUSTOMER ACCT NO		R1036		SALESMAN		BM		INVOICE NUMBER		R104198	
CUSTOMER ORDER NO		"		DATE		02-25-03		ROUTE			
LOCATION	PART NO	DESCRIPTION	ORD'D	SHIP'D	B/O	LIST PRICE	SYM	SALES			
								UNIT	EXTENSION		
		PARTS DELIVERED ON RECEIPT NO. MOD 16141									
EMH12	T-97329	BRACKET	1	1		10647	T4	3407	3407		
BUSINESS HOURS: 7:00AM TO 5:00PM MON-FRI, 8:00AM TO NOON SATURDAY											
THANKYOU, WE APPRECIATE YOUR BUSINESS											
F Y R BM 07A1		PARTS NTX		SUB TOTALS		ACCT NO		SALES			
04:16PM		715 384-3191		PARTS		4521.3		3407			
YOUR VALUE ADDED DEALER											
PICKED BY		PACKED BY		REC'D BY		SALES TAX		220.3		3407	
				X Bob Williams		TOTAL					

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SIGNED _____

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NO REFUND WITHOUT THIS INVOICE. NO REFUNDS AFTER 30 DAYS. NO REFUNDS OR RETURNS ON ELECTRICAL OR SPECIAL ORDER ITEMS.



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WATS 1-800 221 5760 (715) 359 8112

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MARSHFIELD, WI 54449

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P.O. BOX 490
MARSHFIELD, WI 54449

CUSTOMER ACCT NO	R1034	SALESMAN	DE	INVOICE NUMBER				R197541	
CUSTOMER ORDER NO	*	DATE 02-25-03				ROUTE			
LOCATION	PART NO	DESCRIPTION	QTY'D	SHIP'D	B/O	LIST PRICE	SYM	SALES	
								UNIT	EXTENSION
		PARTS DELIVERED ON RECEIPT NO. HOD15737							
SHRM1	10052	FOOT	4	4		794	X*	460	1840
SHRM1	10053	FOOT	2	2		794	X*	460	920
		NOTE: QTY. 4 PART# 10052 QTY. 2 PART# 10053 PICKED UP BY MID-STATE ON 2-20-03.							
SHRM1	10052	FOOT	2	2		794	X*	460	3680
SHRM1	10053	FOOT	10	10		794	X*	460	4600
<p>BUSINESS HOURS: 7:00AM TO 5:00PM MON-FRI, 8:00AM TO NOON SATURDAY</p> <p>THANKYOU, WE APPRECIATE YOUR BUSINESS</p> <p>R Y R DE 72A1 PARTS NTX 04:56PM 715 334-3191</p> <p>YOUR VALUE ADDED DEALER</p>									
PICKED BY	PACKED BY	REC'D BY	X Bob Wilson		SALES TAX		220.3		11040
					TOTAL				

SALES TAX EXEMPTION CERTIFICATE

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☐ COMMON OR CONTRACT CARRIER AUTH NO ☐ OWNER OPERATOR LEASED TO
☐ FOR RESALE & P NO ☐ SIGNED

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SIGNED

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P.O. BOX 490
MARSHFIELD, WI 54449

CUSTOMER ACCT NO		R1036		SALESMAN		DE		INVOICE NUMBER		R197042	
CUSTOMER ORDER NO		.		DATE		02-25-03		ROUTE			
LOCATION	PART NO	DESCRIPTION	ORD'D	SHPD	B/O	LIST PRICE	SYM	SALES			
								UNIT	EXTENSION		
PARTS DELIVERED ON RECEIPT NO. HQD15736											
B-4	61174	ROLLER	9	9		270	U*	149	1341		
B-4	79035	HINGE	6	6		283	U*	156	936		
SHRM3	1100FSW	SEALANT	6	6		1131	X*	435	2610		
	580094	SUSPEND	3	3		2013	U*	1186	3558		
	FREIGHT		1	1		414	U@	345	345		
<i>Bankrupt.</i>											
BUSINESS HOURS: 7:00AM TO 5:00PM MON-FRI, 8:00AM TO NOON SATURDAY											
THANKYOU, WE APPRECIATE YOUR BUSINESS!											
R Y R DIE 73A1		PARTS NTX		SUB TOTALS		ACCT NO		SALES			
04:56PM		715 384-3191		PARTS		482L.3		6445			
				FREIGHT		70N.2		345			
YOUR VALUE ADDED DEALER											
PICKED BY		PACKED BY		REC'D BY		SALES TAX TOTAL		220.3		8790	

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☐ FOR RESALE S.P. NO. _____ SIGNED _____

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SIGNED _____

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