

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

PROOF OF CLAIM



621652

Bar Date Ref # 2-NVM-88239

In re Fleming Companies, Inc et al,
Known To CREDITOR As Richmar Foods, Inc

Case Number 03-10945(MFW)
03-10972 (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

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

Maida Specialties
PO Box 6144
San Jose CA 95150

0354653621652

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 (408) 254-3100

CREDITOR TAX ID #

94-2519161

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Richmar Foods, Inc

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 _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED 12-20-99 thru 10-25-02

3 IF COURT JUDGMENT, DATE OBTAINED _____

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ 19,422.02
(unsecured)

(secured)

(unsecured priority)

\$ 19,422.02
(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)

Alice Caywood / Accounting Supervisor Alice

Fleming Companies Claim



03677

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

STATEMENT

MAIDA SPECIALTIES CO

P O BOX 6144 PH (408) 254 3100
SAN JOSE CA 95150

DATE Aug 01 03
ACCOUNT NUMBER 16774

DATE Aug 01 03
ACCOUNT NUMBER 16774

FOOD 4 LESS-RICHMAR PAKFR#8846
P O BOX 241577
OMAHA NE 68124-5777

FOOD 4 LESS-RICHMAR
To insure proper credit
please check those items
being paid in the "✓"
column and return this
portion of the statement
with your payment

PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT
	11/15/01	IN	21038	199.56	199.56	21038	TN	199.56
	11/20/01	IN	21170	116.20	315.76	21170	TN	116.20
	11/26/01	TN	21219	540.95	856.71	21219	TN	540.95
	05/15/02	TN	24808	196.32	1,053.03	24808	TN	196.32
	08/21/02	TN	26237	68.00	1,121.03	26237	TN	68.00
PLEASE PAY						1,121.03	TOTAL	
MAIDA SPECIALTIES CO								
CODES		C CR MEMO D DR MEMO	P PAYMENT I INVOICE	A DISCOUNT ALLOWED	F FINANCE CHARGE	W WARRANTY B BALANCE	C/R CASH REFUND S SERVICE/REPAIR	
30 DAYS		60 DAYS		90 DAYS		120 DAYS		
0.00		0.00		0.00				

STATEMENT

MAIDA SPECIALTIES CO

P O BOX 6144 PH (408) 254 3100
SAN JOSE CA 95150

DATE Aug 01 03
ACCOUNT NUMBER 16737

DATE Aug 01 03
ACCOUNT NUMBER 16737

FOOD 4 LESS-RICHMAR MARYS#8748
P.O. BOX 241577
OMAHA, NE 68124-5577

FOOD 4 LESS-RICHMAR
To insure proper credit
please check those items
being paid in the "v"
column and return this
portion of the statement
with your payment

PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT
	12/20 '99	IN1	ADJ...	1,576.28	1,576.28	13ADJ..	IN	1,576.28
	07/25/02	IN	25834	345.36	1,921.64	25834	IN	345.36
					PLEASE PAY			1,921.64
							TOTAL	1,921.64
MAIDA SPECIALTIES CO								
CODES		C CR MEMO D DR MEMO	P PAYMENT I INVOICE	A DISCOUNT ALLOWED	F FINANCE CHARGE	W WARRANTY B BALANCE	L/R CASH REFUND S SERVICE/REPAIR	
30 DAYS		60 DAYS		90 DAYS		120 DAYS		
0.00		0.00		0.00				

STATEMENT

MAIDA SPECIALTIES CO
 P O BOX 6144 PH (408) 254 3100
 SAN JOSE CA 95150

DATE Aug 01 03
ACCOUNT NUMBER 16738

DATE Aug 01 03
ACCOUNT NUMBER 16738

FOOD 4 LESS-RICHMAR RFDPL#8749
 P O. BOX 241577
 OMAHA, NE 68124-5577

FOOD 4 LESS-RICHMAR
 To insure proper credit
 please check those items
 being paid in the "✓"
 column and return this
 portion of the statement
 with your payment

PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT
	04/01/02	CN	2902EC	502.44	502.44	2902FC	CN	502.44
	04/01/02	CN1	16730EP	428.57	931.01	16730EP	CN	428.57
					PLEASE PAY			931.01
					TOTAL		931.01	
30 DAYS		60 DAYS		90 DAYS		120 DAYS		
0.00		0.00		0.00				
MAIDA SPECIALTIES CO								

STATEMENT

MAIDA SPECIALTIES CO

P O BOX 6144 PH (408) 254 3100
SAN JOSE CA 95150

DATE Aug 01 03
ACCOUNT NUMBER 16743

DATE Aug 01 03
ACCOUNT NUMBER 16743

FOOD 4 LESS-RICHMAR UTILITY#9813
STATEMENT TO
PO BOX 24177
OMAHA, NE 68124-5577

FOOD 4 LESS-RICHMAR
To insure proper credit
please check those items
being paid in the "✓"
column and return this
portion of the statement
with your payment

PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT
78-32	05/15/00	TN	841503	2,608.56	2,608.56	841503	TN	2,608.56
	01/29/01	CA	50-18	1,515.02	4,123.58	50-18	CA	1,515.02
						PLEASE PAY	4,123.58	
						TOTAL	4,123.58	
CODES			C CR MEMO	P PAYMENT	A DISCOUNT	F FINANCE	W WARRANTY	C/R CASH REFUND
			D DR MEMO	I INVOICE	ALLOWED	CHARGE	B BALANCE	S SERVICE/REPAIR
30 DAYS			60 DAYS			90 DAYS		
0.00			0.00			0.00		
						120 DAYS		
						MAIDA SPECIALTIES CO		

STATEMENT

MAIDA SPECIALTIES CO

P O BOX 6144 PH (408) 254 3100
SAN JOSE CA 95150

DATE Aug 01 02
ACCOUNT NUMBER 16744

DATE Aug 31 03
ACCOUNT NUMBER 16744

FOOD 4 LESS-RICHMAR PARKM#8812
STATEMENT TO
PG BOX 241577
OMAHA, NE 68124-5577

FOOD 4 LESS-RICHMAR
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please check those items
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column and return this
portion of the statement
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PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT								
	11/25/01	CA	28-71	1,431.80	1,431.80	28-71	CA	1,431.80								
	05/07/02	IN	24451	491.27	1,923.07	24451	IN	491.27								
	05/13/02	IN	24743	262.77	2,185.84	24743	IN	262.77								
	09/12/02	CA	175-18	1,335.75	3,521.59	175-18	CA	1,335.75								
	10/15/02	CA	7-21	24.51	3,546.10	7-21	CA	24.51								
	10/15/02	CA	7-22	5.51	3,551.61	7-22	CA	5.51								
						TOTAL		3,551.61								
<table style="width: 100%; font-size: small;"> <tr> <td style="width: 10%;">CODES</td> <td style="width: 10%;">C CR MEMO D DR MEMO</td> <td style="width: 10%;">P PAYMENT I INVOICE</td> <td style="width: 10%;">A DISCOUNT ALLOWED</td> <td style="width: 10%;">F FINANCE CHARGE</td> <td style="width: 10%;">W WARRANTY B BALANCE</td> <td style="width: 10%;">C/R CASH REFUND S SERVICE/REPAIR</td> </tr> </table>						CODES	C CR MEMO D DR MEMO	P PAYMENT I INVOICE	A DISCOUNT ALLOWED	F FINANCE CHARGE	W WARRANTY B BALANCE	C/R CASH REFUND S SERVICE/REPAIR	PLEASE PAY 3,551.61			
CODES	C CR MEMO D DR MEMO	P PAYMENT I INVOICE	A DISCOUNT ALLOWED	F FINANCE CHARGE	W WARRANTY B BALANCE	C/R CASH REFUND S SERVICE/REPAIR										
<table style="width: 100%; font-size: small;"> <tr> <td style="width: 25%;">30 DAYS</td> <td style="width: 25%;">60 DAYS</td> <td style="width: 25%;">90 DAYS</td> <td style="width: 25%;">120 DAYS</td> </tr> <tr> <td style="text-align: center;">0.00</td> <td style="text-align: center;">0.00</td> <td style="text-align: center;">0.00</td> <td></td> </tr> </table>						30 DAYS	60 DAYS	90 DAYS	120 DAYS	0.00	0.00	0.00		MAIDA SPECIALTIES CO		
30 DAYS	60 DAYS	90 DAYS	120 DAYS													
0.00	0.00	0.00														

STATEMENT

MAIDA SPECIALTIES CO

P O BOX 6144 PH (408) 254 3100
SAN JOSE CA 95150

DATE <div style="text-align: center;">Aug 01 03</div>
ACCOUNT NUMBER <div style="text-align: center;">16745</div>

DATE <div style="text-align: center;">Aug 01 03</div>
ACCOUNT NUMBER <div style="text-align: center;">16745</div>

FOOD 4 LESS-RICHMAR UNION#8814
STATEMENT TO
PO BOX 241577
OMAHA, NE 68124-5577

FOOD 4 LESS-RICHMAR
To insure proper credit
please check those items
being paid in the "✓"
column and return this
portion of the statement
with your payment

PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT																			
	07/23/02	TN	25846	282.19	282.19	25846	TN	282.19																			
					PLEASE PAY			282.19																			
					TOTAL		282.19																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">CODES</td> <td style="width: 10%;">C CR MEMO D DR MEMO</td> <td style="width: 10%;">P PAYMENT I INVOICE</td> <td style="width: 10%;">A DISCOUNT ALLOWED</td> <td style="width: 10%;">F FINANCE CHARGE</td> <td style="width: 10%;">W WARRANTY B BALANCE</td> <td style="width: 10%;">C/R CASH REFUND S SERVICE/REPAIR</td> </tr> <tr> <td></td> <td style="text-align: center;">30 DAYS</td> <td style="text-align: center;">60 DAYS</td> <td style="text-align: center;">90 DAYS</td> <td style="text-align: center;">120 DAYS</td> <td colspan="2"></td> </tr> <tr> <td></td> <td style="text-align: center;">0.00</td> <td style="text-align: center;">0.00</td> <td style="text-align: center;">0.00</td> <td></td> <td colspan="2"></td> </tr> </table>					CODES	C CR MEMO D DR MEMO	P PAYMENT I INVOICE	A DISCOUNT ALLOWED	F FINANCE CHARGE	W WARRANTY B BALANCE	C/R CASH REFUND S SERVICE/REPAIR		30 DAYS	60 DAYS	90 DAYS	120 DAYS				0.00	0.00	0.00				MAIDA SPECIALTIES CO	
CODES	C CR MEMO D DR MEMO	P PAYMENT I INVOICE	A DISCOUNT ALLOWED	F FINANCE CHARGE	W WARRANTY B BALANCE	C/R CASH REFUND S SERVICE/REPAIR																					
	30 DAYS	60 DAYS	90 DAYS	120 DAYS																							
	0.00	0.00	0.00																								

STATEMENT

MAIDA SPECIALTIES CO

P O BOX 6144 PH (408) 254 3100
SAN JOSE CA 95150

DATE Aug 01 03
ACCOUNT NUMBER 16746

DATE Aug 01 03
ACCOUNT NUMBER 16746

ROAD 4 LESS-FITCHMAP PPARK#8817
STATEMENT TO
PO BOX 241577
OMAHA NE 68124-5577

ROAD 4 LESS-FITCHMAP
To insure proper credit
please check those items
being paid in the "✓"
column and return this
portion of the statement
with your payment

PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT
	04/01/02	IN	23877	251.28	251.28	23877	IN	251.28
						PLEASE PAY		251.28
						TOTAL		251.28
CODES		C CR MEMO D DR MEMO	P PAYMENT I INVOICE	A DISCOUNT ALLOWED	F FINANCE CHARGE	W WARRANTY B BALANCE	C/R CASH REFUND S SERVICE/REPAIR	
30 DAYS		60 DAYS		90 DAYS		120 DAYS		MAIDA SPECIALTIES CO
0 00		0.00		0.00				

STATEMENT

MAIDA SPECIALTIES CO

P O BOX 6144 PH (408) 254 3100
SAN JOSE CA 95150

DATE <div style="text-align: center;">Aug 01 03</div>
ACCOUNT NUMBER <div style="text-align: center;">16748</div>

DATE <div style="text-align: center;">Aug 01 03</div>
ACCOUNT NUMBER <div style="text-align: center;">16748</div>

FOOD 4 LESS-RICHMAR N.S.M#8810
STATEMENT TO
PO BOX 241577
OMAHA, NE 68124-5577

FOOD 4 LESS-RICHMAR
To insure proper credit
please check those items
being paid in the "✓"
column and return this
portion of the statement
with your payment

PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT
	07/30/02	IN	25936	573.97	573.87	25936	IN	573.87
	08/02/02	JN	25980	556.29	1,130.16	25980	IN	556.29
						PLEASE PAY	1 130.16	
						TOTAL	1,130.16	
CODES	C CR MEMO D DR MEMO	P PAYMENT I INVOICE	A DISCOUNT ALLOWED	F FINANCE CHARGE	W WARRANTY B BALANCE	C/R CASH REFUND S SERVICE/REPAIR		
30 DAYS	60 DAYS		90 DAYS		120 DAYS			
0 00	0 00		0 00					
						MAIDA SPECIALTIES CO		

STATEMENT

MAIDA SPECIALTIES CO

P O BOX 6144 PH (408) 254 3100
SAN JOSE CA 95150

DATE <div style="text-align: center;">Aug 01 03</div>
ACCOUNT NUMBER <div style="text-align: center;">16749</div>

DATE <div style="text-align: center;">Aug 01 03</div>
ACCOUNT NUMBER <div style="text-align: center;">16749</div>

FOOD 4 LESS-RICHMAR S.S M#8811
STATEMENT TO
PO BOX 241577
OMAHA, NE 68124-5577

FOOD 4 LESS-RICHMAR
To insure proper credit
please check those items
being paid in the "v"
column and return this
portion of the statement
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PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT
	05/07/02	IN	24453	488 60	488 60	24453	IN	488.60
	08/02/02	IN	25979	477 79	966 39	25979	IN	477.79
					PLEASE PAY	966.39		
						TOTAL	966 39	
CODES			C CR MEMO	P PAYMENT	A DISCOUNT	F FINANCE	W WARRANTY	C/R CASH REFUND
			D DR MEMO	I INVOICE	ALLOWED	CHARGE	B BALANCE	S SERVICE/REPAIR
30 DAYS			60 DAYS			90 DAYS		
0.00			0 00			0.00		
						120 DAYS		
MAIDA SPECIALTIES CO								

STATEMENT

MAIDA SPECIALTIES CO

P O BOX 6144 PH (408) 254 3100
SAN JOSE CA 95150

DATE <div style="text-align: center;">Aug 01 03</div>
ACCOUNT NUMBER <div style="text-align: center;">16750</div>

DATE <div style="text-align: center;">Aug 01 03</div>
ACCOUNT NUMBER <div style="text-align: center;">16750</div>

FOOD 4 LESS-RITCHMAR#P936 ANTT
P O BOX 241577
OMAHA NE 68124-5577

FOOD 4 LFSS-RITCHMAR
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please check those items
being paid in the "✓"
column and return this
portion of the statement
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PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT
	07/25/02	TN	25836	196.56	196.56	25836	TN	196.56
					PLEASE PAY			196.56
					TOTAL		196.56	
CODES	C CR MEMO D DR MEMO	P PAYMENT I INVOICE	A DISCOUNT ALLOWED	F FINANCE CHARGE	W WARRANTY B BALANCE	C/R CASH REFUND S SERVICE/REPAIR		
30 DAYS	60 DAYS			90 DAYS		120 DAYS		
0.00	0.00			0.00				
MAIDA SPECIALTIES CO								

STATEMENT

MAIDA SPECIALTIES CO

P O BOX 6144 PH (408) 254 3100
SAN JOSE CA 95150

DATE	Aug 01 03
ACCOUNT NUMBER	16751

DATE	Aug 01 03
ACCOUNT NUMBER	16751

FOOD 4 LESS-RICHMAR#8837 FATRF
PO BOX 241577
OMAHA NE 68124-5577

FOOD 4 LESS-RICHMAR
To insure proper credit
please check those items
being paid in the "✓"
column and return this
portion of the statement
with your payment

PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT
	01/22/02	CA	48-217	78.66	78.66	48-217	CA	78.66
CODES C CR MEMO P PAYMENT A DISCOUNT F FINANCE W WARRANTY C/R CASH REFUND D DR MEMO I INVOICE ALLOWED CHARGE B BALANCE S SERVICE/REPAIR				PLEASE PAY 78.66		TOTAL 78.66		
30 DAYS		60 DAYS		90 DAYS		120 DAYS		MAIDA SPECIALTIES CO
0.00		0.00		0.00				

STATEMENT

MAIDA SPECIALTIES CO

P O BOX 6144 PH (408) 254 3100
SAN JOSE CA 95150

DATE Aug 01 03
ACCOUNT NUMBER 16756

DATE Aug 01 03
ACCOUNT NUMBER 16756

FOOD 4 LESS-RICHMAP PTNOL#8721
PO BOX 241577
OMAHA NE 68124-5577

FOOD 4 LESS-RICHMAR
To insure proper credit
please check those items
being paid in the "✓"
column and return this
portion of the statement
with your payment

PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT
	03/26/02	IN	23301	543.53	543.53	23301	TN	543.53
	10/18/02	IN	27165	152.96	696.49	27165	TN	152.96
						PLEASE PAY		596.49
						TOTAL		596.49
CODES		C CR MEMO D DR MEMO	P PAYMENT I INVOICE	A DISCOUNT ALLOWED	F FINANCE CHARGE	W WARRANTY B BALANCE	C/R CASH REFUND S SERVICE REPAIR	
30 DAYS		60 DAYS		90 DAYS		120 DAYS		MAIDA SPECIALTIES CO
0.00		0.00		0.00				

STATEMENT

MAIDA SPECIALTIES CO

P O BOX 6144 PH (408) 254 3100
SAN JOSE CA 95150

DATE <div style="text-align: center;">Aug 01 03</div>
ACCOUNT NUMBER <div style="text-align: center;">16757</div>

DATE <div style="text-align: center;">Aug 01 03</div>
ACCOUNT NUMBER <div style="text-align: center;">16757</div>

FOOD 4 LESS-RICHMAR CLOV#8843
P O BOX 241577
OMAHA NE 68124-5577

FOOD 4 LESS-RICHMAR
To insure proper credit
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portion of the statement
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PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT	
	08/06/02	TN	26023	372.19	372.18	26023	TN	372.18	
	08/30/02	TN	26387	244.80	616.98	26383	TN	244.80	
	09/06/02	TN	26459	313.69	930.67	26459	TN	313.69	
	09/09/02	TN	26510	79.44	1,010.11	26510	TN	79.44	
	10/10/02	TN	27043	240.46	1,250.57	27043	TN	240.46	
	10/31/02	TN	27566	200.46	1,451.03	27566	TN	200.46	
				PLEASE PAY	1,451.03	TOTAL		1,451.03	
<small> CODES C CR MEMO P PAYMENT A DISCOUNT F FINANCE W WARRANTY C/R CASH REFUND D DR MEMO I INVOICE ALLOWED CHARGE B BALANCE S SERVICE/REPAIR </small>								MAIDA SPECIALTIES CO	
30 DAYS		60 DAYS		90 DAYS		120 DAYS			
0.00		0.00		0.00					

STATEMENT

MAIDA SPECIALTIES CO

P O BOX 6144 PH (408) 254 3100
SAN JOSE CA 95150

DATE Aug 01 03
ACCOUNT NUMBER 16758

DATE Aug 01 03
ACCOUNT NUMBER 16758

FOOD 4 LESS-RICHMAP 1FRFS#8844
P O BOX 241577
OMAHA NE 68124-5577

FOOD 4 LESS-RICHMAP
To insure proper credit
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PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT
	10/26/00	IN49	ADJ...	352.88	352.88	ADJ...	TN	352.88
	03/16/01	IN	16400	214.31	567.19	16400	TN	214.31
						PLEASE PAY		567.19
						TOTAL		567.19
CODES		C CR MEMO D DR MEMO	P PAYMENT I INVOICE	A DISCOUNT ALLOWED	F FINANCE CHARGE	W WARRANTY B BALANCE	C/R CASH REFUND S SERVICE/REPAIR	
30 DAYS		60 DAYS		90 DAYS		120 DAYS		
0 00		0 00		0 00				MAIDA SPECIALTIES CO

STATEMENT

MAIDA SPECIALTIES CO

P O BOX 6144 PH (408) 254 3100
SAN JOSE CA 95150

DATE <div style="text-align: center;">Aug 01 03</div>
ACCOUNT NUMBER <div style="text-align: center;">16759</div>

DATE <div style="text-align: center;">Aug 01 03</div>
ACCOUNT NUMBER <div style="text-align: center;">16759</div>

FOOD 4 LESS-RICHMAR HANF#8841
P O BOX 241577
OMAHA NE 68124-5577

FOOD 4 LESS-RICHMAR
To insure proper credit
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PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT		
	10/19/01	CA	9-47	168.80	168.80	9-47	CA	168.80		
					PLEASE PAY			168.80		
							TOTAL	168.90		
<small> CODES C CR MEMO P PAYMENT A DISCOUNT F FINANCE W WARRANTY C/R CASH REFUND D DR MEMO I INVOICE ALLOWED CHARGE B BALANCE S SERVICE/REPAIR </small>										MAIDA SPECIALTIES CO
30 DAYS		60 DAYS		90 DAYS		120 DAYS				
0.00		0.00		0.00						

STATEMENT

MAIDA SPECIALTIES CO

P O BOX 6144 PH (408) 254 3100
SAN JOSE CA 95150

DATE Aug 01 02
ACCOUNT NUMBER 16760

DATE Aug 01 02
ACCOUNT NUMBER 16760

FOOD 4 LFSS-RICHMAP SVIS#8847
P O BOX 241577
OMAHA NE 68124-5577

FOOD 4 LESS-RICHMAP
To insure proper credit
please check those items
being paid in the "✓"
column and return this
portion of the statement
with your payment

PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT
	02/17/02	CA	57-96	333.94	333.94	57-86	CA	333.94
	10/25/02	TN	27489	311.10	645.04	27488	TN	311.10
					PLEASE PAY			645.04
					TOTAL		645.04	
CODES	C CR MEMO D DR MEMO	P PAYMENT I INVOICE	A DISCOUNT ALLOWED	F FINANCE CHARGE	W WARRANTY B BALANCE	C/R CASH REFUND S SERVICE/REPAIR		
30 DAYS		60 DAYS		90 DAYS		120 DAYS		
0.00		0.00		0.00				
MAIDA SPECIALTIES CO								

STATEMENT

MAIDA SPECIALTIES CO

P O BOX 6144 PH (408) 254 3100
SAN JOSE CA 95150

DATE Aug 01 03
ACCOUNT NUMBER 16764

DATE Aug 01 03
ACCOUNT NUMBER 16764

FOOD 4 LFSS-RICHMAR OKTAH#8741
PO BOX 241577
OMAHA NE 68124-5577

FOOD 4 LESS-RICHMAR
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PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT						
	06/25/02	CA	120-55	73.88	73.88	120-55	CA	73.88						
					PLEASE PAY			73.88						
							TOTAL	73.88						
<table style="width: 100%; font-size: small;"> <tr> <td style="width: 10%;">CODES</td> <td style="width: 10%;">C CR MEMO D DR MEMO</td> <td style="width: 10%;">P PAYMENT I INVOICE</td> <td style="width: 10%;">A DISCOUNT ALLOWED</td> <td style="width: 10%;">F FINANCE CHARGE</td> <td style="width: 10%;">W WARRANTY B BALANCE</td> <td style="width: 10%;">C/R CASH REFUND S SERVICE/REPAIR</td> </tr> </table>					CODES	C CR MEMO D DR MEMO	P PAYMENT I INVOICE	A DISCOUNT ALLOWED	F FINANCE CHARGE	W WARRANTY B BALANCE	C/R CASH REFUND S SERVICE/REPAIR			MAIDA SPECIALTIES CO
CODES	C CR MEMO D DR MEMO	P PAYMENT I INVOICE	A DISCOUNT ALLOWED	F FINANCE CHARGE	W WARRANTY B BALANCE	C/R CASH REFUND S SERVICE/REPAIR								
30 DAYS			60 DAYS			90 DAYS								
0.00			0.00			0.00								
					120 DAYS									

STATEMENT

MAIDA SPECIALTIES CO

P O BOX 6144 PH (408) 254 3100
SAN JOSE CA 95150

DATE <div style="text-align: center;">Aug 01 03</div>
ACCOUNT NUMBER <div style="text-align: center;">16770</div>

DATE <div style="text-align: center;">Aug 01 03</div>
ACCOUNT NUMBER <div style="text-align: center;">16770</div>

FOOD 4 LFSS-RICHMAP OROV #8742
PO BOX 241577
OMAHA NE 68124-5577

FOOD 4 LFSS-RICHMAP
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PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT
	12/21/01	IN	310799	251.94	251.94	310799	IN	251.94
					PLEASE PAY			251.94
					TOTAL		251.94	
CODES			C CR MEMO D DR MEMO	P PAYMENT I INVOICE	A DISCOUNT ALLOWED	F FINANCE CHARGE	W WARRANTY B BALANCE	C/R CASH REFUND S SERVICE/REPAIR
30 DAYS			60 DAYS			90 DAYS		
0.00			0.00			0.00		
					120 DAYS		MAIDA SPECIALTIES CO	

STATEMENT

MAIDA SPECIALTIES CO

P O BOX 6144 PH (408) 254 3100
SAN JOSE CA 95150

DATE <div style="text-align: center;">Aug 01 03</div>
ACCOUNT NUMBER <div style="text-align: center;">16771</div>

DATE <div style="text-align: center;">Aug 01 03</div>
ACCOUNT NUMBER <div style="text-align: center;">16771</div>

FOOD 4 LESS-RICHMAR FRES#8845
P O BOX 241577
OMAHA NE 68124-5577

FOOD 4 LESS-RICHMAR
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PAGE NO 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT
	05/05/02	TN	24431	543.57	543.57	24431	TN	543.57
	08/23/02	TN	26302	366.01	908.58	26302	TN	366.01
	11/01/02	TN	27688	103.96	1,013.54	27688	TN	103.96
					PLEASE PAY			TOTAL
					1,013.54			1,013.54

CODES	<small>C CR MEMO D DR MEMO</small>	<small>P PAYMENT I INVOICE</small>	<small>A DISCOUNT ALLOWED</small>	<small>F FINANCE CHARGE</small>	<small>W WARRANTY B BALANCE</small>	<small>C/R CASH REFUND S SERVICE/REPAIR</small>		
30 DAYS	60 DAYS	90 DAYS	120 DAYS					
0.00	0.00	0.00						
MAIDA SPECIALTIES CO								