UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PROOF OF CLAIM
In re FLEMING COMPANIES	Case Number 03-10945

608030

Bar Date Ref # 2-NVM-73838

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

0354653608030

Produce Date
PO Box PO Box 1716
Allen TX 75013

Creditor Telephone Number (972) 727 0989

☐ 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 TAX I D # 75-2959284

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 OCTOBER 2002

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 1500 00	$	$	$
(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

RECEIVED
AUG 12 2003
BMC

DATE SIGNED 8.5.03

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)

DAVID BOAZ, G. P.

Fleming Companies Claim

03768

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

Produce D.A.T.E.®

DEVELOPMENT AND TRAINING EVALUATION

Produce D A T E • PO Box 1716 • Allen TX 75013-0030 • (972)727-0989 • info@producedate com

Fleming Companies (Lincoln Div) - Mr Craig Neemann -Produce Counselor
1601 Pioneers Blvd Lincoln, NE 68502
- 50 SUBSCRIPTIONS = $500 00 **INVOICE CODE# 5022**

Fleming Companies (Nashville Div) Mr Scott George - Produce Director
500 S Cartwright St Goodlettsville, TN 37072
- 50 SUBSCRIPTIONS = $500 00 **INVOICE CODE# 4025**

Rainbow Foods (Div of Fleming) Mr Scott Schaeppi - V P Perishables
8000 Excelsior Blvd Hopkins, MN 55343 **INVOICE CODE# 5044**
- 50 SUBSCRIPTIONS = $500 00

INVOICE

SUBSCRIPTION
2002-2003 PRODUCE UP-DATE NEWSLETTER
ONE FULL YEAR - 8 ISSUES
$10 per subscription

NUMBER OF SUBSCRIPTIONS ORDERED **150**

TOTAL AMOUNT FOR 2002-03 NEWSLETTER SUBSCRIPTION **$ 1500.00**

Produce *D.A.T.E.*
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Allen TX 75013-0030

(972)727-0989 • info@producedate com

subscription renewal notice sent: Y

Fleming Companies (Lincoln Div)
1601 Pioneers Blvd
Lincoln NE 68502
402-421-5032
Fax 402-421-5151
E-Mail cneeman@email fleming com
Mail Stop

Code/ invoice # 5022

2002
Participant Y
Newsletters 50
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Tests 50
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Depts 32 — 00, 01
sponsor 2002
NL 00 50 01 50
Tests 00 50 01 50
'02 Amount Due $ 500
02 Amount Due 2 years or single sub

Main Produce Contact	Title	First Name	PD-00 Y / PD-01 Y	billing dates
Mr Craig Neemann	Produce Counselor	Craig		9-12-02 - 12-4-02 - 3-3-03
Mr Kevin McTaggert	Produce Merchandising Manager	Kevin		

subscription renewal notice sent: Y

Fleming Companies (Nashville Div)
500 S Cartwright St
Goodlettsville TN 37072
615-859-8263
Fax
E-Mail
Mail Stop

Code/ invoice # 4025

2002
Participant y
Newsletters 50
Paid
Tests 50
Bill To

sponsor
Depts 40 — 00, 01
sponsor 2002
NEED
NL 00 50 01 50
Tests 00 50 01 50
'02 Amount Due $ 500
02 Amount Due 2 years or single sub

Main Produce Contact	Title	First Name	PD-00 Y / PD-01 Y	billing dates
Mr Scott George	Produce Director	Scott		9-12-02 - 12-4-02 - 3-3-3

subscription renewal notice sent: Y

Rainbow Foods (Div of Fleming)
8000 Excelsior Blvd
Hopkins MN 55343
952-945-2912
Fax 952-945-5346
E-Mail sschaep@email fleming com
Mail Stop

Code/ invoice # 5044

2002
Participant Y
Newsletters 50
Paid
Tests 50
Bill To

sponsor
Depts 33 — 00, 01
sponsor 2002
NEED
NL 00 50 01 50
Tests 00 50 01 50
'02 Amount Due $ 500
'02 Amount Due 2 years or single sub

Main Produce Contact	Title	First Name	PD-00 Y / PD-01 Y	billing dates
Mr Scott Schaeppi	V P Perishables	Scott		SATEMENT 8-30-01 9-12-02 - 12-4-02 - 3-3-3