

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



s131679

Scheduled Claim Ref # 2-F2 19305

YOUR CLAIM IS SCHEDULED AS

\$664 68 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

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

Name of Creditor and Address  
  
0354429384917  
  
CADIE PRODUCTS CORP  
151 EAST 11TH STREET  
PATERSON NJ 07524

Creditor Telephone Number (973) 278-8300

CREDITOR TAX I D #  
22-1768264

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

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 3/10/03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 678.24 (unsecured) \$ (secured) \$ (unsecured priority) \$ 678.24 (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 prony 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  
8/5/03

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)  
*Robert Apperson EXEC VP*

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



# Cadie Products Corporation

151 E 11 STREET P O BOX 467  
PATERSON, NEW JERSEY 07544-0467  
TELEPHONE (973) 278-8300  
FAX (973) 278-0303

## STATEMENT

CUST. NO.	DATE	PAGE
FLEM00	08/05/03	1

CUSTOMER
FLEMING COMPANIES, INC CTP/KING OF PRUSSIA GMD P O BOX 268863 OKLAHOMA CITY, OK 73126-8863

PLEASE REMIT TO
CADIE PRODUCTS CORPORATION 151 EAST 11TH STREET PATERSON, NJ 07524

INVOICE NUMBER	INVOICE DATE	CUSTOMER P.O. NUMBER	CURRENT 1-30 DAYS	PAST DUE 31-60 DAYS	PAST DUE 61-90 DAYS	PAST DUE OVER 90 DAYS
225731	03/10/03	124559-KG				678 24
			CURRENT 1-30 DAYS	PAST DUE 31-60 DAYS	PAST DUE 61-90 DAYS	PAST DUE OVER 90 DAYS
			0 00	0 00	0 00	678 24

TOTAL AMOUNT DUE	678 24
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