| UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE | PROOF OF CLAIM |
|---|---|
| In re<br>Fleming Companies, Inc | Case Number<br>03-10945 |

130590

Scheduled Claim Ref # 2-F2 13222

**YOUR CLAIM IS SCHEDULED AS**

~~$1 067 91 UNSECURED~~

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 o an administrative expense may be filed pursuant to 11 U S C § 503

**Name of Creditor and Address**

0354429376625

~~ACCOUNTING PRINCIPALS~~
~~PO BOX 931822~~
~~ATLANTA GA 31193~~

MPS Group, Inc
1 Independent Dr
10th Floor
Jacksonville, Fl 32202

Creditor Telephone Number (904) 360-2138

☐ 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

| CREDITOR TAX I D # | ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR | Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____ |
|---|---|---|
| 59-3482202 | AP10002024 | |

**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** 3/6/03 - 3/30/03

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** $ 1,780.05 (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

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)

Dee Ann Walton Collection/Credit Analyst DEEANN WALTON

Fleming Companies Claim
03853

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***

Accounting Principals

Please Remit To
**PO Box 931822**
**Atlanta, GA 31193**

| | |
|---|---|
| Page | 1 |
| Invoice No | 2174134 |
| Invoice Date | 03/09/2003 |
| Customer Number | API0002024 |
| Payment Terms | On Receipt |
| Branch | PA004 |
| Dept No | |

Customer
**FLEMING @ GENERAL MERCHANDIZE DIVISION**
**KATHY PALLADINO**
**201 W CHURCH RD**
**KING OF PRUSSIA, PA 19406**

AMOUNT DUE $ 298 03

Federal Tax ID# 59-3482202

For billing questions please call 888-301-3621

| Line | W/E Date | Associate | | Description | | Unt/Hrs | Rate/Cost | Amount |
|---|---|---|---|---|---|---|---|---|
| 1 | 03/09/2003 | **ANA SINOIMERI** | | **ACCT CLERK** | **REG** | **15 50** | **19 00** | **298 03** |
| | | | 3 53 | Taxes | | | | |
| | | **SUBTOTAL** | | | | **15 50** | | **298 03** |
| | | **TOTAL AMOUNT DUE** | | | | | | **$ 298 03** |

Employee Name SINOIMERI ANA
Week End Date 03/09/2003
Image Filename Path \\jaxn105\images\archive\2003\03\10\200303106FY100000 tif
Invoice No 2174134

MAR 7 2003 5 53PM API K OF P NO 218 P 1/1
FROM .SAIMIR SINOIMERI FAX NO 6108315002 Mar 07 2003 04 39PM P1
NO 209 P 1/1

Accounting Principals

1.1368

# WEEKLY TIME SHEET - SUNDAY WEEK-ENDING

**INSTRUCTIONS:** This time sheet will be read electronically. Please use only BLACK INK and print legibly. Incomplete or illegible time sheets may delay your paycheck. Time sheets must be received on MONDAY for current week payroll

Time Sheet For. Ana V Sinoimeri Client: Fleming

Daytime Telephone #: 610 768 8364 Project:

Employee Identification # (Required): 2 1 0 7 4 6 2 6 3

Assignment # (Required): W 0 0 0 3 3 0 2 2 - 0 0 1

Sunday week-ending date (Required): 0 3 / 0 9 / 2 0 0 3

Shade circle if this is a correction to a previous timesheet ○

Shade circle if additional documents are attached ○

Description of Work Performed: Accountant clerk

E-Mail Address:

Daily Hours- (Round to nearest quarter hour: 15 minutes = .25 30 minutes = .50, 45 minutes = .75)

| Day | Time In | Time Out | Less Lunch | Total Daily Hours |
|---|---|---|---|---|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | 8:00 | 4.00 | .50 | 7.50 |
| Friday | 7:30 | 4:00 | .50 | 8.00 |
| Saturday | | | | |
| Sunday | | | | |

TOTAL HOURS 15.50

Please sign below to confirm that this time sheet accurately reflects your time worked during this period

Time Sheet Signature: Ana V Sinoimeri Date: 02/07/2003 fifteen 50/100 Please Verify Total Hours in Writing

Client: Please make sure each day worked is completed with number of hours. Please sign and date to authorize payment for the hours worked in accordance with our standard terms or separate service agreement.

Client Approving Signature: Evelyn R DePietro Date: 3/7/03

Print Client Approving Signature Name: Evelyn R DePietro Phone #: (610) 768-8364

Thank you for extending Accounting Principals with your professional staffing needs.

A summary of the Conditions of Assignment is as follows:

1) We will invoice you as verbally agreed for the services of our employee, whose name appears above.
2) Our employee will present a time sheet to you or your representative for verification and signature at the end of each week. Your signature indicates your acknowledgement of all of the Conditions of Assignment. The compensation to our assigned employee is on a weekly basis, and you will be billed accordingly for the total number of hours worked. Our invoices are due upon receipt.
3) If you determine you would like to hire our employee directly, now or in the future, you agree to pay a conversion fee. Please contact your local Accounting Principals representative for more details on the conversion fee.
4) Our employee may not handle cash, negotiables or other valuables without the written consent of Accounting Principals and then only under your direct supervision.

The complete Conditions of Assignment are listed at www.accountingprincipals.com/ets. Should you elect to extend this assignment or utilize our employee for other assignments, please contact your local Accounting Principals office.

FAX Completed Time Sheet to 610-337-9466

Accounting Principals

Please Remit To
**PO Box 931822**
**Atlanta, GA 31193**

| | |
|---|---|
| Page | 1 |
| Invoice No | 2180212 |
| Invoice Date | 03/23/2003 |
| Customer Number | API0002024 |
| Payment Terms | On Receipt |
| Branch | PA004 |
| Dept No | |

Customer
**FLEMING @ GENERAL MERCHANDIZE DIVISION**
**KATHY PALLADINO**
**201 W CHURCH RD**
**KING OF PRUSSIA, PA 19406**

AMOUNT DUE $ 712 14

Federal Tax ID# 59-3482202

For billing questions please call 888-301-3621

| Line | W/E Date | Associate | | Description | | Unt/Hrs | Rate/Cost | Amount |
|---|---|---|---|---|---|---|---|---|
| 1 | 03/23/2003 | **ANA SINOIMERI** | | **ACCT CLERK** | **REG** | **37 00** | **19 00** | **712 14** |
| | | | 9 14 | Taxes | | | | |
| | | **SUBTOTAL** | | | | **37 00** | | **712 14** |

**TOTAL AMOUNT DUE** **$ 712 14**

Employee Name SINOIMERI ANA
Week End Date 03/23/2003
Image Filename Path \\jaxn105\images\archive\2003\03\23\20030323TJRX00000 tif
Invoice No 2180212

03 MAR 21 2003 4 5 33PM 7688 API k OF P FLEMING GMD NO 548 P 1/1 01

# Accounting Principals

13389

## WEEKLY TIME SHEET - SUNDAY WEEK-ENDING

**INSTRUCTIONS.** This time sheet will be read electronically Please use only BLACK INK and print legibly Incomplete or illegible time sheets may delay your paycheck Time sheets must be received on MONDAY for current week payroll

Time Sheet For Ana V Sinoimeri Client Fleming

Daytime Telephone # Project

Employee Identification # (Required) 210746263

Assignment # (Required) W00033022-001

Sunday week ending date (Required) 03 / 23 / 2003

Shade circle if this is a correction to a previous timesheet ○

Shade circle if additional documents are attached ○

Description of Work Performed Accountant clerk

E-Mail Address sinoimeri@netzero.com

Daily Hours (Round to nearest quarter hour 15 minutes = .25 30 minutes = .50 45 minutes = .75)

| Day | Time In | Time Out | Less Lunch | Total Daily Hours |
|---|---|---|---|---|
| Monday | 7 30 | 4 00 | 50 | 8.00 |
| Tuesday | 7 30 | 4.00 | .50 | 8.00 |
| Wednesday | 10.30 | 4 00 | .50 | 5.00 |
| Thursday | 7:30 | 4.00 | .50 | 8.00 |
| Friday | 7.30 | 4.00 | .50 | 8.00 |
| Saturday | . | . | . | . |
| Sunday | . | . | . | |

TOTAL HOURS 37.00

Please sign below to confirm that this time sheet accurately reflects your time worked during this period.

Time Sheet Signature Ana V Sinoimeri Date 03/21/2003

thirty seven 00/100
Please Verify Total Hours in Writing

Client: Please make sure each day worked is completed with number of hours Please sign and date to authorize payment for the hours worked in accordance with our standard terms or separate service agreement.

Client Approving Signature: Evelyn R DePietro Date 3-21-03

Print Client Approving Signature Name Evelyn R DePietro Phone # (610) 768-8364

Thank you for entrusting Accounting Principals with your professional staffing needs

A summary of the Conditions of Assignment is as follows

1) We will invoice you as verbally agreed for the services of our employee whose name appears above.
2) Our employee will present a time sheet to you or your representative for verification and signature at the end of each week Your signature indicates your acknowledgement of all of the Conditions of Assignment. The compensation to our assigned employee is on a weekly basis and you will be billed accordingly for the total number of hours worked Our invoices are due upon receipt.
3) If you determine you would like to hire our employee directly now or in the future you agree to pay a conversion fee Please contact your local Accounting Principals representative for more details on the conversion fee
4) Our employee may not handle cash negotiables or other valuables without the written consent of Accounting Principals and then only under your direct supervision.

The complete Conditions of Assignment are listed at www.accountingprincipals.com/coa Should you elect to extend this assignment or utilize our employee for other assignments, please contact your local Accounting Principals office

FAX Completed Time Sheet to 610-337-9466

Accounting Principals

Please Remit To
**P O Box 931822**
**Atlanta, GA 31193**

| | |
|---|---|
| Page | 1 |
| Invoice No | 2183175 |
| Invoice Date | 03/30/2003 |
| Customer Number | API0002024 |
| Payment Terms | On Receipt |
| Branch | PA004 |
| Dept No | |

Customer
**FLEMING @ GENERAL MERCHANDIZE DIVISION**
**KATHY PALLADINO**
**201 W CHURCH RD**
**KING OF PRUSSIA, PA 19406**

AMOUNT DUE $ 769 88

Federal Tax ID# 59-3482202

For billing questions please call 888-301-3621

| Line | W/E Date | Associate | | Description | | Unt/Hrs | Rate/Cost | Amount |
|---|---|---|---|---|---|---|---|---|
| 1 | 03/30/2003 | **ANA SINOIMERI** | | **ACCT CLERK** | **REG** | **40 00** | **19 00** | **769 88** |
| | | | 9 88 | Taxes | | | | |
| | | **SUBTOTAL** | | | | **40 00** | | **769 88** |

**TOTAL AMOUNT DUE** **$ 769 88**

Employee Name SINOIMERI ANA
Week End Date 03/30/2003
Image Filename Path \\jaxn105\images\archive\2003\04\01\200304011FKG00000 tif
Invoice No 2183175

03MAR 31 2003 14:12 41PM 0768 API K OF P FLEMING GMD NO E99 P 1_1:01

# Accounting Principals

13389

## WEEKLY TIME SHEET - SUNDAY WEEK-ENDING

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Time Sheet For Ana V Sinoimeri Client Fleming

Daytime Telephone # Project

Employee Identification # (Required) 210746263

Assignment # (Required) W00033022-001

Sunday week-ending date (Required) 03/30/2003

Shade circle if this is a correction to a previous timesheet ○

Shade circle if additional documents are attached ○

Description of Work Performed Accountant clerk

E Mail Address sinoimeri@netzero.com

Daily Hours (Round to nearest quarter hour 15 minutes = 25, 30 minutes = 50 45 minutes = 75)

| Day | Time In | Time Out | Less Lunch | Total Daily Hours |
|---|---|---|---|---|
| Monday | 7 30 | 4 00 | 50 | 8 00 |
| Tuesday | 7 30 | 4 00 | 50 | 8 00 |
| Wednesday | 7.30 | 4.00 | 50 | 8 00 |
| Thursday | 7 30 | 4 00 | .50 | 8.00 |
| Friday | 7 30 | 4.00 | 50 | 8 00 |
| Saturday | . | . | . | |
| Sunday | . | : | | . |

TOTAL HOURS 40.00

Please sign below to confirm that this time sheet accurately reflects your time worked during this period

Time Sheet Signature Ana V Sinoimeri Date 03/28/03

forty 00/100 Please Verify Total Hours in Writing

Client Please make sure each day worked is completed with number of hours Please sign and date to authorize payment for the hours worked in accordance with our standard terms or separate service agreement.

Client Approving Signature Evelyn R DePietro Date 3/28/03

Print Client Approving Signature Name Evelyn R DePietro Phone # (610) 768-8364

Thank you for entrusting Accounting Principals with your professional staffing needs

A summary of the Conditions of Assignment is as follows

1) We will invoice you as verbally agreed for the services of our employee, whose name appears above
2) Our employee will present a time sheet to you or your representative for verification and signature at the end of each week. Your signature indicates your acknowledgement of all of the Conditions of Assignment. The compensation to our assigned employee is on a weekly basis, and you will be billed accordingly for the total number of hours worked Our invoices are due upon receipt.
3) If you determine you would like to hire our employee directly now or in the future, you agree to pay a conversion fee Please contact your local Accounting Principals representative for more details on the conversion fee
4) Our employee may not handle cash negotiables or other valuables without the written consent of Accounting Principals and then only under your direct supervision.

The complete Conditions of Assignment are listed at www.accountingprincipals.com/ca Should you elect to extend this assignment or utilize our employee for other assignments please contact your local Accounting Principals office

FAX Completed Time Sheet to 610-337-9466