UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PROOF OF CLAIM
In re	Case Number

560776
Bar Date Ref # 2 NVM 19352

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

0354653560776

Gear for Sports
~~12193 Collections Ctr Dr~~
~~Chicago IL 60693~~
9700 Commerce Pkwy
Lenexa, Ks 66219

Creditor Telephone Number (913) 693-3597

☐ 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 #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR #8880

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 1/27/02 - 2/30/03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 6575 24	$	$	$ 6,575 24
(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 8/8/03

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)

Terry A. Batt TERRY A. Batt, Credit Mgr

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

Fleming Companies Claim
03842

See Other Side For Instructions

GFSI Inc
GFSAR232 Ver 1 0 1 2

Gfs Aged Trial Balance - 4 Buckets - By Collector
As of 15-May-2003

Report Date 15-MAY-2003 08 48
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Order by
Collector
Balancing Segment 01
Collector CHERYL

Billing/ Invoice Number	Ord No	Purchase Order #	Type	Due Date	Outstanding Amount	1-30 Days Past Due	31-60 Days Past Due	61-90 Days Past Due	91+Days Past Due
FLEMING COMPANIES INCORPO 8880		TOPEKA			KS	R RUDER		972 906-8000	
Addr ATTN RON RUDER									
Location 178629									
10429134	1503750	FRONT OFFICE-SHERRY M	GR-I	05-DEC-01	(13 30)				(13 30)
10459889	1563168	RON RUDER-2	GR-I	27-FEB-02	43 62				43 62
10459890	1563163	RON RUDER 1	GR-I	27-FEB-02	37 49				37 49
10460297	1563512	RON RUDER- 7	GR-I	28-FEB-02	106 35				106 35
10460298	1563436	RON RUDER-5	GR-I	28-FEB-02	57 60				57 60
10460299	1563423	RON RUDER-3	GR-I	28-FEB-02	92 30				92 30
10460767	1563427	RON RUDER-4	GR-I	01-MAR-02	137 71				137 71
10495989	1625964	RON RUDER	GR-I	24-MAY-02	5909 20				5909 20
10505369	1641870	RON RUDER	GR-I	12-JUN-02	117 23				117 23
10635391	1835199	CHNS-2/ATTN DAVE AMMOND/FLEMING	GR-I	30-MAR-03	87 04		87 04		
Total					6 575 24	0 00	87 04	0 00	6488 20
						0 00%	1 32%	0 00%	98 68%

Collector Customer Balance 6575 24

Total for CHERYL	6575 2	0 00	87 04	0 00	6488 20
		0 00%	1 32%	0 00%	98 68%

Company Total 6575 24

Grand Total	6575 24	0 00	87 04	0 00	6488 20
		0 00%	1 32%	0 00%	98 68%