

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

PROOF OF CLAIM



565324

Bar Date Ref # 2-NVM-24022

In re Fleming Companies Case Number 03-10945(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

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

Name of Creditor and Address

0354653565324

the City of Lewisville
PO Box 299002
Lewisville TX 75029-9002

Creditor Telephone Number () 972 219 3443

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 _____

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

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ 500.00 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ 500.00 (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

AUG 12 2003

BMC

DATE SIGNED

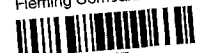
8/8/03

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)

Patricia Hobster

Belling Clerk City of Lewisville

Fleming Companies Claim



03667

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



972-906-8188

COMMUNITY DEVELOPMENT DEPARTMENT / FIRE PREVENTION DIVISION

APPLICATION FOR CERTIFICATE OF INSPECTION

BOX NO 501 TAX I D 48-0222760 T F NO 591 GROUP B SQUARE FOOTAGE 33,000

FEES

ANNUAL INSPECTION 200.00 FIRE ALARM SYSTEM 2 SPRINKLER SYSTEM STAND PIPE SYSTEM -0 FIXED FIRE EXTINGUISHING SYSTEM -0 REINSPECTION FEE -0 TOTAL FEE 200.00

NAME OF BUSINESS Flemming Companies ADDRESS/LOCATION 1965 Lakepointe (1945 Lakepointe) NAME OF BUS OWNER Flemming Companies NAME OF BLDG OWNER Vantage Companies MANAGER/LESSEE Larry Westendorf DATE 2-6-03 SIGNED Jerry Y Brown (INSPECTOR)

A FIRE INSPECTION FEE, IN THE AMOUNT OF \$ 200.00, BASED UPON THE AMOUNT OF SQUARE FOOTAGE OF THE BUILDING LEASED, OCCUPIED, OR USED, AND FIRE PROTECTIONS SYSTEMS PRESENT IS BEING CHARGED TO THE ABOVE OCCUPANT OR LESSEE THIS 6 DAY OF February, 20 03, IN COMPLIANCE WITH CITY ORDINANCE PLEASE REMOVE THE BOTTOM PORTION OF THIS FORM AND SEND IT, ALONG WITH THE ABOVE STATED FEE TO

CITY OF LEWISVILLE 1197 W MAIN P O BOX 299002 LEWISVILLE, TEXAS 75029-9002

MAKE CHECK PAYABLE TO THE CITY OF LEWISVILLE

FOR ADDITIONAL INFORMATION AND/OR INSTRUCTION REFER TO THE BACK OF THIS APPLICATION

I ACKNOWLEDGE RECEIPT OF THIS APPLICATION FOR CERTIFICATE OF INSPECTION

Larry Westendorf Building Engineer (NAME AND TITLE)

- WHT - CITY HALL YEL - OWNER / LESSEE PINK - FP FILE GOLD - FP BOOK KEEP TOP APPLICATION FOR YOUR RECORDS

REMOVE PORTION BELOW AND REMIT WITH PAYMENT

CITY OF LEWISVILLE 1197 W MAIN P O BOX 299002 LEWISVILLE TEXAS 75029-9002

CERTIFICATE OF INSPECTION FEE

BUSINESS NAME Flemming Companies ADDRESS / LOCATION 1965 Lakepointe MANAGER / LESSEE / OWNER Larry Westendorf DATE OF INSPECTION 2-6-03 AMOUNT OF FEE \$ 200.00



972-906-8188

COMMUNITY DEVELOPMENT DEPARTMENT / FIRE PREVENTION DIVISION

APPLICATION FOR CERTIFICATE OF INSPECTION

BOX NO 501

TAX I D 48-0222760

T F NO 591

GROUP B

SQUARE FOOTAGE 136,000

FEES

ANNUAL INSPECTION 300.00 FIRE ALARM SYSTEM 1 SPRINKLER SYSTEM 4

STAND PIPE SYSTEM -0 FIXED FIRE EXTINGUISHING SYSTEM 0

REINSPECTION FEE -0 TOTAL FEE 300.00

NAME OF BUSINESS Flemming Companies

ADDRESS/LOCATION 1954 Lakewood

NAME OF BUS OWNER Vantage Fleming Companies

NAME OF BLDG OWNER Vantage Companies

MANAGER/LESSEE Larry Westendorf

DATE _____ SIGNED Larry Westendorf

(INSPECTOR)

A FIRE INSPECTION FEE, IN THE AMOUNT OF \$ 300.00, BASED UPON THE AMOUNT OF SQUARE FOOTAGE OF THE BUILDING LEASED, OCCUPIED, OR USED, AND FIRE PROTECTIONS SYSTEMS PRESENT IS BEING CHARGED TO THE ABOVE OCCUPANT OR LESSEE THIS 2nd DAY OF February, 20 03, IN COMPLIANCE WITH CITY ORDINANCE PLEASE REMOVE THE BOTTOM PORTION OF THIS FORM AND SEND IT, ALONG WITH THE ABOVE STATED FEE TO

CITY OF LEWISVILLE
1197 W MAIN
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(NAME AND TITLE)

WHT - CITY HALL

YEL - OWNER / LESSEE
KEEP TOP APPLICATION FOR YOUR RECORDS

PINK - FP FILE

GOLD - FP BOOK

REMOVE PORTION BELOW AND REMIT WITH PAYMENT

CITY OF LEWISVILLE
1197 W MAIN
P O BOX 299002
LEWISVILLE TEXAS 75029-9002

CERTIFICATE OF INSPECTION FEE

BUSINESS NAME Flemming Companies

ADDRESS / LOCATION 1954 Lakewood

MANAGER / LESSEE / OWNER Larry Westendorf

DATE OF INSPECTION 2-6-03 AMOUNT OF FEE \$ 300.00