

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



534623

Bar Date Ref # 2-NC-15110027

In re

Case Number

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

0354653534623

BIG STAR # 47 WEEKS
HWY 9&32
PO BOX 575
BRUCE MS 38915

Creditor Telephone Number ()

CREDITOR TAX ID #

64-0633164

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
- 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) 2-11-03 (date)

Due Credits From Flemming \$986.48

Bad Check From Flemming \$534.52

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ 1521.13 (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) 1520.70

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 15 2003

BMC

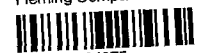
DATE SIGNED

8/13/03

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).

ERIC WEEKS - OWNER-MANAGER

Fleming Companies Claim



04075

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

THE FACE OF THIS DOCUMENT IS SAITREC

No. 03-041163

Fleming

GMD MEMPHIS DIVISION

P O Box 18100E Memphis TN 38118 006

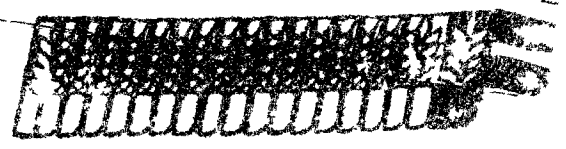
Texas Commerce Bank
San Angelo TX

VOID AFTER 90 DAYS
RETURN TO MAKER

REFER TO MAKER

PAY TO THE
ORDER OF

MEMPHIS DIVISION



03000053452# 445000094# 006300035837# 03000008801# 03000008801#

This check for
merchandise credit
was returned to
Wendy Big Star.
Drug Funds.

**Fleming
Companies, Inc.**

DSAR735-01

FLEMING FOODS SOUTHAVEN
2929 STATELINE ROAD

SOUTHAVEN MS 386710000
PHONE (662) 342-4100

*** STATEMENT ***

BILL TO BIG STAR # 47 WEEKS'
151 06981 HWY 9&32
TERR OO BRUCE

MAIL TO HWY 9&32
PO BOX 575
BRUCE MS, 38915

DATE - 07/31/03 PAGE - 1

STMT NO - 75837 DAY - 5

MS 38915

TERMS - NET 01 DAYS

INV DATE	INV NO	DESCRIPTION	REF NO	DEPT	DETAIL	AMOUNT	NET AMOUNT	RETAIL	G M %
05/27/03	0075837	LAST STATEMENT TOTAL		***		986 18CR			
OPEN INVOICES FROM LAST STATEMENT									
05/28/03	0019920	FMG BILLBACKS	41603	***		282 64CR	282 64CR		
06/04/03	0021451	FMG BILLBACKS	41603	***		14 50CR	14 50CR		
06/04/03	0021452	FMG BILLBACKS	121802	***		86 10CR	86 10CR		
06/09/03	0021752	FMG BILLBACKS	4242	***		544 00CR	544 00CR		
05/08/03	0128630	RECLAMATION CRED CREDIT		***		287 10CR			
05/27/03	0128630	PAYMENT CREDIT OFFSET		***		35.55	251.55CR		
06/09/03	0021807	FMG ADVERTISING	120092	***		192 61	192 61		
TOTAL PASTDUE							986 18CR		
GRAND TOTAL BALANCE							986 18CR		



DSAR735-01

*** STATEMENT ***

DATE - 07/31/03 PAGE - 2

FLEMING FOODS SOUTHAVEN
2929 STATELINE ROAD

STMT NO - 75837 DAY - 5

SOUTHAVEN

MS 386710000

BILL TO BIG STAR # 47 WEEKS'
151 06981 HWY 9&32
TERR OO BRUCE

MS 38915

** STATEMENT TOTALS **			
	NET AMOUNT *	RETAIL	G M % RETL TAXABLE
TOTAL PAST DUE	986 18CR*		*
TOTAL DUE	986 18CR*		*

*** YOUR CHECK NO _____ WAS FILLED OUT FOR _____