




UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		PROOF OF CLAIM	 <small>560609</small> Bar Date Ref # 2 NVM 19177
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.		<input type="checkbox"/> Check box if you are aware that another claimant has filed a proof of claim relating to your claim. Attach copy of statement giving particular.	
Name of Creditor and Address Cp International 1609 Solutions Ctr Chicago IL 60677 1005		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Creditor Telephone Number: 1 573 874 9725		If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.	
CREDITOR TAX ID: 31-0870232	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: _____	Check here if this claim <input type="checkbox"/> replaces or amends a previously filed claim dated _____	
1 BASIS FOR CLAIM <input checked="" type="checkbox"/> Goods sold Personal injury/wrongful death Petition benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Services performed Taxes Wages, salaries and compensation (Fill out below) <input type="checkbox"/> Money loaned Other (describe briefly): _____ 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 \$ 2288.40 (unsecured)		\$ _____ (secured)	\$ 2288.40 (unsecured priority)
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.			
<input type="checkbox"/> 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 <input type="checkbox"/> 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 principal and other charges at time this claim is filed, including secured claim above, if any: \$ _____		6 UNSECURED PRIORITY CLAIM <input type="checkbox"/> 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 service 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) Up to 90 days' last disbursements: 11 U.S.C. § 507(a)(8) Other claims that apply to a particular paragraph of 11 U.S.C. § 507(a): _____ All other unsecured claims that are not listed here: 11 U.S.C. § 507(a)(9)	
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.			 AUG 11 2003 
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	
DATE SIGNED: 8/8/03	SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any): _____ (Cheryl Kennedy, Trustee)		
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



PURCHASE ORDER

Send	Fleming Companies, Retail Planning Services			
Invoice To	121 North Old Mill Drive DeLtona, Florida 32725 Phone 386-789-7212 Fax 386-789-5059 dahrens@emil.fleming.com			
Ship to	PRESIDENT #6 1550 W 84th Street Melbourne, Florida 32914			
Store #	162-11023			
P O #	1226			
Order #	CIP International			
Contract #	0			
Contract	Kasey Stopp			
Date	March 19, 2003			
Qty	Model Number and Product Description	Unit Cost		
1	Model #NE-107 Checkout Light Covers, only White w/ Teal number and magenta outline	\$ 69 60	765 60	
Ship to arrive	asap!	TOTAL	765 60	

Authorized Purchasing Agent *Dave Anners* Date 3-19-03
 Date Anners Please Confirm Receipt of PO



9575 LeSaint Dr
 Fairfield Ohio 45014
 513 874 9925
 800 877 7373
 FAX #513 874 6246

REMIT TO
 CIP International
 P O Box 711307
 Cincinnati, OH
 45271 1307

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INVOICE NUMBER 0029065-IN
 INVOICE DATE 02/13/02
 ORDER NUMBER 0024864
 ORDER DATE 10/08/01

972-906-1100

SOLD TO
 FL4121
 FLEMING COMPANIES
 P O BOX 299013
 LEWISVILLE TX 75029

SHIPPED TO
 FES400
 FESTIVAL FOODS
 160 GALLERY DRIVE
 MC MURRAY PA 15317

CUSTOMER NO	SHIPPED VIA	SHIP DATE	CONSULTANT	TERMS	DUE DATE
NER124531	CIP	02/08/02	ROBERT L MOSSER	Net 30 Days	03/15/02

ITEM/DESCRIPTION	UNIT	ORDERED	SHIPPED	UNIT PRICE	EXTENSION
/DECOR CUSTOM DECOR PACKAGE	EACH	1 00	1 00	69,307 00	69,307 00
/DECOR PHOTO POSTERS	EACH	1 00	1 00	1,317 00	1,317 00
THREE (3) HANGING DOUBLE SIDED PHOTO POSTERS FOR THE PRODUCE DEPARTMENT PER SIGNED QUOTE DATED FEBRUARY 8 2002 AND APPROVED BY MR FRANK PORCO JR					
* /DECOR ADDITIONAL PRICER SIGN BOARD	EACH	1 00	1 00	160 00	160 00
PER QUOTATION DATED JANUARY 30, 2002 AND APPROVED BY MR FRANK PORCO JR					
/INST1 INSTALLATION OF DECOR	EACH	1 00	1 00	10,881 00	10,881 00
PER REVISED QUOTATION DATED 12/13/01					

82,645.00
 1,335.00 CR
 81,328.00 Pay

NON-TAXABLE	TAXABLE	SALES TAX	FREIGHT	NET INVOICE	
81,665 00	00	00	980 00	81,665 00	
				LESS DISCOUNT	00
				INVOICE TOTAL	82,645 00

THANK YOU! PLEASE PAY IN U S DOLLARS ONLY

Balance Due of \$ 1317 00

CIP

Festival Foods McMurray

PURCHASE NER124531
ORDER NO

160 Gallery Dr

February 11, 2002

BROKER OR REPRESENTATIVE PHONE
9575 LeSaint Dr Fairfield OH 45014-

ADDRESS
McMurray PA 15317

DATE

ADDRESS STATE

CITY STATE

SALES ORDER NO

INVOICE IN **Fleming - Central Purchasing**
DUPLICATE P O Box 299013
TO Lewisville, TX 75029

0160950

ARRIVAL DATE March 4, 2002

CUSTOMER NO

QTY	MODEL NUMBER	FIXTURE DESCRIPTION	UNIT COST	EXTENDED COST
	Mark For			
1		Custom decor package	69307 000	69307 00
1		Installation of decor package per revise d quote dated 12/31/01	10881 000	10881 00
1		Additional pricer sign board per quote dated 30 Jan 02 and signed by retailer	160 000	160 00
1		<i>Photo posters (3) hanging dbl sided - produce dept - signed quote dated 8 Feb 02</i>	<i>1317 00</i>	<i>\$1317.00</i>

Project

513-874-6246

Any questions should be directed to
David Johnson, 972-906-8018
(fax 972-906-7865)
(email djohnso6@email.fleming.com)

Order Total

972/906-8018

David P Johnson

21665 00
80348.00

MTM

312595/ 9015859

TOTALS ▶

Equipment Coordinator

RPT DATE 10/1
SYS DATE 10/09/02

CIP International Inc
RECEIVABLE OVER 40 DAYS
Program AR2

PAGE 7
TIME 08 31 AM

Based on 10/09/02

SALESMEN	CUSTOMER	PHONE	INV #	INV DATE	INV AMT	BAL DUE	DAYS OLD
S-LES PRSN_NO	RLM						
CUSTOMER_NO	FL4121						
PL✓	FLEMING COMPANIES (MASSIL	(330) 879 3303	0029065	02/13/02	\$82 645 00	\$1 317 00	238
			FL4121 TOTAL		\$82 645 00	\$1 317 00	

From "Jim Kaiser" <jkaiser@email.fleming.com>
To <RLMosser@CIPStyle.com>
Date 12/17/02 9:03AM
Subject Re: past due invoice

I did check on the invoices last week and the checks should have been cut. If you don't receive this week or the first part of next, let me know.

Thanks

Jim Kaiser
Director of Franchising & Licensing
office 972-906-2334
fax 972-906-2303
mobile 940-206-3282

>>> "Robert Mosser" <RLMosser@CIPStyle.com> 12/17/02 07:41AM >>>

Back when we did Scozio's Festival store in McMurray, PA, Frank Porco ordered three additional hanging, double-sided photo panels for the produce department. I created a little quote for this extra item, and have a signed copy authorizing us to furnish the signage. I realize that Angel has contacted you about this past due invoice. I wanted you to know that I verified everything to make certain this is a legitimate request, and it is. If you need me to provide the back-up documentation, I can do so. We need to clear this matter up before the end of the year, if at all possible.

Thanks for your help in this matter. Hope to see a lot of you in the new year!

Rob