

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

PROOF OF CLAIM



646097

Bar Date Ref # 2-NVM-113668

In re
FLEMING COMPANIES, INC., et al.

Case Number
**03-10945 (CMFW)
(JOINTLY Administered)**

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

0354653646097

Rotellas Bakery Inc
6949 S 108th St
Omaha NE 68138

- 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 Telephone Number **(402) 592-6600**

CREDITOR TAX ID #
47-0489748

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
#1289 and #1739

Check here replaces or amends a previously filed claim dated _____

1 BASIS FOR CLAIM

- Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Services performed Taxes Wages, salaries, and compensation (Fill out below)
- Money loaned Other (describe briefly)
- Your social security number _____
- Unpaid compensation for services performed from _____ to _____
- (date) (date)

2 DATE DEBT WAS INCURRED **FEB. 23, 2003 - MAR 28, 2003** **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ **28,946.12** (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ **28,946.12** (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.

THIS SPACE FOR COURT USE ONLY

FILED

AUG 13 2003

BMC

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, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

DEAN G. JACOBSEN, SECRETARY
DEAN G. JACOBSEN, SECRETARY

Fleming Companies Claim
 04468

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 PRINTED IN BLUE AND RED INK

Fleming

TEXAS COMMERCE
SAN ANGELO, TX

Box 26647 Oklahoma City OK 73126

64-88/ 1113
23571355

No

MI

Date

Amount

DO NOT RE-DEPOSIT

03/24/03 \$*****11,246.03*

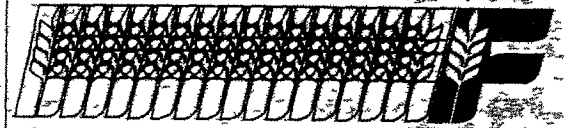
Pay

ELEVEN THOUSAND TWO HUNDRED FORTY SIX DOLLARS AND 03/100

REFER TO MAKER

Pay
To
The
Order
Of

**ROTELLA'S ITALIAN BAKERY, INC
6949 SO. 108TH ST
LA VISTA NE 68128**



Unique Character Facsimile Signature

⑈ 23571355 ⑆ 111300880⑆ 06300036160 ⑈

⑈ 0001124603 ⑈

THE FACE OF THIS DOCUMENT IS PRINTED IN BLUE AND RED INK

Fleming

TEXAS COMMERCE
SAN ANGELO, TX

Box 26647 Oklahoma City OK 73126

64-88/ 1113
23572403

No.

LC

Date

Amount

DO NOT RE-DEPOSIT

03/25/03 \$*****3,981.95*

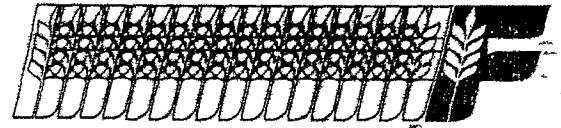
Pay

THREE THOUSAND NINE HUNDRED EIGHTY ONE DOLLARS AND 95/100

REFER TO MAKER

Pay
To
The
Order
Of

**ROTELLA'S ITALIAN BAKERY, INC
6949 SO. 108TH ST
LA VISTA NE 68128**



Unique Character Facsimile Signature

⑈ 23572403 ⑆ 111300880⑆ 06300036160 ⑈

⑈ 0000398195 ⑈

Rotella's Italian Bakery, Inc.
For Deposit Only
Norwest Bank
1155019333

Rotella's Italian Bakery, Inc.
For Deposit Only
Norwest Bank
1155019333

0304

0904

11000035
0715725849
0410-0001-4
ENT=3850 TRC=3861 PK=03

J810540532
042003
0410-0001-4 FRE MPLS
ENT=3905 TRC=3904 PK=12

11000039
0715725850
0410-0001-4
ENT=3850 TRC=3861 PK=03

15000010
042003
0410-0001-4 FRE MPLS
ENT=3905 TRC=3904 PK=12

THE FACE OF THIS DOCUMENT IS PRINTED IN BLUE AND RED INK

Fleming

TEXAS COMMERCE
SAN ANGELO, TX

No ^{64-88/ 1113} 23573234
AG

Box-28647 Oklahoma City OK 73128

REFER TO MAKER

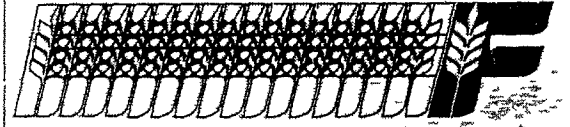
Date Amount
03/26/03 \$*****271.76*

DO NOT RE-DEPOSIT

Pay
TWO HUNDRED SEVENTY ONE DOLLARS AND 76/100

Pay
To
The
Order
Of

ROTELLA'S ITALIAN BAKERY, INC
6949 SO. 108TH ST
LA VISTA NE 68128



Unique Character Facsimile Signature

⑈ 23573234 ⑈ ⑆ 111300880⑆ 06300036160 ⑈

⑈0000027176⑈

NTS
99
A/C
C
Italian Bakery, Inc.

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

60000
00008-0
00000
00000

U 0 1 2 6 6 / 9 9

MAR 31 03

1221-0527-8

1221-0527-8

Rotella's ITALIAN BAKERY, INC.

6949 S 108th ST LA VISTA, NE 68128
(402) 592 6600

Visit our website at
www.rotellasbakery.com

CUSTOMER NAME AND ADDRESS

DAY

DATE

RTE ACCT STOP

INV NO

DELIVERED			
PROD.	UNITS	UNIT PRICE	AMOUNT

PRODUCT DESCRIPTION

RETAIL PRICE	RETURNS		
	PROD.	UNITS	AMOUNT

RECEIVED BY _____

TOTAL SALES _____
 LESS RETURNS _____
 NET SALE 896.00

Rotella's ITALIAN BAKERY, INC.

6949 S 108th ST LA VISTA NE 68128
(402) 592 6600

Visit our website at
www.rotellas-bakery.com

CUSTOMER NAME AND ADDRESS

DAY

DATE

____/____/____

RTE ACCT STOP

INV NO

DELIVERED			
PROD.	UNITS	UNIT PRICE	AMOUNT

PRODUCT DESCRIPTION

RETAIL PRICE	RETURNS		
	PROD.	UNITS	AMOUNT

RECEIVED BY _____

TOTAL SALES _____
LESS RETURNS _____

NET SALE **35840**

Rotella's ITALIAN BAKERY, INC.

6949 S 108th ST LA VISTA NE 68128
(402) 592 6600

Visit our website at
www.rotellas-bakery.com

CUSTOMER NAME AND ADDRESS

[Faint, illegible text]

DAY DATE

--	--	--	--

RTE ACCT STOP

INV NO

[Faint, illegible text]

[Faint, illegible text]

DELIVERED			
PROD.	UNITS	UNIT PRICE	AMOUNT

PRODUCT DESCRIPTION

RETURNS			
RETAIL PRICE	PROD.	UNITS	AMOUNT

RECEIVED BY _____

TOTAL SALES	
LESS RETURNS	
NET SALE	5064 84

Rotella's ITALIAN BAKERY, INC.

Visit our website at
www.rotellasbakery.com

6949 S 108th ST LA VISTA NE 68128
(402) 592-6600

CUSTOMER NAME AND ADDRESS

CUSTOMER NAME AND ADDRESS

DAY	DATE

RTE	ACCT	STOP

INV NO

DELIVERED			
PROD.	UNITS	UNIT PRICE	AMOUNT

PRODUCT DESCRIPTION

RETURNS			
RETAL PRICE	PROD.	UNITS	AMOUNT

RECEIVED BY _____	TOTAL SALES LESS RETURNS	NET SALE 479543
-------------------	-----------------------------	------------------------

ROTELLA'S ITALIAN BAKERY - Accounts Receivable Open Invoices

CUSTOMER 1739 FLEMING - PLYMOUTH DIVISION*

Type	Ref #	Date	Amount	P O	Number
Invoice	904955	02/25/03	598 54	31836	
Invoice	905355	03/11/03	1030 07	32416	
Invoice	905787	03/25/03	703 10	33044	
				Balance	2331 71
Aging as of	08/06/03				
	Current	Over 7	Over 14	Over 21	Over 28
	0 00	0 00	0 00	0 00	0 00
					2331 71

Rotella's ITALIAN BAKERY, INC.

6949 S 108th ST LA VISTA, NE 68128
(402) 592 6600

Visit our website at
www.rotellas-bakery.com

CUSTOMER NAME AND ADDRESS

WESTERN BAKERY COMPANY
1515 N 10TH ST
LAKOTA, SD 57074

DAY

DATE

7/27

7/27/07

RTE

ACCT

STOP

957 1 0100

INV NO

001915-A

DELIVERED			
PROD.	UNITS	UNIT PRICE	AMOUNT
101			0.00
145			0.00
500			0.00

PRODUCT DESCRIPTION
10" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD
1" ROUND BREAD

RETURNS			
RETAIL PRICE	PROD.	UNITS	AMOUNT

TOTAL SALES
 LESS RETURNS
 NET SALE **598 54**

RECEIVED BY _____

Rotella's ITALIAN BAKERY, INC.

6949 S 108th ST LA VISTA NE 68128
(402) 592 6600

Visit our website at
www.rotellas-bakery.com

CUSTOMER NAME AND ADDRESS

DAY DATE

--	--	--	--

RTE ACCT STOP

INV NO

--	--	--

--

DELIVERED			
PROD.	UNITS	UNIT PRICE	AMOUNT

PRODUCT DESCRIPTION

RETURNS			
RETAIL PRICE	PROD.	UNITS	AMOUNT

RECEIVED BY _____

TOTAL SALES	
LESS RETURNS	←
NET SALE	1030 07

