

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

**PROOF OF CLAIM**



652864

Bar Date Ref # 2-NVM 120773

In re Fleming Co.

Case Number 03 10945

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**

Crown Packaging Corp  
PO Box 17806m  
St Louis MO 63195

0354653652864

Creditor Telephone Number 636 681-9400

CREDITOR TAX I D # 430926789

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 301156

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** Apr May

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ 667.69 (unsecured)      \$ \_\_\_\_\_ (secured)      \$ 667.69 (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

**FILED**  
THIS SPACE FOR COURT USE ONLY  
AUG 15 2003  
**BMC**  
Fleming Companies Claim  
04553

DATE SIGNED 8/5/03 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)  
Beth Cooper / creditor

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

Select Find Add Del Close Seg New Dis. Ago Links Custo OLE Internet

Customer 301156 Flaming Of Nebraska, Inc

Parent \_\_\_\_\_ Birth Number \_\_\_\_\_

Invoice No From \_\_\_\_\_ Thru \_\_\_\_\_  All  Paid  Open

Date From \_\_\_\_\_ Thru \_\_\_\_\_  Invoice Date  Due Date  G/L Date  Statement Date

As Of Date \_\_\_\_\_  Recurring Invoice  Summarize

DAYS PAST DUE

Document Number	Doc Type	Supplier Inv No., Date	Doc Co	Pay Item	Invoice Date	Gross Amount	Open Amount	Tax	Date Closed	Days Past	Business Unit
54104	PI	Verbal AI	00001	001	4/25/2003	513.87	513.87	33.62		93	006 S
57901	RI	Verbal AI	00001	001	5/7/2003	153.82	153.82	10.07		81	006 S
						667.69	667.69				

