

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

**PROOF OF CLAIM**



s138884

Scheduled Claim Ref # 2-F2-26510

**YOUR CLAIM IS SCHEDULED AS**

\$875.39 UNSECURED

In re  
**Fleming Companies, Inc**

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.

**Name of Creditor and Address**  
  
SALEM FROZEN FOOD SERVICE  
P O BOX 542  
W JOSEPH STREET  
SALEM IN 47167

0354429428554

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.

The amounts reflected above constitute your claim as scheduled by the Debtor. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

**If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.**

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 ( )

CREDITOR TAX ID #  
**35-1112752**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
**5270**

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) (date)

**2 DATE DEBT WAS INCURRED** 9/18/02 - 3/26/03

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ 1588.98 (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (unsecured priority) \$ 1588.98 (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 electronically, 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.

**FILED**

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

AUG 15 2003

**BMC**

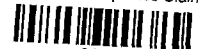
BY MAIL TO  
Bankruptcy Management Corporation  
P O BOX 900  
El Segundo, CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO  
Bankruptcy Management Corporation  
1330 East Franklin Avenue  
El Segundo, CA 90245

DATE SIGNED

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)

Fleming Companies Claim



04562

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



# Salem Food Service

Division of Frozen Food Service Corp

"Service Is Our Goal"

PO Box 542 W Joseph Street Salem IN 47167  
Ph 812 883 2196 Fax 812 883 2205



INVOICE	
DATE	NUMBER
11-28-07	0000

1 3/4% PER MONTH 21% PER ANNUM  
WILL BE APPLIED TO ALL PAST DUE  
ACCOUNTS

SOLD TO

1015 S...  
1015 S...  
1015 S...

SHIP TO

ORDER DATE	ORDER NO.	P.O. NO.	SM	TRN	SHIP VIA	TERMS	RTE-SEQ	PAGE
11/28/07	005652		SH	TRN			J 000	
SPECIAL INSTRUCTIONS					SHIPPING COMMENTS			
1015 S... RICHIE W...					LTD 079...			

ITEM NUMBER	QUANTITY	UNIT	DESCRIPTION	PACK/SIZE	WEIGHT	PRICE	EXTENSION
31105	8	EA	CHOCOLATE COATED...	4/174	134	0.670	7.565
31106	3	EA	CHOCOLATE COATED...	4/174	58	0.580	1.740

TOTAL BDL	TOTAL CASES	TOTAL SPLITS	TOTAL WEIGHT	TOTAL CUBE	<b>INVOICE TOTAL</b>
					8.305

ALL CLAIMS MUST BE MADE AT TIME OF DELIVERY DISPUTED STOCK MUST BE RETURNED FOR PROPER CREDIT



# Salem Food Service

Division of Frozen Food Service Corp

"Service Is Our Goal"

PO Box 742 W Joseph Street Salem IN 47167  
Ph 812 883 2196 Fax 812 883 2205



INVOICE	
DATE	NUMBER

1 1/4% PER MONTH 21% PER ANNUM  
WILL BE APPLIED TO ALL PAST DUE  
ACCOUNTS

**SOLD TO**

**SHIP TO**

ORDER DATE	ORDER NO.	P.O. NO.	SM	TRN	SHIP VIA	TERMS	RTE-SEQ	PAGE
<b>SPECIAL INSTRUCTIONS</b>					<b>SHIPPING COMMENTS</b>			

ITEM NUMBER	QUANTITY	UNIT	DESCRIPTION	PACK/SIZE	WEIGHT	PRICE	EXTENSION
<p><i>Inst Card 7/25</i></p> <p><i>Ray Dill</i></p>							
<b>TOTAL BDL</b>	<b>TOTAL CASES</b>	<b>TOTAL SPLITS</b>	<b>TOTAL WEIGHT</b>	<b>TOTAL CUBE</b>	<b>INVOICE TOTAL</b>		

ALL CLAIMS MUST BE MADE AT TIME OF DELIVERY DISPUTED STOCK MUST BE RETURNED FOR PROPER CREDIT