

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

PROOF OF CLAIM



Bar Date Ref #

In re Proof of claim 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

Milton Fukumitsu
75 5234 Mamalahoa Hwy
Holualoa HI 96725

0354653000000

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 (808) - 329-5675

CREDITOR TAX I D #
575-19-5141

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here if this claim 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 575-19-5141
Unpaid compensation for services performed from 5-05-03 to 5-19-03
(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ (unsecured) \$ (secured) \$ 3,024.00 (unsecured priority) \$ 3,024.00 (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

THIS SPACE FOR COURT

FILED

AUG 15 2003

BMC

Filing Companies Claim



04614

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)

Milton 8/7/03

Fukumitsu, Milton

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

Remittance Advice

Vendor #	Name	No	9107005657
908236	MILTON FUKUMITSU	Date	06/20/2003

Payment is made on behalf of Fleming Wholesale, Lewisville, TX

Invoice No	Date	Division	Gross Amount	Deductn/Dscnts	Net Amount
HWGF116550PB	04/07/2003	2047	121 25	0 00	<i>Freight</i> 121 25
HWK014629	04/23/2003	2047	1,971 00-	0 00	1,971 00-
4629	05/05/2003	2047	864 00	0 00	864 00
4630	05/12/2003	2047	864 00	0 00	864 00
4631	05/16/2003	2047	648 00	0 00	648 00
4632	05/19/2003	2047	648 00	0 00	648 00
Check Total			1,174 25	0 00	1,174 25

4629

Sent to Jim
7-24-03

SOLD TO Fleming Ice Inc.				SHIPPED TO SAME			
STREET & NO 71-315 K... ST				STREET & NO			
CITY Kops'e		STATE MI		ZIP 48227		CITY STATE ZIP	

INVOICE

CUSTOMER'S ORDER	SALESMAN	TERMS	FOB	DATE
40 GIB ...		30 days		5-25-03
B/L # 76439578				
P.O. # 19193				

Received
payment
6-20
1174.25

Tops
FORM
46721

SOLD TO Fleming Co, Inc			SHIPPED TO Sam		
STREET & NO 91-315 HANNA ST.			STREET & NO		
CITY KADOLEI	STATE HI	ZIP 96707-1732	CITY	STATE	ZIP

INVOICE

CUSTOMER'S ORDER	SALESMAN	TERMS	FOB	DATE
40 lbs Avocado		30 days		5-12-03
			1200#	72 864.00
B/L # 76429586				
P.O. # 121731				
				# 564.00



SOLD TO Fleming Co. Inc			SHIPPED TO		
STREET & NO 91-315 Hauka St			STREET & NO		
CITY Kapolei, Hi	STATE	ZIP 96757-1732	CITY	STATE	ZIP

INVOICE

CUSTOMER'S ORDER	SALESMAN	TERMS	FOB	DATE
30 ctns. mixed		30 days		5-16-03
			900#	72 649.00
Bl # 76439594				
PO # 119759				
				649.00



INVOICE

SOLD TO Fleming Co Inc			SHIPPED TO Same		
STREET & NO 91-315 Hanua St			STREET & NO		
CITY Kapolei	STATE Hawaii	ZIP 91707-1752	CITY	STATE	ZIP

CUSTOMER'S ORDER	SALESMAN	TERMS	FOB	DATE
30 ctms Avocado		Oct 1st		5-19-03
			900#	,12 648.00
Pl # 76439609				
PO# - 119742				
				648.00



NOTICE OF INTENT
TO PRESERVE TRUST BENEFITS

TODAY'S DATE: April 25, 2003

TO: FLEMING COMPANIES, INC.
 Legal Department
 ATTENTION: CRAIG BIRCHETTE
 1945 Lakepointe Drive
 Lewisville, Texas 75057
 FAX: _____

FROM: MILTON FUKUMITSU
 75-5234 Mamalahoa Highway
 Holualoa, Hawaii 96725

 Telephone: (808) 329-5675
 FAX: NONE

We wish to preserve our Trust benefits on the following unpaid invoices covering loads sold to FLEMING COMPANIES, INC., ATTENTION: CRAIG BIRCHETTE, 1945 Lakepointe Drive, Lewisville, Texas 75057.

Invoice(s) #	Date(s) Shipped	Commodity(s)	Contract Terms	Date(s) Due	Amounts
4629	5-05-03	40 ctns. Avocado	30 days	6-05-03	\$ 864. ⁰⁰
4630	5-12-03	40 ctns Avocado	30 days	" " "	864. ⁰⁰
4631	5-16-03	30 ctns Avocado	30 days	" " "	648. ⁰⁰
4632	5-19-03	30 ctns Avocado	30 days	" " "	648. ⁰⁰

Total amount past due and unpaid \$3,024.⁰⁰.

Our written payment terms are 30 days.

Payment instrument dishonored (bounced check, e.g) _____ Yes
 _____ X _____ No