

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>DELAWARE</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>FLEMING COMPANIES, INC</b>		Case Number <b>03-10945 (MFW) Jointly</b>
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 USC § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>US DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE</b>		<div style="transform: rotate(-15deg); font-weight: bold; font-size: 1.2em;">REC'D AUG 19 2003</div>
Name and address where notices should be sent <b>FINANCIAL MANAGEMENT DIVISION 5601 SUNNYSIDE AVE MAIL DROP 5265 BELTSVILLE, MD 20705-5265</b>  Telephone number <b>301-504-5784</b>		
Account or other number by which creditor identifies debtor <b>771461905 X, 480222760 D</b>		Check here <input type="checkbox"/> replaces a previously filed claim, dated _____ if this claim <input type="checkbox"/> amends
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>1 Basis for Claim</b>  <input type="checkbox"/> Goods sold  <input checked="" type="checkbox"/> Services performed  <input type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Taxes  <input type="checkbox"/> Other _____         </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)            Your SS # _____            Unpaid compensation for services performed            from _____ to _____  <div style="text-align: center;">(date) (date)</div> </div> </div>		
<b>2 Date debt was incurred</b> <u>ABOUT 12/15/02-4/1/03</u>		<b>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <u>\$5,351.73</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input checked="" 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.		
<b>5 Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		<b>6 Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> 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 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan 11 USC § 507(a)(4) <input type="checkbox"/> Up to \$2,100* of deposits toward purchase lease or rental of property or services for personal, family or household use 11 USC § 507(a)(6) <input type="checkbox"/> Alimony, maintenance or support owed to a spouse, former spouse, or child 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 USC § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 USC § 507(a)(____) <small>*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>
<b>7 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
<b>8 Supporting Documents</b> 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.		
<b>9 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <b>8/4/03</b>	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) <b>Teresa Ramsey, Chief</b> <i>Teresa Ramsey</i>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. § 1519		



IN THE UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE

In re  
Fleming Companies, Inc

Petition under Chapter 11  
Case No 03-10945 (MFW) Jointly  
Administered

CLAIM OF THE U S DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE  
UNITED STATES OF AMERICA

Mail Drop 5265  
5601 Sunnyside Avenue  
Beltsville, Maryland 20705-5265

Item 4 continued

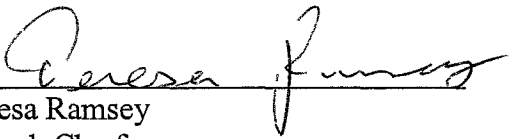
Teresa Ramsey Declares and says

a She is Branch Chief, Financial and Accounting Operations Branch, Food Safety and Inspection Service, United States Department of Agriculture, (USDA) and is authorized to make this Claim on behalf of the United States

b This Claim reflects the known liability of the debtor, Fleming Companies, Inc to the Food Safety and Inspection Service, U S Department of Agriculture for Overtime and /or Holiday Meat and/or Poultry Inspection Services The United States reserves the right to amend this claim to assert subsequently discovered liabilities

c The identification of any sums subject to set-off is without prejudice to any other right under 11 U S C 553 to set-off, against this claim, debts owed to the debtor by this or any other Federal Agency

d The United States Attorney for the Federal Judicial District in which this court is situated is the attorney for the United States in this matter and is the officer of the United States designated to receive and accept service of all notices and papers affecting this claim. In addition, all notices required to be mailed to the head of the government agency involved in this action should be mailed to United States Department of Agriculture, Food Safety and Inspection Service, Mail Drop 5265, 5601 Sunnyside Avenue, Beltsville, Maryland 20705-5265

 8/4/03  
Teresa Ramsey  
Branch Chief  
Financial and Accounting Operations Branch  
Food Safety and Inspection Service  
U S Department of Agriculture

Dated AUG 4 2003

**SUMMARY STATEMENT OF ACCOUNT FOR  
FLEMING INTERNATIONAL, INC**

<u>VENDOR CODE</u>	<u>PRINCIPAL</u>	<u>INTEREST</u>	<u>PENALTIES</u>
771461905 X	4,366 83	25 81	25 04
480222760 D	932 40	1 65	0 00
Total Principal	5,299 23	27 46	25 04
Interest	27 46		
Penalties	25 04		
GRAND TOTAL	5,351 73		

STATEMENT OF ACCOUNT  
FOR  
FLEMING INTERNATIONAL, INC  
3555 NW 77 AVE  
MIAMI, FL 33122-0000  
VENDOR CODE 771461905 X

DATES OF SERV	BILL DATE	DOC NO	NO OF HRS	RATE	PRINCIPAL	INTEREST	PENALTIES
12/15-12/28/02	1/26/03	1111109957	9 25	42 64	180 79	0 45	0 00
12/1-12/14/02	1/26/03	1111617425	0 75	42 64	31 98	0 32	0 48
12/15-12/28/02	1/26/03	1111617453	0 75	42 64	31 98	0 32	0 48
12/15-12/28/02	1/26/03	1111617465	0 25	42 64	10 66	0 12	0 16
12/29/02-1/11/03	2/25/03	1111022693	0 25	42 64	10 66	0 09	0 16
12/29/02-1/11/03	2/25/03	1111040467	10 0/3 75	42 64/44 40	592 90	4 47	8 90
1/12-1/25/03	2/25/03	1111109969	8 50/6 00	42 64/44 40	628 84	4 74	9 44
1/12-1/25/03	2/25/03	1111238686	5 25	44 40	233 10	1 74	3 50
12/29/02-1/11/03	2/25/03	1111617491	1 25	42 64	53 30	0 39	0 80
1/12-1/25/03	2/25/03	1111617528	1 50	42 64	63 96	0 48	0 96
1/12-1/25/03	2/25/03	1111617538	0 25	42 64	10 66	0 09	0 16
2/9-2/22/03	3/27/03	1111022528	7 25/9 00	42 64/44 40	719 40	3 60	0 00
2/23-3/8/03	3/27/03	1111022541	6 75/7 00	42 64/44 40	598 62	3 00	0 00
1/26-2/8/03	3/27/03	1111109734	10 25/7 75	42 64/44 40	781 16	3 90	0 00
2/9-2/22/03	3/27/03	1111617517	2 25	42 64	95 94	0 48	0 00
1/26-2/8/03	3/27/03	1111617549	2 50	42 64	106 60	0 54	0 00
2/23-3/8/03	3/27/03	1111617562	2 25	42 64	95 94	0 48	0 00
2/9-2/22/03	3/27/03	111389477	1 00/1 75	42 64/44 40	120 34	0 60	0 00
			TOTAL		4,366 83	25 81	25 04
			INTEREST		25 81		
			PENALTIES		25 04		
			TOTAL CLAIM		4,417 68		

STATEMENT OF ACCOUNT FOR  
FLEMING FOOD EXPORT  
3400 NW 74TH AVE  
MIAMI, FL 331-1232  
VENDOR CODE 480222760 D

<u>DATES OF SERV</u>	<u>BILL DATE</u>	<u>DOC NO</u>	<u>NO OF HRS</u>	<u>RATE</u>	<u>PRINCIPAL</u>	<u>INTEREST</u>	<u>PENALTIES</u>
3/9-3/22/03	4/26/03	111285728	2 50	44 40	111 00	0 28	0 00
3/23-4/1/03	4/26/03	111285729	18 50	44 40	821 40	1 37	0 00
				41 00	0 00		
			<b>TOTAL</b>		932 40	1 65	0 00
			<b>INTEREST</b>		1 65		
			<b>PENALTIES</b>		0 00		
			<b>TOTAL CLAIM</b>		934 05		

**U.S. DEPARTMENT OF AGRICULTURE**  
**Food Safety and Inspection Service**  
**Bill for Collection**

Page 1

Notice All overpayments will be refunded For inquiries or problems with your account please  
call (515) 334-2000 and leave a voice message or mail INQUIRIES ONLY to USDA - FSIS - FPC  
4520 114th Street  
Urbandale, IA 50322

**Bill To** FLEMING INTERNATIONAL  
ATTN MYRNA BETANCOURT  
3555 NW 77 AVE  
MIAMI, FL 33122-0000

BD Number	Amount	BD Number	Amount	BD Number	Amount
BD 1111040455	<del>807 86</del>	<i>PD</i>			
BD 1111109957	<del>560 92</del>	<i>180 79</i>			
BD 1111617425	31 98				
BD 1111617453	31 98				
BD 1111617465	10 66				

Vendor Code **771461905X**  
Vendor Address Code **X**  
Vendor Name **FLEMING INTERNATIONAL**

Current Charges \$ 1 443 40  
Credit Amount \$ 0 00  
Amount Total \$ 1,443 40

Make payment by check, money order or bank draft  
Payable to U S DEPARTMENT OF AGRICULTURE, FSIS  
**MAIL PAYMENT WITH COPY OF THIS BILL TO**  
Food Safety and Inspection Service - FPC  
USDA Billing Collection  
21526 Network Place  
Chicago, IL 60673-1215

BILL DATE 01/26/03  
DUE DATE 02/22/03

U S DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

Executive Order 9397 authorizes the collection of the social security number for management purposes. The social security number will be used as the primary reference number in reconciling data on this form with that contained on Time and Attendance reports to ensure the correctness of billings to the industry. Employee social security numbers will not appear on the FSIS FORM 5110-1 copy provided to industry. Furnishing the social security number on this form is voluntary but failure to billings documents.

SERVICES RENDERED

1 NAME OF INSPECTOR (Print)

3 NAME OF RECIPIENT

4 PLANT NO

5 DATE

6 MEAT & POULTRY  
INSPECTION/IMPORT  
OVERTIME AND  
HOLIDAY

7 OTHER GOVERNMENT SERVICES

From To

BASE

OVERTIME/HOLIDAY

BASE

OVERTIME/HOLIDAY

FIRST WEEK

SECOND WEEK

A.

RATES

B

C

B

C

B

UNITS

B SERVICE IDENTIFICATION

B1

B2 DOCUMENT NO

B4 PLANT NO

B5 DATE

B6 COD AMOUNT

C FIXED AMOUNTS

D ACCOUNTING CLASSIFICATION

C1 TOTAL REIMBURSABLE

C2 TOTAL VOLUNTARY

D1 MANAGEMENT/PROGRAM CODE (Reimbursable)

D2 MANAGEMENT/PROGRAM CODE (Voluntary)

E MISCELLANEOUS

E2 STATE CODE

E3 ESTABLISHMENT PHONE (Area Code)

E4 SOCIAL SECURITY NO

E5 FPC USE

F ESTABLISHMENT NAME AND ADDRESS

F1 NAME

F2 FIRST LINE ADDRESS

F3 SECOND LINE ADDRESS

F4 CITY

STATE

ZIP CODE

9 REMARKS

INSPECTION SERVICES PERFORMED AS INDICATED

Falsification of any item on this form may result in a fine of not more than \$10 000 or imprisonment for not more than 5 years or both (18 USC 1001)

10 PLANT RECEIPT (Signature)

11 INSPECTOR'S SIGNATURE



U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

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SERVICES RENDERED

1 NAME OF INSPECTOR (Print)

Todd L. Brown

3 NAME OF RECIPIENT

Fleming International Ltd

4 PLANT NO



267-64-6161

FLEMING INTERNATIONAL

771 46 19 05 XX 03 24

5 DATE

6 MEAT & POULTRY  
INSPECTION/IMPORT  
OVERTIME AND  
HOLIDAY

7 OTHER GOVERNMENT SERVICES

From

To

12/1/02 12/14/02

BASE

OVERTIME/HOLIDAY

BASE

OVERTIME/HOLIDAY

FIRST WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SECOND WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

RATES

B

C

B

C

B

A.

UNITS

3

B SERVICE IDENTIFICATION

B1

B2 DOCUMENT NO

1111617425

B4 PLANT NO

B5 DATE

MO 1 DAY 2 YR 2

B6 COD AMOUNT

C FIXED AMOUNTS

D ACCOUNTING CLASSIFICATION

C1 TOTAL REIMBURSABLE

C2 TOTAL VOLUNTARY

D1 MANAGEMENT/PROGRAM CODE (Reimbursable)

D2 MANAGEMENT/PROGRAM CODE (Voluntary)

5834353

E MISCELLANEOUS

E2 STATE CODE

12

E3 ESTABLISHMENT PHONE (Area Code)

305 392-2795

E4 SOCIAL SECURITY NO

E5 FPC USE

F ESTABLISHMENT NAME AND ADDRESS

F1 NAME

Fleming Intl. Ltd

F2 FIRST LINE ADDRESS

3555 NW 77 Ave

F3 SECOND LINE ADDRESS

F4 CITY

Miami

STATE

FL

ZIP CODE

33122

9 REMARKS

80

INSPECTION SERVICES PERFORMED AS INDICATED

Falsification of any item on this form may result in a fine of not more than \$10 000 or imprisonment for not more than 5 years or both (18 USC 1001)

10 PLANT RECEIPT (Signature)

11 INSPECTOR'S SIGNATURE

Todd L. Brown

U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

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SERVICES RENDERED

1 NAME OF INSPECTOR (Print)

*Fernando Aguilar DVM*

3 NAME OF RECIPIENT

*Fleming International LTD*

4 PLANT NO

589-86-7909  
FLEMING INTERNATIONAL  
771 46 19 05 XX 03 25  
PROGRAM

5 DATE		6 MEAT & POULTRY INSPECTION/IMPORT OVERTIME AND HOLIDAY	7 OTHER GOVERNMENT SERVICES		BASE	OVERTIME/HOLIDAY	BASE	OVERTIME/HOLIDAY
From	To		BASE	OVERTIME/HOLIDAY				
12/15/02 12/28/02								
FIRST WEEK	SUNDAY							
	MONDAY							
	TUESDAY							
	WEDNESDAY						2	
	THURSDAY						1	
	FRIDAY							
	SATURDAY							
SECOND WEEK	SUNDAY							
	MONDAY							
	TUESDAY							
	WEDNESDAY							
	THURSDAY							
	FRIDAY							
	SATURDAY							
A	RATES	B	C	B	C	B		
	UNITS						3	

B SERVICE IDENTIFICATION

B1	B2 DOCUMENT NO 1111617453	B4 PLANT NO	B5 DATE MO 12 DAY 28 YR 2	B6 COD AMOUNT
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C FIXED AMOUNTS

D ACCOUNTING CLASSIFICATION

C1 TOTAL REIMBURSABLE	C2 TOTAL VOLUNTARY	D1 MANAGEMENT/PROGRAM CODE (Reimbursable)	D2 MANAGEMENT/PROGRAM CODE (Voluntary) 583435 3
-----------------------	--------------------	---	--

E MISCELLANEOUS

E2 STATE CODE 12	E3 ESTABLISHMENT PHONE (Area Code) (305) 770-5566	E4 SOCIAL SECURITY NO	E5 FPC USE
---------------------	--	-----------------------	------------

F ESTABLISHMENT NAME AND ADDRESS

F1 NAME <i>Fleming International LTD</i>	F2 FIRST LINE ADDRESS <i>3555 NW 77 Ave</i>
F3 SECOND LINE ADDRESS	F4 CITY <i>Miami</i>
	STATE <i>FL</i>
	ZIP CODE <i>33122</i>

9 REMARKS

*SD*

INSPECTION SERVICES PERFORMED AS INDICATED

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10 PLANT RECEIPT (Signature) <i>not available</i>	11 INSPECTOR'S SIGNATURE <i>Ally</i>
--	---

U S DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

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SERVICES RENDERED

1 NAME OF INSPECTOR (Print)

Todd Brown

3 NAME OF RECIPIENT

Fleming Intl Ltd

4 PLANT NO



267-64-6161

FLEMING INTERNATIONAL

771 46 19 05 XX 03 25

5 DATE

6 MEAT & POULTRY  
INSPECTION/IMPORT  
OVERTIME AND  
HOLIDAY

7 OTHER GOVERNMENT SERVICES

From

To

BASE

OVERTIME/HOLIDAY

BASE

OVERTIME/HOLIDAY

FIRST WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SECOND WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

RATES

B

C

B

C

B

UNITS

B SERVICE IDENTIFICATION

B1

B2 DOCUMENT NO

1111617465

B4 PLANT NO

B5 DATE

MO DAY YR  
1/2/2003

B6 C/PD AMOUNT

C FIXED AMOUNTS

C1 TOTAL REIMBURSABLE

C2 TOTAL VOLUNTARY

D ACCOUNTING CLASSIFICATION

D1 MANAGEMENT/PROGRAM CODE (Reimbursable)

D2 MANAGEMENT/PROGRAM CODE (Voluntary)

5834353

E MISCELLANEOUS

E2 STATE CODE

12

E3 ESTABLISHMENT PHONE (Area Code)

305 342-2793

E4 SOCIAL SECURITY NO

[REDACTED]

E5 FPC USE

F ESTABLISHMENT NAME AND ADDRESS

F1 NAME

Fleming Intl. Ltd

F2 FIRST LINE ADDRESS

3555 NW 77 Ave

F3 SECOND LINE ADDRESS

F4 CITY

Miami

STATE

FL

ZIP CODE

33122

9 REMARKS

80

INSPECTION SERVICES PERFORMED AS INDICATED

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10 PLANT RECEIPT (Signature)

11 INSPECTOR'S SIGNATURE

Todd Brown

**U.S. DEPARTMENT OF AGRICULTURE**  
**Food Safety and Inspection Service**  
**Bill for Collection**

Page 1

Notice All overpayments will be refunded For inquiries or problems with your account please  
call (515) 334-2000 and leave a voice message or mail INQUIRIES ONLY to USDA - FSIS - FPC  
4520 114th Street  
Urbandale, IA 50322

**Bill To** FLEMING INTERNATIONAL  
ATTN MYRNA BETANCOURT  
3555 NW 77 AVE  
MIAMI, FL 33122-0000

BD Number	Amount	BD Number	Amount	BD Number	Amount
BD 1111022693	10 66				
BD 1111040467	592 90				
BD 1111109969	628 84				
BD 1111238686	233 10				
BD 1111617491	53 30				
BD 1111617528	63 96				
BD 1111617538	10 66				

Vendor Code **771461905X**  
Vendor Address Code **X**  
Vendor Name **FLEMING INTERNATIONAL**

Current Charges \$ 1 593 42  
Credit Amount \$ 0 00  
Amount Total \$ 1,593 42

Make payment by check, money order or bank draft  
Payable to U S DEPARTMENT OF AGRICULTURE, FSIS

**MAIL PAYMENT WITH COPY OF THIS BILL TO**

Food Safety and Inspection Service - FPC  
USDA Billing Collection  
21526 Network Place  
Chicago, IL 60673-1215

BILL DATE 02/25/03  
DUE DATE 03/23/03

U S DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

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Todd L. Brown

3 NAME OF RECIPIENT

Fleming Int'l. Ltd.

4 PLANT NO



267-64-6161

FLEMING INTERNATIONAL

771 46 19 05 XX 03 26

5 DATE

From 12-29-02 To 1-11-03

6 MEAT & POULTRY  
INSPECTION/IMPORT  
OVERTIME AND  
HOLIDAY

7 OTHER GOVERNMENT SERVICES

BASE

OVERTIME/HOLIDAY

BASE

OVERTIME/HOLIDAY

FIRST WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SECOND WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

RATES

B

C

B

C

B

UNITS

B SERVICE IDENTIFICATION

B1

B2 DOCUMENT NO

1111022693

B4 PLANT NO

B5 DATE

MO 01 DAY 11 YR 03

B6 COD AMOUNT

C FIXED AMOUNTS

C1 TOTAL REIMBURSABLE

C2 TOTAL VOLUNTARY

D ACCOUNTING CLASSIFICATION

D1 MANAGEMENT/PROGRAM CODE (Reimbursable)

D2 MANAGEMENT/PROGRAM CODE (Voluntary)

5834 353

E MISCELLANEOUS

E2 STATE CODE

12

E3 ESTABLISHMENT PHONE (Area Code)

305 392-2793

E4 SOCIAL SECURITY NO

E5 FPC USE

F ESTABLISHMENT NAME AND ADDRESS

F1 NAME

Fleming Int'l Ltd

F2 FIRST LINE ADDRESS

3555 N.W 77 Ave

F3 SECOND LINE ADDRESS

F4 CITY

Miami

STATE

FL

ZIP CODE

33122

9 REMARKS

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10 PLANT RECEIPT (Signature)

11 INSPECTOR'S SIGNATURE

Todd L. Brown

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SERVICES RENDERED

1 NAME OF INSPECTOR (Print)

3 NAME OF RECIPIENT

4 PLANT NO



263-75-1217

FLEMING INTERNATIONAL

771 46 19 05 XX 03 26

5 DATE

6 MEAT & POULTRY  
INSPECTION/IMPORT  
OVERTIME AND  
HOLIDAY

7 OTHER GOVERNMENT SERVICES

From 12/29 To 1/11/03

BASE

OVERTIME/HOLIDAY

BASE

OVERTIME/HOLIDAY

FIRST WEEK

SECOND WEEK

A

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

RATES

B

C

B

C

B

UNITS

B SERVICE IDENTIFICATION

B1

B2 DOCUMENT NO

1111040467

B4 PLANT NO

N/A

B5 DATE

12/29/02

B6

COD

AMOUNT

166.50

C FIXED AMOUNTS

C1 TOTAL REIMBURSABLE

C2 TOTAL VOLUNTARY

D1 MANAGEMENT/PROGRAM CODE (Reimbursable)

35

D ACCOUNTING CLASSIFICATION

D2 MANAGEMENT/PROGRAM CODE (Voluntary)

5834353

E MISCELLANEOUS

592.90

E2 STATE CODE

13

E3 ESTABLISHMENT PHONE (Area Code)

305

E4 SOCIAL SECURITY NO

[REDACTED]

E5 FPC USE

F ESTABLISHMENT NAME AND ADDRESS

F1 NAME

Fleming Co

F2 FIRST LINE ADDRESS

3555 NW 77th AV

F3 SECOND LINE ADDRESS

F4 CITY

MIAMI

STATE

FL

ZIP CODE

33122

9 REMARKS

INSPECTION SERVICES PERFORMED AS INDICATED

Falsification of any item on this form may result in a fine of not more than \$10 000 or imprisonment for not more than 5 years or both (18 USC 1001)

10 PLANT RECEIPT (Signature)

[Signature]

11 INSPECTOR'S SIGNATURE

[Signature]

U S DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

Executive Order 9397 authorizes the collection of the social security number for management purposes. The social security number will be used as the primary reference number in reconciling data on this form with that contained on Time and Attendance reports to ensure the correctness of billings to the industry. Employee social security numbers will not appear on the FSIS FORM 5110 1 copy provided to industry. Furnishing the social security number on this form is voluntary but failure to do so will limit the Agency's ability to ensure the correctness of billing documents.

SERVICES RENDERED

1 NAME OF INSPECTOR (Print)

ADRISSA King

3 NAME OF RECIPIENT

FLEMING Co

4 PLANT NO

WAREHOUSE



263-75 1217

FLEMING INTERNATIONAL

771 46 19 05 XX 03 01

5 DATE

From 1/12 To 1/25

6 MEAT & POULTRY  
INSPECTION/IMPORT  
OVERTIME AND  
HOLIDAY

7 OTHER GOVERNMENT SERVICES

BASE

OVERTIME/HOLIDAY

BASE

OVERTIME/HOLIDAY

FIRST WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SECOND WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

RATES

B

C

B

C

B

A

UNITS

B SERVICE IDENTIFICATION

B1

B2 DOCUMENT NO

1111109969

B4 PLANT NO

N/A

B5 DATE

MO 01 DAY 25 YR 03

B6 CONTRACT NO

266-70

C FIXED AMOUNTS

C1 TOTAL REIMBURSABLE

C2 TOTAL VOLUNTARY

D1 MANAGEMENT/PROGRAM CODE (Reimbursable)

35

D ACCOUNTING CLASSIFICATION

D2 MANAGEMENT/PROGRAM CODE (Voluntary)

5834353

E MISCELLANEOUS

628.84

E2 STATE CODE

13

E3 ESTABLISHMENT PHONE (Area Code)

305 392-2711

E4 SOCIAL SECURITY NO

E5 FPC USE

F ESTABLISHMENT NAME AND ADDRESS

F1 NAME

FLEMING Co

F2 FIRST LINE ADDRESS

3555 NW. 77th AV

F3 SECOND LINE ADDRESS

F4 CITY

MIAMI

STATE

FL

ZIP CODE

33122

9 REMARKS

MKM

INSPECTION SERVICES PERFORMED AS INDICATED

Falsification of any item on this form may result in a fine of not more than \$10 000 or imprisonment for not more than 5 years or both (18 USC 1001)

10 PLANT RECEIPT (Signature)

11 INSPECTOR'S SIGNATURE

U S DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

Executive Order 9397 authorizes the collection of the social security number for management purposes. The social security number will be used as the primary reference number in reconciling data on this form with that contained on Time and Attendance reports to ensure the correctness of billings to the industry. Employee social security numbers will not appear on the FSIS FORM 5110-1 copy provided to industry. Furnishing the social security number on this form is voluntary but failure to do so will limit the Agency's ability to ensure the correctness of billing documents.

SERVICES RENDERED

1 NAME OF INSPECTOR (Print)

DOMINGUEZ F-A

3 NAME OF RECIPIENT

FLEMING INT

4 PLANT NO

00000



261-58-1782

FLEMING INTERNATIONAL

771 46 19 05 XX 03 01

5 DATE

From 1/18/03 To 1/25/03

6 MEAT & POULTRY  
INSPECTION/IMPORT  
OVERTIME AND  
HOLIDAY

7 OTHER GOVERNMENT SERVICES

BASE

OVERTIME/HOLIDAY

BASE

OVERTIME/HOLIDAY

FIRST WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

31  
2

SECOND WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

RATES

B

C

B

C

B

UNITS

57

B SERVICE IDENTIFICATION

B1

B2 DOCUMENT NO

1111238686

B4 PLANT NO

B5 DATE

MO 01 DAY 25 YR 03

B6 COD AMOUNT

C FIXED AMOUNTS

C1 TOTAL REIMBURSABLE

C2 TOTAL VOLUNTARY

D1 MANAGEMENT/PROGRAM CODE (Reimbursable)

D2 MANAGEMENT/PROGRAM CODE (Voluntary)

E MISCELLANEOUS

233.10

E2 STATE CODE

12

E3 ESTABLISHMENT PHONE (Area Code)

301-392-2711

E4 SOCIAL SECURITY NO

[REDACTED]

E5 FPC USE

F ESTABLISHMENT NAME AND ADDRESS

F1 NAME

FLEMING INT

F2 FIRST LINE ADDRESS

3555 NW 77 AVE

F3 SECOND LINE ADDRESS

F4 CITY

MIAMI

STATE

FL

ZIP CODE

33122

9 REMARKS

2 HRS CALL BACK 1-17-03

MM

INSPECTION SERVICES PERFORMED AS INDICATED

Falsification of any item on this form may result in a fine of not more than \$10 000 or imprisonment for not more than 5 years or both (18 USC 1001)

10 PLANT RECEIPT (Signature)

NOT AVAILABLE

11 INSPECTOR'S SIGNATURE

[Signature]



U S DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

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SERVICES RENDERED

1 NAME OF INSPECTOR (Print)

*Fernando Aguilar DUM*

3 NAME OF RECIPIENT

*Fleming International LTD*

4 PLANT NO



589-86-7909

FLEMING INTERNATIONAL

771 46 19 05 XX 03 26

5 DATE

From *12/29/02* To *1/11/03*

6 MEAT & POULTRY  
INSPECTION/IMPORT  
OVERTIME AND  
HOLIDAY

7 OTHER GOVERNMENT SERVICES

BASE

OVERTIME/HOLIDAY

BASE

OVERTIME/HOLIDAY

FIRST WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SECOND WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

A

RATES

B

C

B

C

B

UNITS

B SERVICE IDENTIFICATION

B1

B2 DOCUMENT NO

*1111617491*

B4 PLANT NO

B5 DATE

MO *01* DAY *11* YR *03*

B6 COD AMOUNT

C FIXED AMOUNTS

C1 TOTAL REIMBURSABLE

C2 TOTAL VOLUNTARY

D ACCOUNTING CLASSIFICATION

D1 MANAGEMENT/PROGRAM CODE (Reimbursable)

D2 MANAGEMENT/PROGRAM CODE (Voluntary)

*583435*

E MISCELLANEOUS

E2 STATE CODE

*12*

E3 ESTABLISHMENT PHONE (Area Code)

*(305) 592-2795*

E4 SOCIAL SECURITY NO

[REDACTED]

E5 FPC USE

F ESTABLISHMENT NAME AND ADDRESS

F1 NAME

*Fleming International LTD*

F2 FIRST LINE ADDRESS

*3555 NW 77 Ave*

F3 SECOND LINE ADDRESS

F4 CITY

*Miami*

STATE

*FL*

ZIP CODE

*33122*

9 REMARKS

INSPECTION SERVICES PERFORMED AS INDICATED

Falsification of any item on this form may result in a fine of not more than \$10 000 or imprisonment for not more than 5 years or both (18 USC 1001)

10 PLANT RECEIPT (Signature)

*not available*

11 INSPECTOR'S SIGNATURE

*[Signature]*

U S DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

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SERVICES RENDERED

1 NAME OF INSPECTOR (Print)

*Fernando Aguilar DVM*

3 NAME OF RECIPIENT

*Fleming International LTD*

4 PLANT NO



589-86-7909

FLEMING INTERNATIONAL

771 46 19 05 XX 03 01

5 DATE

From *1/22/03* To *1/25/03*

6 MEAT & POULTRY  
INSPECTION/IMPORT  
OVERTIME AND  
HOLIDAY

7 OTHER GOVERNMENT SERVICES

BASE

OVERTIME/HOLIDAY

BASE

OVERTIME/HOLIDAY

FIRST WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

2

SECOND WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

10

RATES

B

C

B

C

B

A

UNITS

12

B SERVICE IDENTIFICATION

B1

B2 DOCUMENT NO

*1111617528*

B4 PLANT NO

B5 DATE

*01/25/03*

B6 COD AMOUNT

C FIXED AMOUNTS

C1 TOTAL REIMBURSABLE

C2 TOTAL VOLUNTARY

D ACCOUNTING CLASSIFICATION

D1 MANAGEMENT/PROGRAM CODE (Reimbursable)

D2 MANAGEMENT/PROGRAM CODE (Voluntary)

*5834352*

E MISCELLANEOUS

E2 STATE CODE

*12*

E3 ESTABLISHMENT PHONE (Area Code)

*(305) 592-2295*

E4 SOCIAL SECURITY NO

E5 FPC USE

F ESTABLISHMENT NAME AND ADDRESS

F1 NAME

*Fleming International LTD*

F2 FIRST LINE ADDRESS

*3555 NW 77 Ave*

F3 SECOND LINE ADDRESS

F4 CITY

*Miami*

STATE

*FL*

ZIP CODE

*33122*

9 REMARKS

**MKM**

INSPECTION SERVICES PERFORMED AS INDICATED

Falsification of any item on this form may result in a fine of not more than \$10 000 or imprisonment for not more than 5 years or both (18 USC 1001)

10 PLANT RECEIPT (Signature)

*not available*

11 INSPECTOR'S SIGNATURE

*[Signature]*

## SERVICES RENDERED

1 NAME OF INSPECTOR (Print)

Todd L. Brown

3 NAME OF RECIPIENT

Fleming Int'l. Ltd.

4 PLANT NO



267 64-6161

FLEMING INTERNATIONAL

771 46 19 05 XX 03 01

5 DATE

From 1/12/03 To 1/25/03

6 MEAT & POULTRY  
INSPECTION/IMPORT  
OVERTIME AND  
HOLIDAY

7 OTHER GOVERNMENT SERVICES

BASE

OVERTIME/HOLIDAY

OVERTIME/HOLIDAY

FIRST WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SECOND WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

A

RATES

B

C

B

C

B

UNITS

## B SERVICE IDENTIFICATION

B1

B2 DOCUMENT NO

1111617538

B4 PLANT NO

B5 DATE

MO 1 DAY 25 YR 03

B6 COD AMOUNT

## C FIXED AMOUNTS

C1 TOTAL REIMBURSABLE

C2 TOTAL VOLUNTARY

## D ACCOUNTING CLASSIFICATION

D1 MANAGEMENT/PROGRAM CODE (Reimbursable)

D2 MANAGEMENT/PROGRAM CODE (Voluntary)

## E MISCELLANEOUS

E2 STATE CODE

12

E3 ESTABLISHMENT PHONE (Area Code)

305 392 2792

E4 SOCIAL SECURITY NO

E5 FPO USE

## F ESTABLISHMENT NAME AND ADDRESS

F1 NAME

Fleming Int'l. Ltd.

F2 FIRST LINE ADDRESS

3555 NW 77 Ave

F3 SECOND LINE ADDRESS

F4 CITY

Miami

STATE

FL

ZIP CODE

33122

9 REMARKS

MKM

## INSPECTION SERVICES PERFORMED AS INDICATED

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10 PLANT RECEIPT (Signature)

11 INSPECTOR'S SIGNATURE

**U.S. DEPARTMENT OF AGRICULTURE**  
**Food Safety and Inspection Service**  
**Bill for Collection**

Notice All overpayments will be refunded For inquiries or problems with your account please  
call (515) 334-2000 and leave a voice message or mail INQUIRIES ONLY to USDA - FSIS - FPC  
4520 114th Street  
Urbandale, IA 50322

Page 1

**Bill To** FLEMING INTERNATIONAL  
ATTN MYRNA BETANCOURT  
3555 NW 77 AVE  
MIAMI, FL 33122-0000

BD Number	Amount	BD Number	Amount	BD Number	Amount
BD 1111022528	719 40				
BD 1111022541	598 62				
BD 1111109734	781 16				
BD 1111617517	95 94				
BD 1111617549	106 60				
BD 1111617562	95 94				
BD 111389477	120 34				

Vendor Code **771461905X**  
Vendor Address Code **X**  
Vendor Name **FLEMING INTERNATIONAL**

Current Charges \$ 2 518 00  
Credit Amount \$ 0 00  
Amount Total \$ 2,518 00

Make payment by check, money order or bank draft.  
Payable to U S DEPARTMENT OF AGRICULTURE, FSIS  
**MAIL PAYMENT WITH COPY OF THIS BILL TO**  
Food Safety and Inspection Service - FPC  
USDA Billing Collection  
21526 Network Place  
Chicago, IL 60673-1215

BILL DATE 03/27/03  
DUE DATE 04/22/03

U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

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SERVICES RENDERED

1 NAME OF INSPECTOR (Print)



263 75-1217

3 NAME OF RECIPIENT

4 PLANT NO

FLEMING INTERNATIONAL

771 46 19 05 XX 03 03

5 DATE

6 MEAT & POULTRY  
INSPECTION/IMPORT  
OVERTIME AND  
HOLIDAY

7 OTHER GOVERNMENT SERVICES

From

To

BASE

OVERTIME/HOLIDAY

BASE

OVERTIME/HOLIDAY

FIRST WEEK

SECOND WEEK

A

RATES

B

C

B

C

B

UNITS

B SERVICE IDENTIFICATION

B1

B2 DOCUMENT NO

1111022528

B4 PLANT NO

N/A

B5 DATE

MO 02 DAY 22 YR 03

B6 CDB AMOUNT

319.80 399.60

C FIXED AMOUNTS

C1 TOTAL REIMBURSABLE

C2 TOTAL VOLUNTARY

D1 MANAGEMENT/PROGRAM CODE (Reimbursable)

D ACCOUNTING CLASSIFICATION

D2 MANAGEMENT/PROGRAM CODE (Voluntary)

E MISCELLANEOUS

E2 STATE CODE

13

E3 ESTABLISHMENT PHONE (Area Code)

305 392-2711

E4 SOCIAL SECURITY NO

0000 0000 0000

E5 FPC USE

F ESTABLISHMENT NAME AND ADDRESS

F1 NAME

F2 FIRST LINE ADDRESS

F3 SECOND LINE ADDRESS

F4 CITY

STATE

ZIP CODE

9 REMARKS

INSPECTION SERVICES PERFORMED AS INDICATED

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10 PLANT RECEIPT (Signature)

11 INSPECTOR'S SIGNATURE

U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

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SERVICES RENDERED

1 NAME OF INSPECTOR (Print)

3 NAME OF RECIPIENT

4 PLANT NO



263-75-1217

FLEMING INTERNATIONAL

771 46 19 05 XX 03 04

5 DATE

6 MEAT & POULTRY  
INSPECTION/IMPORT  
OVERTIME AND  
HOLIDAY

7 OTHER GOVERNMENT SERVICES

8 VOLUNTARY INSPECTION PROGRAM

From 2/23 To 3/28

BASE

OVERTIME/HOLIDAY

BASE

OVERTIME/HOLIDAY

FIRST WEEK

SECOND WEEK

SUNDAY									
MONDAY							3		3
TUESDAY							1 -		1 -
WEDNESDAY							1 -		1 -
THURSDAY							2		1 1
FRIDAY									
SATURDAY									
SUNDAY									
MONDAY							1 -		
TU-SDAY							2		2
WEDNESDAY							3		1 -
THURSDAY							3		1 -
FRIDAY							2		2
SATURDAY									
RATES		B		C		B		C	B
UNITS							6 3		7 0

B SERVICE IDENTIFICATION

B1 B2 DOCUMENT NO 1111022541 B4 PLANT NO N/A B5 DATE MO 02 DAY 08 YR 03 B6 COD AMOUNT 287.82 - 210.80

C FIXED AMOUNTS

D ACCOUNTING CLASSIFICATION

C1 TOTAL REIMBURSABLE C2 TOTAL VOLUNTARY E1 MANAGEMENT PROGRAM CODE (Reimbursable) 582353 D2 MANAGEMENT/PROGRAM CODE (Voluntary)

E MISCELLANEOUS

598.62 E2 STATE CODE 13 E3 ESTABLISHMENT PHONE (Area Code) 305 392-2711 SOCIAL SECURITY NO [REDACTED] E5 FPC USE

F ESTABLISHMENT NAME AND ADDRESS

F1 NAME Fleming International F2 FIRST LINE ADDRESS 3555 NW 77th AV F3 SECOND LINE ADDRESS F4 CITY MIAMI STATE FL ZIP CODE 33122

9 REMARKS

INSPECTION SERVICES PERFORMED AS INDICATED

Falsification of any item on this form may result in a fine of not more than \$10 000 or imprisonment for not more than 5 years or both (18 USC 1001)

10 PLANT RECEIPT (Signature) 11 INSPECTOR'S SIGNATURE

U S DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

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SERVICES RENDERED

1 NAME OF INSPECTOR (Print)

CARISSA King

3 NAME OF RECIPIENT

Fleming International

4 PLANT NO

WAREHOUSE



263-75-1217

FLEMING INTERNATIONAL

771 46 19 05 XX 03 02

5 DATE		6 MEAT & POULTRY INSPECTION/IMPORT OVERTIME AND HOLIDAY	7 OTHER GOVERNMENT SERVICES		BASE		OVERTIME/HOLIDAY	
From	To							
1-26		2-08						
FIRST WEEK	SUNDAY							
	MONDAY						1 -	2
	TUESDAY						1 -	2
	WEDNESDAY						1 2	1 -
	THURSDAY						1	1 -
	FRIDAY						3	2
	SATURDAY							
SECOND WEEK	SUNDAY							
	MONDAY						1 -	1 -
	TUESDAY						1 2	1
	WEDNESDAY						1 -	1 -
	THURSDAY						1 -	1 2
	FRIDAY						2	2
	SATURDAY							
A	RATES	B	C	B	C	B		
	UNITS							

B SERVICE IDENTIFICATION

B1	B2 DOCUMENT NO 1111109734	B4 PLANT NO N/A	B5 DATE MO 02 DAY 08 YR 03	B6 COD AMOUNT 437.06 344.10
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C FIXED AMOUNTS

C1 TOTAL REIMBURSABLE	C2 TOTAL VOLUNTARY	D1 MANAGEMENT/PROGRAM CODE (Reimbursable) 583435 3	D2 MANAGEMENT/PROGRAM CODE (Voluntary)
-----------------------	--------------------	---	--

D ACCOUNTING CLASSIFICATION

E MISCELLANEOUS

E2 STATE CODE 13	E3 ESTABLISHMENT PHONE (Area Code) 305 392-2711	E4 SOCIAL SECURITY NO [REDACTED]	E5 FPC USE
---------------------	--	-------------------------------------	------------

F ESTABLISHMENT NAME AND ADDRESS

F1 NAME Fleming International	F2 FIRST LINE ADDRESS 3555 NW 77th CT
F3 SECOND LINE ADDRESS	F4 CITY MIAMI
	STATE FL
	ZIP CODE 33122

9 REMARKS

INSPECTION SERVICES PERFORMED AS INDICATED

Falsification of any item on this form may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 USC 1001)

10 PLANT RECEIPT (Signature) [Signature]	11 INSPECTOR'S SIGNATURE Carissa King
---	--

U S DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

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Furnishing the social security number on this form is voluntary but billing documents

SERVICES RENDERED

1 NAME OF INSPECTOR (Print)

*Fernando Aguilar DVM*

3 NAME OF RECIPIENT

*Fleming International LTD*

4 PLANT NO



589-86-7909

FLEMING INTERNATIONAL

771 46 19 05 XX 03 03

5 DATE

From *2/9/03* To *2/22/03*

6 MEAT & POULTRY  
INSPECTION/IMPORT  
OVERTIME AND  
HOLIDAY

7 OTHER GOVERNMENT SERVICES

8 VOLUNTARY INSPECTION PROGRAM

		BASE		OVERTIME/HOLIDAY		BASE		OVERTIME/HOLIDAY	
FIRST WEEK	SUNDAY								
	MONDAY								
	TUESDAY								
	WEDNESDAY							1	
	THURSDAY							1	
	FRIDAY								
	SATURDAY								
SECOND WEEK	SUNDAY								
	MONDAY								
	TUESDAY							3	
	WEDNESDAY							3	
	THURSDAY							1	
	FRIDAY								
	SATURDAY								
A	RATES	B		C		B		C	
	UNITS							21	

B SERVICE IDENTIFICATION

B1	B2 DOCUMENT NO <i>1111617517</i>	B4 PLANT NO	B5 DATE MO <i>02</i> DAY <i>22</i> YR <i>03</i>	B6 COD AMOUNT
----	-------------------------------------	-------------	--	---------------

C FIXED AMOUNTS

C1 TOTAL REIMBURSABLE	C2 TOTAL VOLUNTARY	D1 MANAGEMENT/PROGRAM CODE (Reimbursable)	D2 MANAGEMENT/PROGRAM CODE (Voluntary) <i>5834323</i>
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E MISCELLANEOUS

<i>9594</i>	E2 STATE CODE <i>12</i>	E3 ESTABLISHMENT PHONE (Area Code) <i>305</i>	E4 SOCIAL SECURITY NO	E5 FPC USE
-------------	----------------------------	--	-----------------------	------------

F ESTABLISHMENT NAME AND ADDRESS

F1 NAME <i>Fleming International LTD</i>	F2 FIRST LINE ADDRESS <i>3555 NW 77 Ave</i>
F3 SECOND LINE ADDRESS	F4 CITY <i>Miami</i> STATE <i>FL</i> ZIP CODE <i>33122</i>

9 REMARKS

INSPECTION SERVICES PERFORMED AS INDICATED

Falsification of any item on this form may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 USC 1001)

10 PLANT RECEIPT (Signature)

*not available*

11 INSPECTOR'S SIGNATURE

*Agua*



U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

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SERVICES RENDERED

1 NAME OF INSPECTOR (Print)

*Fernando Aguilar DVM*

3 NAME OF RECIPIENT

*Fleming International LTD*

4 PLANT NO



589 86-7909

FLEMING INTERNATIONAL

771 46 19 05 XX 03 02

5 DATE		6 MEAT & POULTRY INSPECTION/IMPORT OVERTIME AND HOLIDAY	7 OTHER GOVERNMENT SERVICES		BASE		OVERTIME/HOLIDAY	
From	To		BASE	OVERTIME/HOLIDAY	BASE	OVERTIME/HOLIDAY		
FIRST WEEK	SUNDAY							
	MONDAY							
	TUESDAY							
	WEDNESDAY						3	
	THURSDAY						3	
	FRIDAY							
	SATURDAY							
SECOND WEEK	SUNDAY							
	MONDAY						1	
	TUESDAY							
	WEDNESDAY							
	THURSDAY						3	
	FRIDAY							
	SATURDAY							
A	RATES	B	C	B	C	B		
	UNITS						2 2	

B SERVICE IDENTIFICATION

B1	B2 DOCUMENT NO <b>1111617549</b>	B4 PLANT NO	B5 DATE MO <b>02</b> DAY <b>08</b> YR <b>03</b>	B6 COD AMOUNT
C FIXED AMOUNTS		D ACCOUNTING CLASSIFICATION		
C1 TOTAL REIMBURSABLE	C2 TOTAL VOLUNTARY	D1 MANAGEMENT/PROGRAM CODE (Reimbursable)	D2 MANAGEMENT/PROGRAM CODE (Voluntary) <b>5834352</b>	

E MISCELLANEOUS

E1 STATE CODE <b>12</b>	E2 ESTABLISHMENT PHONE (Area Code) <b>(305) 592-2795</b>	E3 SOCIAL SECURITY NO <b>[REDACTED]</b>	E4 FPC USE
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F ESTABLISHMENT NAME AND ADDRESS

F1 NAME <b>Fleming International LTD</b>	F2 FIRST LINE ADDRESS <b>3555 NW 77 Ave</b>
F3 SECOND LINE ADDRESS	F4 CITY <b>Miami</b> STATE <b>FL</b> ZIP CODE <b>33122</b>

9 REMARKS

**MKM**

INSPECTION SERVICES PERFORMED AS INDICATED

Falsification of any item on this form may result in a fine of not more than \$10 000 or imprisonment for not more than 5 years or both (18 USC 1001)

10 PLANT RECEIPT (Signature)

*not available*

11 INSPECTOR'S SIGNATURE

*[Signature]*

**SERVICES RENDERED**

1 NAME OF INSPECTOR (Print)

*Fernando Aguilar DVM*

3 NAME OF RECIPIENT

*Fleming International LTD*

4 PLANT NO



589-86-7909

**FLEMING INTERNATIONAL**

**771 46 19 05 XX 03 04**

5 DATE

From *2/23/03* To *3/8/03*

**6 MEAT & POULTRY  
INSPECTION/IMPORT  
OVERTIME AND  
HOLIDAY**

7 OTHER GOVERNMENT SERVICES

BASE

OVERTIME/HOLIDAY

BASE

OVERTIME/HOLIDAY

FIRST WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

*2*

*2*

*1*

SECOND WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

*10*

RATES

B

C

B

C

B

A

UNITS

*2 1*

**B SERVICE IDENTIFICATION**

B1

B2 DOCUMENT NO

*1111617562*

B4 PLANT NO

B5 DATE

*MO 03 DAY 08 YR 03*

B6 COD AMOUNT

**C FIXED AMOUNTS**

C1 TOTAL REIMBURSABLE

C2 TOTAL VOLUNTARY

**D ACCOUNTING CLASSIFICATION**

D1 MANAGEMENT/PROGRAM CODE (Reimbursable)

D2 MANAGEMENT/PROGRAM CODE (Voluntary)

*5834353*

**E MISCELLANEOUS**

E2 STATE CODE

*12*

E3 ESTABLISHMENT PHONE (Area Code)

*(305) 592-2795*

E4 SOCIAL SECURITY NO

E5 FPC USE

**F ESTABLISHMENT NAME AND ADDRESS**

F1 NAME

*Fleming International LTD*

F2 FIRST LINE ADDRESS

*3555 NW 77 Ave*

F3 SECOND LINE ADDRESS

F4 CITY

*MIAMI*

STATE

*FL*

ZIP CODE

*33122*

9 REMARKS

**INSPECTION SERVICES PERFORMED AS INDICATED**

Falsification of any item on this form may result in a fine of not more than \$10 000 or imprisonment for not more than 5 years or both (18 USC 1001)

10 PLANT RECEIPT (Signature)

*not available*

11 INSPECTOR'S SIGNATURE

*[Signature]*

U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

Executive Order 9397 authorizes the collection of the social security number for management purposes. The social security number will be used as the primary reference number in reconciling data on this form with that contained on Time and Attendance reports to ensure the correctness of billings to the industry. Employee social security numbers will not appear on the FSIS FORM 5110-1 copy provided to industry. Furnishing the social security number on this form is voluntary but failure to furnish it may result in the incorrectness of billing documents.

SERVICES RENDERED

1 NAME OF INSPECTOR (Print)

Jose E Lopez

3 NAME OF RECIPIENT

Fleming's

4 PLANT NO

Warehouse



584-35-4825

FLEMING INTERNATIONAL

771 46 19 05 XX 03 03

5 DATE		6 MEAT & POULTRY INSPECTION/IMPORT OVERTIME AND HOLIDAY	7 OTHER GOVERNMENT SERVICES		BASE		OVERTIME/HOLIDAY	
From	To							
02/09/03 to 02/22/03								
FIRST WEEK	SUNDAY							
	MONDAY							
	TUESDAY							
	WEDNESDAY							
	THURSDAY							
	FRIDAY						1.0	1.3
	SATURDAY							
SECOND WEEK	SUNDAY							
	MONDAY							
	TUESDAY							
	WEDNESDAY							
	THURSDAY							
	FRIDAY							
	SATURDAY							
A	RATES	B	C	B	C	B		
	UNITS							

B SERVICE IDENTIFICATION

B1	B2 DOCUMENT NO 111389477	B4 PLANT NO Warehouse	B5 DATE MO 02 DAY 02 YR 03	B6 COM AMOUNT 42.64 77.70
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C FIXED AMOUNTS

C1 TOTAL REIMBURSABLE	C2 TOTAL VOLUNTARY	D1 MANAGEMENT/PROGRAM CODE (Reimbursable) 5834273	D2 MANAGEMENT/PROGRAM CODE (Voluntary)
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E MISCELLANEOUS

120.34	E2 STATE CODE	E3 ESTABLISHMENT PHONE (Area Code)	E4 SOCIAL SECURITY NO	E5 FPC USE
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F ESTABLISHMENT NAME AND ADDRESS

F1 NAME Fleming's	F2 FIRST LINE ADDRESS
F3 SECOND LINE ADDRESS	F4 CITY Miami
	STATE FL
	ZIP CODE 33127

9 REMARKS

INSPECTION SERVICES PERFORMED AS INDICATED

Falsification of any item on this form may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 USC 1001)

10 PLANT RECEIPT (Signature)

M/AU

11 INSPECTOR'S SIGNATURE

[Signature]

**U.S. DEPARTMENT OF AGRICULTURE**  
**Food Safety and Inspection Service**  
**Bill for Collection**

Notice All overpayments will be refunded For inquiries or problems with your account please  
call (515) 334-2000 and leave a voice message or mail INQUIRIES ONLY to USDA - FSIS - FPC  
4520 114th Street  
Urbandale, IA 50322

Page 1

**Bill To** FLEMING FOOD  
EXPORT  
3400 NW 74TH AVE  
MIAMI, FL 33122-1232

BD Number	Amount	BD Number	Amount	BD Number	Amount
BD 111285728	111 00				
BD 111285729	<del>1198 80</del>	821 40 IS pre-bankruptcy			
		377 40 WAS POST BANKRUPTCY			

Vendor Code **480222760**  
Vendor Address Code **D**  
Vendor Name **FLEMING FOOD**

Current Charges \$ 1,309 80  
Credit Amount \$ 0 00  
Amount Total \$ 1,309 80

Make payment by check, money order or bank draft  
Payable to U S DEPARTMENT OF AGRICULTURE, FSIS  
**MAIL PAYMENT WITH COPY OF THIS BILL TO**  
Food Safety and Inspection Service - FPC  
USDA Billing Collection  
21526 Network Place  
Chicago, IL 60673-1215

BILL DATE 04/26/03  
DUE DATE 05/24/03

U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

Executive Order 9397 authorizes the collection of the social security number for management purposes. The social security number will be used as the primary reference number in reconciling data on this form with that contained on Time and Attendance reports to ensure the correctness of billings to the industry. Employee social security numbers will be furnished to the industry. Furnishing the social security number on this form is voluntary but failure to furnish documents.

SERVICES RENDERED

1 NAME OF INSPECTOR (Print)

EXPORT

261-58-1782

FLEMING FOOD

480 22 27 60 D 03 05

3 NAME OF RECIPIENT

4 PLANT NO

5 DATE

6 MEAT & POULTRY  
INSPECTION/IMPORT  
OVERTIME AND  
HOLIDAY

7 OTHER GOVERNMENT SERVICES

8 VOLUNTARY INSPECTION PROGRAM

From		To	BASE		OVERTIME/HOLIDAY		BASE		OVERTIME/HOLIDAY	
FIRST WEEK	SUNDAY									
	MONDAY									
	TUESDAY									
	WEDNESDAY									
	THURSDAY									
	FRIDAY									
	SATURDAY									
SECOND WEEK	SUNDAY									
	MONDAY									
	TUESDAY									
	WEDNESDAY									
	THURSDAY									
	FRIDAY									22
	SATURDAY									
A	RATES		B		C		B		C	
	UNITS									22

B SERVICE IDENTIFICATION

B1	B2 DOCUMENT NO 111285728	B4 PLANT NO	B5 DATE MO 03 DAY 22 YR 03	B6 COD AMOUNT
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C FIXED AMOUNTS

D ACCOUNTING CLASSIFICATION

C1 TOTAL REIMBURSABLE	C2 TOTAL VOLUNTARY	D1 MANAGEMENT/PROGRAM CODE (Reimbursable) 5834358	D2 MANAGEMENT/PROGRAM CODE (Voluntary)
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E MISCELLANEOUS

E1 111.00	E2 STATE CODE 12	E3 ESTABLISHMENT PHONE (Area Code) 305-392-2711	E4 SOCIAL SECURITY NO	E5 FPC USE
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F ESTABLISHMENT NAME AND ADDRESS

F1 NAME FLEMING FOOD	F2 FIRST LINE ADDRESS 3400 NW 74 AVE
F3 SECOND LINE ADDRESS	F4 CITY MIAMI
	F5 STATE FL
	F6 ZIP CODE 33122

9 REMARKS

INSPECTION SERVICES PERFORMED AS INDICATED

Falsification of any item on this form may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 USC 1001)

10 PLANT RECEIPT (Signature)	11 INSPECTOR'S SIGNATURE
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U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

Executive Order 9397 authorizes the collection of the social security number for management purposes. The social security number will be used as the primary reference number in reconciling data on this form with that contained on Time and Attendance reports to ensure the correctness of billings to the industry. Employee social security numbers will not be disclosed. FSIS FORM 5110 1 copy provided to industry. Furnishing the social security number on this form is voluntary but failure to do so may result in the denial of certain services and the withholding of certain documents.

SERVICES RENDERED

1 NAME OF INSPECTOR (Print)

*Dominguez FA*

3 NAME OF RECIPIENT

*FLEMING FOODS*

4 PLANT NO

*0000*

5 DATE

From *3/23/03* To *4/5/03*

6 MEAT & POULTRY  
INSPECTION/IMPORT  
OVERTIME AND  
HOLIDAY

7 OTHER GOVERNMENT SERVICES

BASE

OVERTIME/HOLIDAY

EXPORT

FLEMING FOOD

261-58-1782

480 22 27 60 D 03 06

8 VOLUNTARY

BASE

OVERTIME/HOLIDAY

FIRST WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SECOND WEEK

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

RATES

B

C

B

C

B

A

UNITS

B SERVICE IDENTIFICATION

B1

B2 DOCUMENT NO

*111285729*

B4 PLANT NO

B5 DATE

*04/05/03*

B6 COD AMOUNT

C FIXED AMOUNTS

D ACCOUNTING CLASSIFICATION

C1 TOTAL REIMBURSABLE

C2 TOTAL VOLUNTARY

D1 MANAGEMENT/PROGRAM CODE (Reimbursable)

D2 MANAGEMENT/PROGRAM CODE (Voluntary)

E MISCELLANEOUS

*1198.80*

E2 STATE CODE

*12*

E3 ESTABLISHMENT PHONE (Area Code)

*305-992-2711*

E4 SOCIAL SECURITY NO

E5 FPC USE

F ESTABLISHMENT NAME AND ADDRESS

F1 NAME

*FLEMING FOODS*

F2 FIRST LINE ADDRESS

*3400 NW 74 AVE*

F3 SECOND LINE ADDRESS

F4 CITY

*MIAMI*

STATE

*FL*

ZIP CODE

*33102*

9 REMARKS

INSPECTION SERVICES PERFORMED AS INDICATED

Falsification of any item on this form may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 USC 1001)

10 PLANT RECEIPT (Signature)

*[Signature]*

11 INSPECTOR'S SIGNATURE

*[Signature]*



United States  
Department of  
Agriculture

Food Safety  
and Inspection  
Service

Financial Management Division  
5601 Sunnyside Avenue, Mail Drop 5265  
Beltsville, MD 20705-5265

AUG 4 2003

In reply refer to  
FSIS-0803-FCI  
Federal Express – RECEIPT REQUESTED

David D Bird, Clerk  
U S Bankruptcy Court  
District of Delaware  
824 North Market Street, 5<sup>th</sup> Floor  
Wilmington, Delaware 19801

Dear Mr Bird

Subject Fleming Companies, Inc – Case Number 03-10945(MFW) Jointly  
Administered

We are enclosing the following documents for filing in the above referenced case

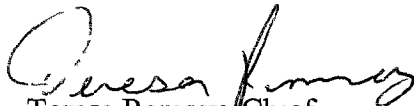
- One original and one copy of a Proof of Claim for Fleming Companies, Inc -  
Case Number 03-10945 (MFW) Jointly Administered
- Bills and supporting documents

This claim represents charges for services provided by employees of the USDA, Food Safety  
and Inspection Service

Please return the copy of the claim bearing the court filing date stamp The enclosed stamped  
addressed envelope is for your convenience in replying

Remittance and/or correspondence pertaining to this claim should be directed to the U S  
Department of Agriculture, Food Safety and Inspection Service, Financial Management  
Division, Mail Drop 5265, 5601 Sunnyside Avenue, Beltsville, Maryland 20705-5265 If you  
need additional information, please contact Sung Kim at 301-504-5878 or Carlos Diaz at  
301-504-5784

Sincerely,

 8/4/03  
Teresa Ramsey, Chief  
Financial and Accounting Operations Branch  
Food Safety and Inspection Service

Enclosures