

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

**PROOF OF CLAIM**



s134289

In re  
**Fleming Companies, Inc**

Case Number  
**03-10945**

Scheduled Claim Ref # 2-F2-21915  
**YOUR CLAIM IS SCHEDULED AS**  
\$353 30 UNSECURED

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**  
  
0354429404793  
  
IVY CORPORATION  
299-B FAIRFIELD AVE  
FAIRFIELD NJ 07004

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 (973) 575-1992  
  
CREDITOR TAX ID #  
221196810

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
0469497070000

Check here  replaces or  amends a previously filed claim dated \_\_\_\_\_ if this claim \_\_\_\_\_

**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**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE**      \$ 460.80      \$ \_\_\_\_\_      \$ 460.80  
 (unsecured) (secured) (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**

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).  
 \_\_\_\_\_

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

Fleming Companies Claim  
 04750

**See Other Side For Instructions**

# Ivy Corporation

**Invoice 14857**

Invoice Date 03/28/03

P O Box 596  
West Caldwell NJ 07007

Telephone 973/575-1992 FAX 973/575-6164

**Bill To**

FLEMING MEMPHIS CCP GMD - A/P  
P O BOX 268865  
OKLAHOMA CITY OK 73126-8865

**Ship To**

FLEMING COMPANIES, INC  
GENERAL MERCHANDISE DIVISION  
4688 HUNGERFORD  
MEMPHIS TN 38118

Customer	Ship Via	F O B		Terms		
FLOK01	UPS	Fairfield		NET 30		
Purchase Order Number			Salesperson	Order Date	Our Order Number	
644959-mg				03/26/03	13860	
Quantity Ordered	Quantity Shipped	Item Number	Unit of Measure	Unit Price		Extended Price
	Back Ordered	Item Description		Discount %	Tax	
144	144	LO	EA	3 20	N	460 80
	0	Ivy-Dry 4oz Lotion UPC#12126-100-04				
Nontaxable Subtotal 460 80 Taxable Subtotal 0 00 Tax 0 00 <b>Total Invoice 460 80</b>						