

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Delaware</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <u>Fleming Foods Mgmt Co LLC</u>		Case Number <u>03-10957</u>
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) <u>Road Equipment Parts Center</u>		<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent <u>Road Equipment PO Box 9484 Grand Rapids MI 49509</u> Telephone number <u>(616) 878-3633</u>		
Account or other number by which creditor identifies debtor		THIS SPACE IS FOR COURT USE ONLY
		Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends
<b>1 Basis for Claim</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<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 _____ (date) to _____ (date)		
<b>2 Date debt was incurred</b> <u>3-4-03 / 3-10-03</u>		<b>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <u>289 94</u>		
If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below <input 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)(____) *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.
<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>FILED</b> AUG 18 2003 <b>BMC</b>
<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 <u>8-12-03</u>	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). <u>Daniel J. Wood VP</u>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 1573		





ROAD EQUIPMENT PARTS CENTER

2650 UNIVERSITY AVENUE  
ST PAUL MN 55114  
651-645-7731

INVOICE DATE		03/04/2003 03 15PM
INVOICE NO	A230630064	PAGE 1
CUSTOMER NO	32303	* BRANCH A*

FLEMING FOODS  
SOLD TO 3501 MARSHALL N E  
MINNEAPOLIS MN 55418

FLEMING FOODS  
SHIP TO 3501 MARSHALL N E  
MINNEAPOLIS MN 55418

CUSTOMER PO	REFERENCE NO			
OPTIONAL	957402	(000) 781-8051	15	106/15 164
			PRICE/PR	EXTENSION
1 AS	4100213	*TO BE DELIVERED* AIR CYL FOR 5TH WHL DELIVER WITH OTHER PART FROM FARGO	135 49EA	135 49
REMIT ADDRESS ROAD EQUIPMENT PARTS CENTER P O BOX 9489 GRAND RAPIDS MI 49509				
FREIGHT	SUBTOTAL	TAX STATUS STATE	SALES TAX	PLEASE PAY
	135 49	TAXABLE MN	9 48	144 97
				(00) NET 10TH

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2650 UNIVERSITY AVENUE  
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INVOICE DATE		03/10/2003 10 28AM	
INVOICE NO		A230690049 1 PAGE	
CUSTOMER NO	* BRANCH		
32303	* A*		

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			PRICED PER	EXTENSION	
1 AS	4100213	*TO BE DELIVERED* AIR CYL FOR 5TH WHL TORRENCE DELIVER	135 49EA	135 49	
REMIT ADDRESS ROAD EQUIPMENT PARTS CENTER P O BOX 9489 GRAND RAPIDS MI 49509					
WEIGHT		SUBTOTAL	TAX STATUS/STATE	SALES TAX	PLEASE P
		135 49	TAXABLE MN	9 48	144 97
					(OO) NET 10TH