

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

**PROOF OF CLAIM**



s138548

Scheduled Claim Ref # 2-F2-26174

**YOUR CLAIM IS SCHEDULED AS**

\$433.04 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**  
  
0354429393744  
  
ERIE TIMES NEWS  
205 W 12TH STREET  
ERIE PA 16534

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 *(814) 8701616*

CREDITOR TAX ID #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
*B0008715*

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) *NEWSPAPER ADVERTISING*      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**      \$ *433.04*      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

(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

THIS SPACE FOR COURT USE ONLY

**FILED**

**AUG 18 2003**

**BMC**

DATE SIGNED  
*8/13/03*

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).

*Credit Manager*  
*Debra A McGraw*  
**DEBRA A MCGRAW**

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

08/13/03  
Wednesday

Customer Status  
TIMES PUBLISHING COMPANY

8 35 08 AM  
Ad Management

CUSTOMER R0008715	CURRENT	00	00
FLEMING	AGE PERIOD1	00	00
PO BOX 470	AGE PERIOD2	00	00
ALTOONA PA 16603-0470	AGE PERIOD3	00	00
	AGE PERIOD4-6	433 04	00
	BALANCE	433 04	00
CUST NAME			
START 03/01/03	AGING DATE	08/13/2003	
PHONE (814) 944-9374	CREDIT CODE	BANKRUPT	
FAX (814) 944-6558	CREDIT LIMIT	0	
CONTACT	PERIOD ADS	00	
PHONE	FUTURE ADS	00	
DEPOSITS 00	LAST PAY DATE		
	LAST PAY	00	
ACCEPT CREDIT CARD? n	UNAPPLIED	00	
MULTI BILL SOURCE? y			
GROUP MEMBER? n			

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Options Customer Data Output End

Select with arrow keys/RETURN, or by pressing first letter of option

08/13/03  
Wednesday

Invoices  
TIMES PUBLISHING COMPANY

8 35 11 AM  
Ad Management

CUSTOMER

R0008715

FLEMING

INVOICES

INVOICE	INV DATE	TYPE	DESCRIPTION	ORIGINAL	DISCOUNT	BALANCE
23430937	03/31/03	inv	Department C	433 04	00	433 04

Select with arrow keys Press RETURN for details  
Press F1 or F4 to end viewing

CUSTOMER R0008715 FLEMING

INV DATE	COMP	SOURCE	INVOICE	DESCRIPTION	ORIGINAL	DISCOUNT	BALANCE
03/31/03	TPC	CLASSMONTH	23430937	Department CL	433	00	433 04
010	R0008715	C	03/23/03 1056581	MERCHANDISERS	8 000	CMDE	433 04

Arrow keys page up/down, F4 to Exit