

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

PROOF OF CLAIM



Bar Date Ref #

In re *FLEMING COMPANIES, INC.
et al.*

Case Number

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
- 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

Name of Creditor and Address

0354653000000

Elko County Treasurer
571 Idaho St
Elko NV 89801-3786

Creditor Telephone Number () *775 738 5694*

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

CREDITOR TAX I D #
00160 001

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

<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U S C § 1114(a)
<input type="checkbox"/> Services performed	<input checked="" type="checkbox"/> Taxes	<input type="checkbox"/> Wages salaries and compensation (Fill out below)
<input type="checkbox"/> Money loaned	<input type="checkbox"/> 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

\$ 37,338.75	\$ _____	\$ <i>37,338.75</i>	\$ <i>37,338.75</i>
(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

THIS SPACE FOR COURT

FILED

AUG 18 2003

BMC

Fleming Companies Claim



05066

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

DATE SIGNED
8-12-03

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)

*Gregory E. Salicchi
Elko County Treasurer*

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

For Year 03-04 Treasurer's COLLECTION File Inquiry Roll No 13826
Parcel Info 001 660 001 FLEMING COMPANIES INC 2235 FARADAY AVE STE O
Property Description PARCEL 1 FILE 188745 16/34/55
Dist 001 ELKO CITY Tax Area 011 ELKO CITY
CORTAC Tax Rate 3 2962

Assessed Valuations	Special Taxes	TOTAL TAX DUE
Land 205,660		Ad Valorem 21,199 84
Improvements 437,500		Special 00
Pers Prop 0		Tot Current 21,199 84
Livestock 0		Prior Tax 10,244.72
Utilities 0		All Pens,etc 894 19
Exemptions 0		

Payment Status:	DUE	PAID	DATE PAID	TOTAL DUE	TOTAL PAID	CUR YR PEN	BAL DUE
Installment 1	5,299 96	00		32,338 75	.00	.00	
Installment 2	5,299 96	00					
Installment 3	5,299 96	00					
Installment 4	5,299 96	00					
Prior Tax	10,244 72	00	0/00/00				
(Inst's 4)	-----	-----					
	31,444 56	00					

Reversal Amt
" Date
" Desc
Delinquent Taxes, 2003
F5=View Delinquent Tax Record

For Previous Screen Press ENTER Key