

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

PROOF OF CLAIM



661364

Bar Date Ref # 1-NV-5232

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.

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.

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

Name of Creditor and Address

Kent Fixture Corp
10 Keith Way
Hingham MA 02043

0354653661364

Creditor Telephone Number (781) **749-6757**

CREDITOR TAX ID #
04-2662830

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces or amends a previously filed claim dated _____

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 3/26/03 **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 4020.64 \$ _____ \$ _____ \$ _____
 (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 19 2003
BMC

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)
Nancy Klimchuk, Acct Payable Nancy Klimchuk, Acct Payable

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
 05260

See Other Side For Instructions



CORE-MARK INTERNATIONAL INC.

Check No 904084518
50-937

395 Oyster Point Blvd
Suite 415
So San Francisco, CA 94080

JPMORGAN CHASE BANK
6040 TARBELL ROAD

DATE 2003 APR 03 2003

SYRACUSE, NY 13206

DO NOT REDEPOSIT
RETURN TO FED UTICA
FOR REASON INDICATED BELOW
REFER TO MAKER AMOUNT \$
APR 03 2003
RETURNED BY JPMORGAN CHASE BANK 5232

*****4,020 64

Pay to the Order of

KENT FIXTURE CORP
10 KEITH WAY
HINGHAM, MA 02043

[Signature]
TREASURER

011500120

010022224 0533 0533 22 00000402064

⑈904084518⑈ ⑆ ⑆309379⑆ ⑆00000402064⑈

RETURNED DEPOSITED ITEM NOTICE

DATE 04-04-03

AMOUNT	REASON	MAKER	FEE	REFERENCE #
4,020 64	REFER TO MAKER		7 00	000021085704

4,020 64	TOTAL FOR	1 ITEMS	TOTAL FEE	7 00
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THE ITEM(S) SHOWN ABOVE WAS DEPOSITED TO YOUR CITIZENS ACCOUNT, BUT IT HAS BEEN RETURNED UNPAID FOR THE REASON INDICATED WE HAVE ENCLOSED THE ITEM AND SUBTRACTED THE AMOUNT FROM YOUR ACCOUNT BALANCE, AS WELL AS CHARGED YOUR ACCOUNT THE ITEM FEE PLEASE UPDATE THE BALANCE IN YOUR ACCOUNT THANK YOU

THE KENT FIXTURE CORP
10 KEITH WAY BOX 180
HINGHAM MA 02043

DEPOSITING ACCOUNT NUMBER 110309-766-8
CHARGE ACCOUNT NUMBER 110309-766-8

CITIZENS BANK CUSTOMER SERVICE
1-800-922-9999



10 5RTPS 102
200-544-1

CITIZENS 4410 91/241/033
FIVERSIDE ST 04012003
0115001204

PRE BOSTON *BOSTON*
010022924 0110-0001-5
010022924 04-04-03

4 0278

021309378

010011001 04 04 0001
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1163697668
Kent Hixler
City of Boston



The KENT Fixture Corporation

DESIGNER AND SUPPLIER OF SELF-SERVICE EQUIPMENT
10 Keith Way • Hingham, MA 02043 • (781) 749-6757 • Fax (781) 740-4291

INVOICE NO 4403
CUSTOMER NO
PRODUCTION NO

BILL TO
Core-Mark International
Attn: Kim Christianson
PO Box 2654
Salt Lake City, UT 84125-0547

SHIP TO
Silver Creek Junction
6065 Silver Creek Road
Park City, UT 84098

INVOICE DATE	1/28/2003	SHIP DATE	1/28/2003	ORDER DATE		FREIGHT TERMS	3rd Party	SMN	J*W	FOR MFG PLANT	<input checked="" type="checkbox"/>		
PYMT TERMS	Net 30 Days	CUSTOMER'S ORDER NO	71-751	SHIP VIA			Yellow Freight	INSTALLATION		KENT	<input type="checkbox"/>	CUSTOMER	<input checked="" type="checkbox"/>

QTY	DESCRIPTION	COLOR	UNIT PRICE	EXTENDED PRICE
1	Lot of Steel Shelving As Per The Attached		3,598.84	3,598.84

Subtotal	\$3,598.84
Sales Tax (0.0%)	- \$0.00
Invoice Total	\$3,598.84
Payments/Credits	\$0.00
Balance Due	\$3,598.84

Price does not include delivery, installation or sales tax unless otherwise specified

CLAIMS NOTICE

All packages listed above were received by carrier in good condition. The responsibility for undamaged delivery to you is the carrier's. If shipment is not delivered in good order or not in quantity shown on Bill of Lading, note damage or shortage on carrier's receipt and **FILE CLAIM WITH CARRIER**. Open and inspect all shipments within 5 days and immediately report concealed damage to carrier. After the inspector gives you a bad order report, **FILE YOUR CLAIM WITH THE CARRIER**.

ALL OVERDUE ACCOUNTS SUBJECT TO SERVICE CHARGE OF 1 1/2% PER MONTH (18% PER ANNUM) CHARGED AFTER 30 DAYS

CONTROLLER



The KENT Fixture Corporation

DESIGNER AND SUPPLIER OF SELF-SERVICE EQUIPMENT
10 Keith Way • Hingham, MA 02043 • (781) 749-6757 • Fax (781) 740-4291

INVOICE NO 00004235

CUSTOMER NO CORE-MARK

PRODUCTION NO

BILL TO
Core-Mark International
Attn: Kim Christenson
PO Box 26547
Salt Lake City, UT 34125-0547

SHIP TO
Core-Mark International
3130 South 1030 West
Salt Lake City UT 34119

INVOICE DATE 1/9/03	SHIP DATE 1/9/03	ORDER DATE 12/31/02	FREIGHT TERMS Prepaid & Add	SMN IV	FOR MFG PLANT <input type="checkbox"/>
PYMT TERMS Net 30	CUSTOMER'S ORDER NO 71-1026710	SHIP VIA UPS		INSTALLATION KENT <input type="checkbox"/> CUSTOMER <input checked="" type="checkbox"/>	

QTY	DESCRIPTION	COLOR	UNIT PRICE	EXTENDED PRICE
50	HDL 48100 Ivory Shelf Lips		\$4.29	\$214.50

Sub-Total	\$214.50
Freight Charges	\$63.51
Sales Tax	\$0.00
Total	\$278.01
Deposit	\$0.00
Balance Due	\$278.01

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ALL OVERDUE ACCOUNTS SUBJECT TO SERVICE CHARGE OF 1½% PER MONTH (18% PER ANNUM) CHARGED AFTER 30 DAYS

CONTROLLER



The KENT Fixture Corporation

DESIGNER AND SUPPLIER OF SELF-SERVICE EQUIPMENT
10 Keith Way • Hingham, MA 02043 • (781) 749-6757 • Fax (781) 740-4291

INVOICE NO 00003972

CUSTOMER NO CORE-MARK

PRODUCTION NO

BILL TO
Core-Mark International
Attn: Kim Christenson
PO Box 26547
Salt Lake City, UT 84125-0547

SHIP TO
Core-Mark International
3130 South 1030 West
Salt Lake City UT 84119

INVOICE DATE 10/4/02	SHIP DATE 10/4 02	ORDER DATE 9/30/02	FREIGHT TERMS Prepaid & Add	SMN JW	FOR MFG PLANT <input checked="" type="checkbox"/>
PYMT TERMS Net 30	CUSTOMER'S ORDER NO 71-1003670	SHIP VIA UPS		INSTALLATION KENT <input type="checkbox"/> CUSTOMER <input checked="" type="checkbox"/>	

QTY	DESCRIPTION	COLOR	UNIT PRICE	EXTENDED PRICE
25	HDL 48"00 Shelf L ps 4' x 1' - Ivory		\$4.29	\$107.25

Sub-Total	\$107.25
Freight Charges	\$36.54
Sales Tax	\$0.00
Total	\$143.79
Deposit	\$0.00
Balance Due	\$143.79

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ALL OVERDUE ACCOUNTS SUBJECT TO SERVICE CHARGE OF 1 1/2% PER MONTH (18% PER ANNUM) CHARGED AFTER 30 DAYS

CONTROLLER