UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

672464
Bar Date Ref # 1 NV-61505

In re
Fleming Companies, Inc., etal.,

Case Number
03-10945 (MFW)

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

0354653672464

Elizabethtown Tourism &
Convention Bureau
1030 N Mulberry St
Elizabethtown KY 42701

Creditor Telephone Number (270) 765-2175

CREDITOR TAX I D #
61-0908385

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
022403-1

Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM

☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensation (Fill out below)
Your social security number _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED JAN 30-31, 2003

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 347 90	$	$	$ 347.90
(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 USE ONLY

FILED
AUG 19 2003
BMC

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)
Connie Jolly Connie Jolly Administrative Asst

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
05284

See Other Side For Instructions

Elizabethtown
Tourism & Convention Bureau

Invoice Number: 022403-1 **Invoice Date:** 2/24/2003

Fleming Convenience
PO Box 4609
Leitchfield, KY 42755

STATEMENT OF CHARGES

Room Charges	**January 30-31, 2003**	**$**	**200.00**
Table Fee	**1.00 each**	**$**	**22.00**
Chair Fee	**.25 each**	**$**	**13.50**
Kitchen Fee		**$**	**50.00**
Coffee/Refreshments		**$**	**53.70**
Security Service Charge		**$**	
Copies		**$**	**8.70**
Subtotal		**$**	**347.90**
	Less Hotel Room Discount	**$**	
	Less Deposit Received	**$**	
BALANCE DUE		**$**	**347.90**

SEND PAYMENT TO:

Elizabethtown Tourism and Convention Bureau
1030 North Mulberry Street
Elizabethtown, KY 42701

DUE AND PAYABLE UPON RECEIPT
THANK YOU

1030 North Mulberry Street • Elizabethtown KY 42701
Phone. 270-765-2175 • 1-800-437-0092 • Fax. 270-737-6568
Web. touretown com • E-Mail· etowntourism@juno com

FLEMING COMPANIES, INC.

Check No 904079616

50-937

213

CORE-MARK

395 Oyster Point Blvd
Suite 415
So San Francisco

JPMORGAN CHASE BANK
6040 TARBELL ROAD
SYRACUSE, NY 13206

DATE 2003-03-17 Days From Date

AMOUNT $*******347.90

RETURN TO FED UTICA
FOR REASON INDICATED BELOW
RETURN TO MAKER
RETURNED TO JPMORGAN CHASE BANK

DO NOT REDEPOSIT

APR 01 2003

Pay to the Order of
ELIZABETHTOWN TOURISM &
CONVENTION BUREAU
1030 N MULBERRY ST
ELIZABETHTOWN, KY 42701

61505

083901100

TREASURER

⑈904079616⑈ ⑆021309379⑆ ⑆01⑈8⑈09668⑈ ⑈0000034790⑈

03/28/03 CITIZENS BANK
083901100
30305002396
0212-0306-1

083000593
5787 0000 021 0403200

0133525065

03/31/02

021309379
PR 0054207444 8719 PK 5
021305001 04/02/2003

MAR 28 03

083901100
FED UTICA
CITIZENS
BANK
ELIZABETHTOWN, KY

003 13897

FOR DEPOSIT ONLY
ACCT 80-1906-1

FIRST CITIZENS BANK
P O BOX 1630
ELIZABETHTOWN, KY 42702-1630
PHONE: 270-769-2301

NOTICE
OF ITEMS CHARGED TO YOUR ACCOUNT

ACCOUNT	DATE
8019061	04/03/03

ELIZABETHTOWN TOURISM &
CONVENTION BUREAU
C/O BARBIE STECK CMPTR BUSN AP
PO BOX 1356
ELIZABETHTOWN KY 42702-1356

006 04 020 ACCOUNT 8019061 DATE: 04/03/03

THE FOLLOWING ITEMS HAVE BEEN RETURNED AND ARE BEING CHARGED BACK TO YOUR ACCOUNT

.....PAYOR.....	.....REASON.....	AMOUNT
FLEMING COMPANIES,IN	REFER TO MAKER	347.90

TOTAL ITEMS CHARGED BACK TO YOUR ACCOUNT 347.90
YOUR ACCOUNT BALANCE AFTER THIS ACTIVITY IS: 76,724.99
PLEASE REFER ALL QUESTIONS ABOUT CHARGEBACKS TO 769-2301

Elizabethtown
Tourism & Convention Bureau

Name/Organization Fleming Convenience Contact Person DEANNA Lashley
Address PO Box 4669 Leitchfield, Ky 42755
Phone (work) (270)259-9341 FAX (270)259-3446 Home (if applicable)
Date(s) requested ~~1/6/03~~ 1/30-1/31/03 Time.
Type of meeting

Choice of room (from the list below) HEARTLAND @ 2 day(s)

Approximate number of people 54	Rate 100 00	$ 200 00
Kitchen fee 2 days	Rate 25.00	50 00
Additional fees TABLES	Rate 22@1.00	22.00
CHAIRS	Rate 54@25	13.50
Coffee & Sodas	Rate	53 70
2@12.00 66@.45		8 70
Copies 87@.10	Subtotal	347.90
	Less Hotel Discount	-
	Less Deposit	-
	TOTAL	$ 347.90

Make checks payable to Elizabethtown Tourism & Convention Bureau

HEARTLAND ROOM RATES	Up to 60 Attendees	$100 00
	61 to 100 Attendees	150 00
	Over 100 Attendees	200 00
AUDIO VISUAL ROOM RATES	24 Attendees chairs only (Maximum 16 people with tables & chairs)	$ 60 00
BOARD ROOM RATES	Maximum 10 people	$125 00
SECURITY SERVICE CHARGE (Meetings scheduled after ETCB operating hours)		$ 18 00/hour
TABLE & CHAIR RATES	Tables - each	$ 1 00
	Chairs - each	.25
KITCHEN FEE (Lessee is responsible for leaving the kitchen clean An additional charge will be levied if not left as found)		$ 25.00
REFRESHMENTS	Coffee	$ 3 00/Pump Pot
	Coffee	$ 6 00/30 Cup Pot
	Coffee	$ 12 00/55 Cup Pot
	Sodas	$ 45 can

Above pricing subject to change.

1030 North Mulberry Street • Elizabethtown KY 42701
Phone 270-765-2175 • 1 800-437-0092 • Fax 270-737-6568
Web touretown com • E-Mail etowntourism@juno com

RULES AND REGULATIONS

- Only licensed and insured caterers will be used.
- No smoking permitted All candles must be enclosed with hurricane-type globes
- Only Post-it flip chart paper permitted on walls Absolutely no tape, pins, staples, or anything that would damage the paint is permitted
- Lessee is responsible for the set-up and removal of all decorations, equipment, debris and other items not furnished by ETCB.
- Outside signs and banners, overnight camping, and alcoholic beverages are prohibited
- Lessee shall reimburse ETCB for all damages to ETCB property caused by Lessee, Lessee's employees, Lessee's agents, or by anyone attending the subject event
- Lessee may be required to obtain a Business License
- ETCB is not responsible for lost or stolen property, or for any accidents or injuries sustained by Lessee employees of Lessee, patron, or any persons attending or traveling to/from function at ETCB facility
- Workman's Compensation Insurance must be provided by Lessee to his/her employees
- A 50% non-refundable deposit is required at least 10 calendar days prior to any meeting
- Payment for the balance of ETCB meeting room rental is due on the date of the meeting

For each day a meeting room is leased, there shall be a 2% discount (up to 50% of the regular meeting room fee) per Elizabethtown motel room leased per night by the meeting group in connection with the subject meeting at ETCB Verification will be required

I agree to the above understanding and further agree to abide by all other rules and regulations set forth by the Elizabethtown Tourism and Convention Bureau.

Lessee signature Date 12-23-02

ETCB representative Date 12-23 02

Fleming Convenience
Kentucky Division
P O Box 4609
Leitchfield, KY 42755-4609

Dear Ma'am or Sir,

We have received an invoice in our office from your company Since our conversion with the Core-Mark software system, we are unable to process this invoice for payment until we receive a completed W-9 form from your office Please fill out the enclosed form and return it to the address above attn Michelle Paul or fax to (270) 259-6546

Sincerely,
Michelle Paul
A/P Clerk

Elizabethtown
Tourism & Convention Bureau

Fax Cover Sheet

Attention: MICHELLE PAUL

Company: _____

Fax #: 270-259-6546

☐ **Reply ASAP** ☐ **Please Review** ☐ **For Your Information**

Total Pages Including Cover: 2

From: CONNIE 3/11/03

Memo: _____

1030 North Mulberry Street • Elizabethtown KY 42701
Phone: 270-765-2175 • 1-800-437-0092 • **Fax:** 270-737-6568
Web: touretown com • **E-Mail:** etowntourism@juno com

Form **W-9**
(Rev January 2002)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester Do not send to the IRS

Print or type See Specific Instructions on page 2

Name
ELIZABETHTOWN TOURISM & CONVENTION BUREAU

Business name if different from above

Check appropriate box ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☒ Other ▶ CITY ☐ Exempt from backup withholding

Address (number street and apt or suite no)
1030 NORTH MULBERRY STREET

Requester s name and address (optional)

City state and ZIP code
ELIZABETHTOWN, KY 42701

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropr ate box—For individuals this is your social security number (SSN) **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2** For other entities it is your employer identification number (EIN) If you do not have a number see **How to get a TIN** on page 2

Note *If the account is in more than one name see the chart on page 2 for guidelines on whose number to enter*

Social security number
| | | | | | | | | |

or

Employer identification number
6 1 - 0 9 0 8 3 8 5

Part II Certification

Under penalties of perjury I certify that

1 The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) **and**

2 I am not subject to backup withholding because **(a)** I am exempt from backup withholding or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or **(c)** the IRS has notified me that I am no longer subject to backup withholding **and**

3 I am a U S person (including a U S resident alien)

Certification instructions You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return For real estate transactions item 2 does not apply For mortgage interest paid acquisition or abandonment of secured property cancellation of debt contributions to an individual retirement arrangement (IRA) and generally payments other than interest and dividends you are not required to sign the Certification but you must provide your correct TIN (See the instructions on page 2)

Sign Here Signature of U S person ▶ Sherry Murphy Date ▶ 3-11-03

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report for example income paid to you real estate transactions mortgage interest you paid acquisition or abandonment of secured property cancellation of debt or contributions you made to an IRA

Use Form W 9 only if you are a U S person (including a resident alien) to give your correct TIN to the person requesting it (the requester) and when applicable to

1 Certify the TIN you are giving is correct (or you are waiting for a number to be issued)

2 Certify you are not subject to backup withholding or

3 Claim exemption from backup withholding if you are a U S exempt payee

If you are a foreign person use the appropriate Form W 8 See **Pub 515** Withholding of Tax on Nonresident Aliens and Foreign Entities

Note *If a requester gives you a form other than Form W 9 to request your TIN you must use the requester s form if it is substantially similar to this Form W 9*

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31 2001 (29% **after** December 31 2003) This is called backup withholding " Payments that may be subject to backup withholding include interest dividends broker and barter exchange transactions rents royalties nonemployee pay and certain payments from fishing boat operators Real estate transactions are not subject to backup withholding

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN make the proper certifications and report all your taxable interest and dividends on your tax return

Payments you receive will be subject to backup withholding if

1 You do not furnish your TIN to the requester or

2 You do not certify your TIN when required (see the Part II instructions on page 2 for details) or

3 The IRS tells the requester that you furnished an incorrect TIN or

4 The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only) or

5 You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only)

Certain payees and payments are exempt from backup withholding See the instructions on page 2 and the separate **Instructions for the Requester of Form W 9**

Penalties

Failure to furnish TIN If you fail to furnish your correct TIN to a requester you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect

Civil penalty for false information with respect to withholding If you make a false statement with no reasonable basis that results in no backup withholding you are subject to a $500 penalty

Criminal penalty for falsifying information Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment

Misuse of TINs If the requester discloses or uses TINs in violation of Federal law the requester may be subject to civil and criminal penalties