

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

PROOF OF CLAIM



601734

Bar Date Ref # 2-NVM-67410

In re _____ 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.

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

Christine Marks
PO Box 111
Providence KY 42450

0354653601734

Creditor Telephone Number () _____

CREDITOR TAX ID # _____

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
- 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 105-34-1514
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 \$ _____ (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

DATE SIGNED

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)

08-14-03

Christine Marks

THIS SPACE FOR COURT

FILED

AUG 19 2003

BMC

Fleming Companies Claim



05305

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



OppenheimerFunds

FUND OPPENHEIMER STRATEGIC INCOME FUND B
STATEMENT OF ACCOUNT AS OF 01/14/97

DEALER NUMBER 7887 18 0018
REP NAME RIDLEY DAVID C
A. E NUMBER 025
DEALER

ACCOUNT NUMBER 231 2312330493

CHRISTINE MARKS &
BARBARA MENSER
JT TEN WROS NOT TC
13993 STATE ROUTE 120
PROVIDENCE KY 42450-5105

WEDGEWOOD PARTNERS INC
C/O CITIZENS BANK
149 S MAIN ST
MADISONVILLE KY 42431-2555

TRANSACTION DATE	TYPE OF TRANSACTION	DOLLAR AMOUNT OF TRANSACTION	SHARE PRICE	SHARES THIS TRANSACTION	TOTAL SHARES OWNED
011497	SHARES PURCHASED	1700000	492	3455285	3455285

DISTRIBUTION OPTIONS	DIVIDENDS/SHORT-TERM CAPITAL GAINS REINVEST	LONG-TERM CAPITAL GAINS REINVEST	CERTIFICATED SHARES 000	BOOK SHARES 3,455,285
YEAR TO DATE DIVIDENDS \$0 00	YEAR-TO-DATE SHORT-TERM CAPITAL GAINS \$0 00	YEAR-TO-DATE LONG TERM CAPITAL GAINS \$0 00	TOTAL YEAR TO DATE DISTRIBUTIONS \$0 00	

PLEASE RETAIN THIS STATEMENT AS A RECORD OF YOUR TRANSACTIONS PLEASE DO NOT USE THE ABOVE FIGURES FOR TAX PURPOSES.

YOU MAY PAY A SALES CHARGE WHEN SELLING YOUR SHARES. SEE YOUR FUND'S PROSPECTUS FOR THE SALES CHARGE AND OTHER FEES. THERE IS NO SALES CHARGE ON SHARES PURCHASED WITH REINVESTED DIVIDENDS.

AS OF 01/14/97, YOU OWN 3,455,285 SHARES AND THE VALUE OF YOUR SHARES IS \$17,000.00

WELCOME TO OPPENHEIMERFUNDS. ENCLOSED YOU'LL FIND YOUR COPY OF OUR SHAREHOLDER GUIDE WHICH CONTAINS ALL THE INFORMATION YOU NEED FOR SIMPLE AND STRAIGHTFORWARD INVESTING.

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Oppenheimer Strategic Income Fund B

TO MAKE AN ADDITIONAL PAYMENT

PLEASE COMPLETE THIS STUB AND RETURN IT WITH YOUR CHECK MADE PAYABLE TO THE FUND LISTED ABOVE MAIL STUB AND CHECK TO P O BOX 173672 DENVER CO 80217-3672

17000

CHRISTINE MARKS &
BARBARA MENSER
JT TEN WROS NOT TC
13993 STATE ROUTE 120
PROVIDENCE KY 42450-5105

AMOUNT OF PAYMENT \$ _____
THANK YOU FOR YOUR ADDITIONAL INVESTMENT

FOR CHANGE OF ADDRESS CHECK THIS BOX AND FILL OUT REVERSE SIDE

231 23123304936

NO. _____

1/8/27 19

RECEIVED FROM Christine Marks

Seventeen thousand 00/ DOLLARS

Oppenheimer Fds

Account Total \$ _____

Amount Paid \$ 17,000

Balance Due \$ _____

CD Kelley / VP Dan Sr