


<b>United States Bankruptcy Court</b>		<b>PROOF OF CLAIM</b>
District of <u>Delaware</u>		
In re (Name of Debtor) <u>RICHMAR (Food 4 Less)</u>		Case Number <u>03-10972</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor <i>(The person or entity to whom the debtor owes money or property)</i> <u>Ghirardelli Chocolate</u>		<input type="checkbox"/> 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.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and Addresses Where Notices Should be Sent <u>Dept #01602</u> <u>SAN FRANCISCO, CA 94139</u>		
Telephone No <u>510-297-2682</u>		
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR <u>12795</u>		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____
<b>1 BASIS FOR CLAIM</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) _____  <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from _____ (date) to _____ (date)		
<b>2 DATE DEBT WAS INCURRED</b> <u>11/26/01</u>		<b>3 IF COURT JUDGMENT DATE OBTAINED</b>
<b>4 CLASSIFICATION OF CLAIM</b> Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority (2) Unsecured Priority (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.		
SECURED CLAIM \$ _____ Attach evidence of perfection of security interest. Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) _____  Amount of arrearage and other charges included in secured claim above if any \$ _____  <input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ <u>42595.20</u> A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.		<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$2000) earned not more than 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) <input type="checkbox"/> Contributions to an employee benefit plan—U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—11 U.S.C. § 507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units—11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other—11 U.S.C. §§ 507(a)(2), (a)(5)—(Describe briefly) _____
<b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ <u>42595.20</u> (Unsecured)    \$ _____ (Secured)    \$ _____ (Priority)		\$ <u>42595.20</u> (Total)
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.		
<b>6 CREDITS AND SETOFFS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY <b>FILED</b> AUG 25 2003 BMC Fleming Companies Claim  06274
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
<b>8 TIME-STAMPED COPY</b> To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <u>8/21/02</u>	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). <u>[Signature]</u> CFO <u>JURGEN AUERBACK</u>	

R03B4201B  
GCC0001

Ghirardelli Chocolate Company  
A/R Details with Aging

4/29/2003 12 53 24  
Page 1  
Aging Date 4/29/2003

Company 00001 Ghirardelli USA

Document		Invoice		Due Date/											
Ty	Number	Company	Item	Date	Check Date	Original Amount	Open Amount	Current	31	60	61	90	91	120	Over 120
	Customer	12795	FOOD 4 LESS WEST VALLEY				Phone Number ( )		Credit Limit	1 00				Insured Credit Limit	
RI	9748	00001	002	11/26/2001	12/26/2001	42 595 20	42 595 20								42 595 20
	Customer	12795	FOOD 4 LESS WEST VALLEY			42 595 20	42 595 20								42 595 20
	Company	00001	Ghirardelli USA		USD	42 595 20	42 595 20								42 595 20
	Grand Total				USD	42,595 20	42,595 20								42,595 20

w/o Bad Debts  
4-29-03

Case #  
Riechman  
03-10972

Ghirardelli Chocolate Company  
**INVOICE**

Page Number - 1

Date -10/22/2001

Customer 12795

Brn/Plt - 800

Related P O

Order Nbr - 11261 SO

Invoice 6968 RI

B O L # 11473

Sold To FOOD 4 LESS-WEST VALLEY  
 ATTN ACCOUNTS PAYABLE  
 1500 WEST 3500 SOUTH  
 WEST VALLEY UT 84119

Ship To FOOD 4 LESS WEST VALLEY  
 ATTN ACCOUNTS PAYABLE  
 1500 WEST 3500 SOUTH  
 WEST VALLEY UT 84119

Ship To Phone# 801 972 5761

Ship To Fax#

Version Name GCC0001F

Tax ID  
 Tax Cert.

Salesperson 13975 ADVANTAGE SALES SLC  
 Shipment Date 10/18/2001 FAX 801 531 1232

Prefix

Request Date 10/23/2001 Customer P O 4321REVISED F O B Freight Collect Ship Inst OLD PACKING

Ln/Rq Dt	Description	Item Number	UM	Ship/Back/Cancel	Price	Extended Price	Tax
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Payment Terms %02

Order Number 11261

1 000	12/12oz SSW Choc Chip Bag 12/12count	64015X	CS S	4176	4176	19 2000	80 179 20	N
10/23/2001	12/12count					Per CS		

Total Weight	Qty Ordered	Qty Shipped	Sales Tax	Total Order
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40089 6000	4176	4176		
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Net Due Date 11/21/2001	Tax Rate 0 %	80 179 20
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Terms 2% 10 NET 30

Discount Available	1 603 58
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Ghirardelli Chocolate Company  
CREDIT MEMO

Page Number 1

Date 11/26/2001

Customer 12795

Brn/Plt 800

Related P O

Order Nbr 15017 C2

Invoice 9748 RI

B O L #

Sold To FOOD 4 LESS-WEST VALLEY  
ATTN ACCOUNTS PAYABLE  
1500 WEST 3500 SOUTH  
WEST VALLEY UT 84119

Ship To FOOD 4 LESS WEST VALLEY  
ATTN ACCOUNTS PAYABLE  
1500 WEST 3500 SOUTH  
WEST VALLEY UT 84119

Ship To Phone# 801 972 5761

Ship To Fax#

Version Name GCC0001F

Tax ID

Salesperson 13975 ADVANTAGE SALES SLC

Prefix

Tax Cert

Shipment Date

FAX 801 531 1232

Request Date 11/21/2001 Customer P O 4321revised F O B Freight Prepaid Ship Inst x product s/ have been net pr

Ln/Rq Dt	Description	Item Number	UM	Ship/Back/Cancel	Price	Extended Price	Tax
Payment Terms %02							
Order Number 15017							
1 000	12/12oz SSW Choc Chip Bag 12/12count	64015X	CS S	4176-	19 2000	80 179 20	N
11/21/2001	12/12count				Per CS		
* Not eligible for Payment Terms Discount *							
2 000	12/12oz SSW Choc Chip Bag 12/12count	64015X	CS S	4176	10 2000	42 595 20	N
11/21/2001	12/12count				Per CS		
* Not eligible for Payment Terms Discount *							
		Total Weight	Qty Ordered	Qty Shipped	Sales Tax	Total Order	

Net Due Date 12/26/2001

Tax Rate 0 %

37 584 00

Terms 2% 10 NET 30



GHIRARDELLI CHOCOLATE COMPANY

August 21, 2003

Bankruptcy Management Corp  
P O Box 900  
El Segundo, Ca 90245-0900

Re Case #03-10944 & 03-10950  
Core-Mark

Clerk of the Court

Please enter the enclosed claim in Bankruptcy Court Case number 03-10944  
and 03-10950 conform the copy and return to us in the enclosed envelope

Very truly yours,

GHIRARDELLI CHOCOLATE CO

Trudy Mooney  
A/R & Credit Supervisor

TM hs  
Enclosure



GHIRARDELLI CHOCOLATE COMPANY

August 21, 2003

Bankruptcy Management Corp  
P O Box 900  
El Segundo, Ca 90245-0900

Re Case #03-10972  
Richmar

Clerk of the Court

Please enter the enclosed claim in Bankruptcy Court Case number 03-10972  
conform the copy and return to us in the enclosed envelope

Very truly yours,

GHIRARDELLI CHOCOLATE CO

Trudy Mooney  
A/R & Credit Supervisor

TM hs  
Enclosure