UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PROOF OF CLAIM
In re Fleming Companies, Inc	Case Number 03-10945

s133599

Scheduled Claim Ref # 2-F2-21225

YOUR CLAIM IS SCHEDULED AS

$10 260 83 UNSECURED

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 o an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

0354429396615

GALDERMA LABORATORIES L P
22113 NETWORK PLACE
CHICAGO IL 60673

Creditor Telephone Number (817) 961-5000

☐ 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

The amounts reflected above constitute your claim as scheduled by the Debtor If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed

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 #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____
75-2847140		

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 7/29/02 - 3/27/03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE $ 11,905 20 (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 25 2003
BMC

Fleming Companies Claim
06358

DATE SIGNED 8-19-03

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)

Quintin Cassady, Secretary

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

[illegible] ...ories, Inc.

[illegible]

[illegible]

[illegible] INCORPORATED
[illegible] GAS DIVISION
P.O. BOX [illegible]
OKLAHOMA CITY, OK [illegible]

Account Number	Item #
[illegible]	[illegible]

Check Number	Check Date	Check Amount
[illegible]	[illegible]-JUL-[illegible]	$1,[illegible]

Customer Reference	Deduction Description	Deduction Amount
[illegible]	Miscellaneous Deduction	$[illegible]

1-27 Emailed

[illegible]

3M DENTAL Laboratories, Inc. Date: [illegible]

Unidentified Deductions

Item Date: 12-AUG-02

FLEETING INCORPORATED
LTH/DALLAS GRO DIVISION
P O BOX 1628[illegible]

OKLAHOMA CITY, OK 73[illegible]-6261

Account Number	Item #
3[illegible]162	50[illegible]

Check Number	Check Date	Check Amount
25700573	09-AUG-02	$507.61

8-6-02

Customer Reference	Deduction Description	Deduction Amount
5[illegible]1003[illegible]	Miscellaneous Deduction	$103.00

JV

For This Amount: $103.00

Item History

Open Items | Customer Payments | Customer Accounts | Search | Invoice View

TRANSACTION

Item Number: 9041553

Reference: 100207/HAWAII

Ship To: 043116
FLEMING GMD WEST
SACRAMENTO CA 95826

Bill To: 043116
FLEMING GMD WEST
OKLAHOMA CITY OK 73126-880

Type: CB

Date: 06-NOV-02

Due Date: 06-DEC-02

Orig. Amount Due: 33 85

Open Amount: 33 85

Discount Taken:

Amount Adjusted:

Batch:

Open (Y/N): Y

PAYMENT

Item Type	Item Number	Batch	GL Date	Date	Amount

CHARGEBACK

Reason	Item Number	Amount	Date	Reference

ADJUSTMENT

Reason	Account	Amount	JV Batch	Reference	GL Date

[illegible]

[illegible]

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[illegible]	[illegible]	[illegible]

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[illegible]

Customer Reference	Deduction Description	Deduction Amount
[illegible]	[illegible]	[illegible]

[illegible] Labor [illegible], Inc. Date: [illegible]

Charged Deductions

Iter Date: 17-MAR-07

TLEMCO CONFORMES INC
STE TURF-A GRT DIVISION
[illegible]

Account Number [illegible]

Items [illegible]

OKLAHOMA CITY, OK [illegible]

Check Number	Check Date	Check Amount
[illegible]	15-MAR-07	[illegible]

Customer Reference	Deduction Description	Deduction Amount
[illegible]	Miscellaneous Deduction	[illegible]

For This Amount: $[illegible]

GALDERMA

GALDERMA LABORATORIES L P

FORT WORTH, TEXAS • PHONE (800) 547 4934

ACCOUNTING INVOICE

ACCOUNT NUMBER	INVOICE DATE MO	DAY	YEAR	INVOICE NUMBER
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

TERMS: [illegible] DAYS FROM INVOICE DATE

SHIP TO [illegible]

SOLD TO [illegible]

ALL CLAIMS FOR SHORTAGES OR SHIPPING ERRORS MUST BE MADE TO GALDERMA SHIPPING POINT WITHIN 30 DAYS OF INVOICE DATE

PLEASE PAY BY INVOICE

THIS INVOICE PAYABLE — 22113 NETWORK PLACE CHICAGO IL 60673 1221

DESCRIPTION	PRODUCT CODE	QUANTITY DOZENS	QUANTITY UNITS	PRICE	AMOUNT
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Galderma hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Food Drug and Cosmetic Act or is an article which may not under the provisions of section 404 505 or 512 of the Act be introduced into interstate commerce
All returns except for our errors must be shipped prepaid to San Antonio and include our representatives written recommendation
All allowances or adjustments subject to Galderma Laboratories L P approval

GALDERMA LABORATORIES L P

PAY THIS AMOUNT ▶ [illegible]

IMPORTANT DETACH HERE FOR PROPER CREDIT RETURN THIS SLIP WITH YOUR REMITTANCE TO

GALDERMA
GALDERMA LABORATORIES L P
22113 NETWORK PLACE
CHICAGO IL 60673 1221

REMITTANCE ADVICE

ACCOUNT NUMBER	INVOICE DATE	INVOICE NO
[illegible]	[illegible]	[illegible]

PLEASE REFER TO THIS NUMBER WITH YOUR PAYMENT

TO EARN CASH DISCOUNT CHECK SHOULD BE RECEIVED BY DUE DATE [illegible]

CASH DISCOUNT CALCULATION

GROSS	[illegible]
DISCOUNT	[illegible]
NET	[illegible]

GALDERMA

GALDERMA LABORATORIES L P
FORT WORTH, TEXAS • PHONE (800) 547 4934

ACCOUNTING INVOICE

ACCOUNT NUMBER	INVOICE DATE MO	DAY	YEAR	INVOICE NUMBER
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

TERMS [illegible] FROM INVOICE DATE

SHIP TO [illegible]

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GALDERMA LABORATORIES L P

PAY THIS AMOUNT ▶ [illegible]

IMPORTANT DETACH HERE FOR PROPER CREDIT
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GALDERMA LABORATORIES L P
22113 NETWORK PLACE
CHICAGO IL 60673 1221

REMITTANCE ADVICE

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ACCOUNT NUMBER	INVOICE DATE	INVOICE NO
[illegible]	[illegible]	[illegible]

TO EARN CASH DISCOUNT CHECK SHOULD BE RECEIVED BY DUE DATE [illegible]

CASH DISCOUNT CALCULATION

GROSS	[illegible]
DISCOUNT	[illegible]
NET	[illegible]

FORM #4040 GALDERMA INVOICE

GALDERMA

GALDERMA LABORATORIES L P
FORT WORTH, TEXAS • PHONE (800) 547 4934

ACCOUNTING INVOICE

Number To Pay

ACCOUNT NUMBER	INVOICE DATE MO	DAY	YEAR	INVOICE NUMBER
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
TERMS: FROM INVOICE DATE	[illegible]			

SHIP TO [illegible]

SOLD TO [illegible]

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DESCRIPTION	PRODUCT CODE	QUANTITY DOZENS	QUANTITY UNITS	PRICE	AMOUNT
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GALDERMA LABORATORIES, L P

PAY THIS AMOUNT ▶ [illegible]

IMPORTANT: DETACH HERE FOR PROPER CREDIT RETURN THIS SLIP WITH YOUR REMITTANCE TO:

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CHICAGO IL 60673 1221

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ACCOUNT NUMBER	INVOICE DATE	INVOICE NO
[illegible]	[illegible]	[illegible]

TO EARN CASH DISCOUNT CHECK SHOULD BE RECEIVED BY DUE DATE [illegible]

CASH DISCOUNT CALCULATION

GROSS	[illegible]
DISCOUNT	[illegible]
NET	[illegible]

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FORT WORTH, TEXAS • PHONE (800) 547 4934

ACCOUNTING INVOICE

ACCOUNT NUMBER	INVOICE DATE MO.	DAY	YEAR	INVOICE NUMBER
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TERMS
FROM INVOICE DATE [illegible]

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GALDERMA LABORATORIES L P

PAY THIS AMOUNT ▶ [illegible]

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GALDERMA LABORATORIES L P
22113 NETWORK PLACE
CHICAGO IL 60673 1221

REMITTANCE ADVICE

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ACCOUNT NUMBER	INVOICE DATE	INVOICE NO
[illegible]	[illegible]	[illegible]

TO EARN CASH DISCOUNT CHECK SHOULD BE RECEIVED BY DUE DATE [illegible]

CASH DISCOUNT CALCULATION	
GROSS	[illegible]
DISCOUNT	[illegible]
NET	[illegible]

FORM #4040 GALDERMA INVOICE

Shipper's No

FLEMING COMPANIES INC
4688 HUNGERFORD
MEMPHIS, TN 38118

160923

036621 03 05 03 2275502

2% 30 DAYS, NET 31 DAYS

FLEMING COMPANIES INC
CTP/MEMPHIS GMD
P O BOX 268865
OKLAHOMA CITY, OK 73126-8865

PO NUMBER 547795-MG

CETAPHIL GENTLE CLEANSER 16 OZ	0299392116	4	7 10	340 80
CETAPHIL CLEANSING BAR 4 5 OZ	0299392304	22	2 35	620 40

8591/8237

DIRECT ALL PURCHASE ORDERS AND INQUIRIES TO GALDERMA LABS, 14501 N FREEWAY, FORT WORTH, TEXAS 76177

961 20

961 20
(19 22)
941 98

036621 03 05 03 2275502 04-APR-03

GALDERMA

GALDERMA LABORATORIES L P

FORT WORTH, TEXAS • PHONE (800) 547 4934

ACCOUNTING INVOICE

Shipper & Inc.

DALLAS

SHIP TO

[illegible]

SOLD TO

[illegible]

ACCOUNT NUMBER	INVOICE DATE MO	DAY	YEAR	INVOICE NUMBER
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

TERMS: FROM INVOICE DATE [illegible]

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PLEASE PAY BY INVOICE

THIS INVOICE PAYABLE — 22113 NETWORK PLACE CHICAGO IL 60673 1221

DESCRIPTION	PRODUCT CODE	QUANTITY DOZENS	QUANTITY UNITS	PRICE	AMOUNT
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All allowances or adjustments subject to Galderma Laboratories L P approval

GALDERMA LABORATORIES L P

PAY THIS AMOUNT ▶ [illegible]

IMPORTANT: DETACH HERE FOR PROPER CREDIT. RETURN THIS SLIP WITH YOUR REMITTANCE TO:

GALDERMA
GALDERMA LABORATORIES, L.P.
22113 NETWORK PLACE
CHICAGO, IL 60673 1221

REMITTANCE ADVICE

PLEASE REFER TO THIS NUMBER WITH YOUR PAYMENT

ACCOUNT NUMBER	INVOICE DATE	INVOICE NO
[illegible]	[illegible]	[illegible]

TO EARN CASH DISCOUNT CHECK SHOULD BE RECEIVED BY DUE DATE [illegible]

CASH DISCOUNT CALCULATION	
GROSS	[illegible]
DISCOUNT	[illegible]
NET	[illegible]

GALDERMA

GALDERMA LABORATORIES L P
FORT WORTH, TEXAS • PHONE (800) 547 4934

ACCOUNTING INVOICE

[illegible] No.

ACCOUNT NUMBER	INVOICE DATE MO	DAY	YEAR	INVOICE NUMBER
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

TERMS: [illegible]
FROM INVOICE DATE

SHIP TO [illegible]

SOLD TO [illegible]

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GALDERMA LABORATORIES L P

PAY THIS AMOUNT ▶ [illegible]

IMPORTANT: DETACH HERE
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GALDERMA LABORATORIES L P
22113 NETWORK PLACE
CHICAGO IL 60673 1221

REMITTANCE ADVICE

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ACCOUNT NUMBER	INVOICE DATE	INVOICE NO
[illegible]	[illegible]	[illegible]

TO EARN CASH DISCOUNT CHECK SHOULD BE RECEIVED BY DUE DATE [illegible]

CASH DISCOUNT CALCULATION	
GROSS	[illegible]
DISCOUNT	[illegible]
NET	[illegible]

FORM #4040 GALDERMA INVOICE

Shipper's No

FLEMING GMD WEST
8301 FRUITRIDGE ROAD
SACRAMENTO, CA 95826

163372 043116 03 27 03 2277276

2% 30 DAYS, NET 31 DAYS

FLEMING GMD WEST
CTP/ SACRAMENTO GMD
P O BOX 268864
OKLAHOMA CITY, OK 73126-8864

PO NUMBER 535110-GS

CETAPHIL MOISTURIZING LOTION 16 OZ	0299391816	12	6 58	947 52
CETAPHIL GENTLE CLEANSER 16 OZ	0299392116	2	7 10	170 40
CETAPHIL CLEANSING BAR 4 5 OZ	0299392304	6	2 35	169 20

8572/8216

DIRECT ALL PURCHASE ORDERS AND INQUIRIES TO GALDERMA LABS, 14501 N FREEWAY, FORT WORTH, TEXAS 76177

1,287 12

1,287 12
(25 74)
1,261 38

043116 03 27 03 2277276 26-APR-03