

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

PROOF OF CLAIM



680183

Bar Date Ref # 21-N-54564

In re
Minter-Weisman Co

Case Number
03-10964

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

0354652680183

Morrison Distributing
Dept 96-0121
Oklahoma City OK 73196-0121

Creditor Telephone Number **(405) 946-1900 ext 106**

CREDITOR TAX I D #
73-1382780

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
45544

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

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 _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED **3-25-2003**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ **4,287.64** (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
AUG 25 2003
BMC
Fleming Companies Claim
06365

DATE SIGNED
8/20/03

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)
RELO STZ



**MORRISON DISTRIBUTION
& MARKETING INC.**

Dept 96-0121, Oklahoma City, OK 73196-0121
(800)888-1912 (405)946-1900 FAX (405)946-1920

INVOICE

INVOICE NO 276699
CUSTOMER NO 045544/075709
INVOICE DATE 3/25/2003

ORDER 134664 ORDER DATE 3/24/2003
CUST PO 175-0008850

SALESREP Tony Wood - Wholesalers
SHIP VIA Yellow Freight
FOB Destination
TERMS 1% 10, Net 15

SOLD TO
Gary Beauchamp
Fleming Kentucky Division

PO Box 4609
Leitchfield, KY 42755-4609

SHIP TO
Fleming Kentucky Division
1055 Salt River Rd
Leitchfield, KY 42754-1700

DESCRIPTION	ITEM	PACK	ORDERED	SHIPPED	UNIT PRICE	AMOUNT
X16-99721 BP Helios 16oz H/C	005116	600	4	4	35 26/CS	141 04
X20-99721 BP Helios 20oz H/C	005120	600	25	25	43 21/CS	1080 25
X12S6-11327 Perk Ave 12oz H/C	011170	600	39	39	26 84/CS	1046 76
X16-11327 Perk Ave 16oz H/C	011172	600	28	28	32.16/CS	900.48
X20-11327 Perk Ave 20z H/C	011174	600	29	29	38 59/CS	1119 11
					SUBTOTAL	4287 64
					COD/OTHER	00
					SALES TAX	00
					FREIGHT	
Morrison Distribution & Marketing will accept returns on product that has been damaged or mis-shipped, within 10 days of delivery. To return product and ensure proper credit, please call 1-800-888-1912 for a return authorization number and instructions.						
If paid by 4/04/2003, pay only \$					4244 76	
					INVOICE TOTAL	4287 64

	ITEM	PACK	ORDERED	SHIPPED	UNIT PRICE	AMOUNT
000424476	005116	600	4	4	35 26/CS	141 04
	005120	600	25	25	43 21/CS	1080 25
	011170	600	39	39	26 84/CS	1046 76
SOLD TO	011172	600	28	28	32.16/CS	900 48
Fleming Kentucky Division	011174	600	29	29	38 59/CS	1119 11
PO Box 4609						
Leitchfield, KY 42755-4609						
INVOICE NO	276699					
CUSTOMER NO	00045544					
INVOICE DATE	3/25/2003					
AMOUNT	4287 64					
TRADE DISC	42 88					

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

STRAIGHT BILL OF LADING

DATE 3/25/2003

CONSIGNEE
 Fleming Kentucky Division
 1055 Salt River Rd
 Leitchfield, KY 42754

SHIPPER
 Morrison Distribution Co
 101 NE 16th Street
 Oklahoma City, OK 73104

CUSTOMER PO 175-0008850

UNITS	DESCRIPTION OF ARTICLES	WEIGHT	CLASS
4	X16-99721 BP Helios 16oz H/C	40	65
25	X20-99721 BP Helios 20oz H/C	300	65
39	X12S6-11327 Perk Ave 12oz H/C	293	65
28	X16-11327 Perk Ave 16oz H/C	280	65
29	X20-11327 Perk Ave 20z H/C	348	65
125	*** Totals ***	1261	



SINGLE SHPT	MULTIPLE SHPT	FORN/INT	HOOK	TRAILER NO
	X	X		841179
PKG	CKR	PCS	STKR	
Can 6				

FREIGHT CHARGES
 PREPAID COLLECT
 COD AMOUNT \$ _____
 COD FEE \$ _____

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
 The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

 (Signature of Consignor)

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation

**CALL BEFORE DELIVERY -
 FOR CARRIER CONVENIENCE ONLY
 ALL DRIVERS MUST SIGN FOR PIECE**

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading the property described below in apparent good order, except as noted (contents and condition of packages unknown) marked, consigned and destined as shown above, which said carrier agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CARRIER _____ DRIVER SIGNATURE Morrison 841179 DATE 3/25 PIECES 125
 SHIPPER SIGNATURE _____ DATE _____ mc



YELLOW TRANSPORTATION
(YFSY)
FED ID #44-0594708

1 ORIGINAL DELIVERY RECEIPT

DO NOT WRITE OR STAMP ON BAR CODE

03/27/03
09:18 087

AUTOCODE
009 N
HOLD FOR APPT
270-259-9341

FREIGHT BILL NUMBER
004-281926
BILL DATE **03/25/03**
DEST/ORIG **BOW/DKC**

CHECK DIGIT
4



7 9:00 AM TUC
I/B
TRLR# **011106**

CONSIGNEE
FLEMING
1055 SALT RIVER RD
LEITCHFIELD KY 42754
*** CONSIGNEE PH# **270-259-9341

QUESTIONS? CONTACT CUSTOMER SERVICE 24 HOURS A DAY AT
1-800-610-6500
YOU MAY REQUEST PICKUPS TRACE SHIPMENTS OR LEARN MORE ABOUT OUR OTHER SERVICES AT www.myyellow.com

CHKR PCS DATE
CITY TRLR# DOCK
58364

SHIPPER
MORRISON DISTRIBUTION CO
101 NE 16TH ST
OKLAHOMA CITY OK 73104
*** SHIPPERS PH# ***405-528-1371

SPECIAL INSTRUCTIONS
S+S

LDR PCS DATE
DELIVERED BY
B. Board

PO # **175-0008850**
SHIPPER # **N/S**

PCS DATE
6505 4-1-03

PIECES	PKG	DESCRIPTION	CLASS	WEIGHT LBS	RATE	EXTENSION
6		PALLET(S) (W/125 PCS) PLAST ART CL65 FUEL SURCHARGE WEIGHING & RESEARCH ADJUSTMENT-PPD **** //WRO04WAH692-W **** *** DO NOT SHRINKWRAP---DELIVER INTACT ***		1490	12.50	

Clint Board
125
4-1-03

TTL PCS 6	RECEIVED IN GOOD CONDITION EXCEPT AS NOTED BY X Clint Board	COMPANY NAME	COD AMT PAYABLE BY CASH OR CERTIFIED CHECK UNLESS OTHERWISE NOTED	TTL WEIGHT LBS 1490	PPD/COLL PPD	TTL FREIGHT CH
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