

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

PROOF OF CLAIM



571519

Bar Date Ref # 2-NVM-30559

In re	Case Number
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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.

Name of Creditor and Address

Rock Springs Municipal Utility
212 D St
Rock Springs WY 82901

0354653571519

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.

Creditor Telephone Number (307) 352-1528	CREDITOR TAX ID # 83-6000088	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 32019-2000	Check here <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated _____ if this claim
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1 BASIS FOR CLAIM

<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)
<input checked="" type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input type="checkbox"/> Wages, salaries, and compensation (Fill out below)
<input type="checkbox"/> Money loaned	<input type="checkbox"/> Other (describe briefly)	Your social security number _____

Unpaid compensation for services performed from _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED 2 28 03	3 IF COURT JUDGMENT, DATE OBTAINED
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4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE	\$ 4468 (unsecured)	\$ (secured)	\$ 4468 (unsecured priority)	\$ 4468 (total)
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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.

<p>BY MAIL TO</p> <p>Bankruptcy Management Corporation P O BOX 900 El Segundo CA 90245-0900</p>	<p>BY HAND OR OVERNIGHT DELIVERY TO</p> <p>Bankruptcy Management Corporation 1330 East Franklin Avenue El Segundo CA 90245</p>
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THIS SPACE FOR COURT

FILED

AUG 25 2003

BMC

Fleming Companies Claim

06514

DATE SIGNED 8 18 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) Charlene Z Krezovich, Collections
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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

PREPARED 8/19/03
 PROGRAM UT476L
 CITY OF ROCK SPRINGS

ACCOUNT BILLING HISTORY
 DETAILS

(1/01/03 TO 99/99/99)

CUSTOMER 32819 FLEMING SLC DIVISION
 ATTN MARTHA RICE
 PO BOX 26828
 SALT LAKE CITY UT 84126

LOCATION 2800 401 CENTER ST

BALANCE 44 68

CYCLE/ROUTE 06-01

STATUS F

BUDGET TRANSACTIONS (*)

DATE	TYPE	DESCRIPTION	PREVIOUS BALANCE	CURRENT AMOUNT	BILLED CONSUMPTION	TOTAL BILL AMOUNT
3/31/03	PMT	REVERSED		199 76-	- returned check	
3/24/03	PMT			155 08-	- cred, h	

3/11/03	BILL	FINAL BILL	155 08			199 76
		FP FIRE PROTECTION		19 72		
		WA WATER		24 96	100 00	
		TOTAL ACTUAL CHGS		44 68		

2/26/03	BILL	CYCLE BILL	00			155 08
		FP FIRE PROTECTION		19 72		
		SW SEWER		110 40	4600 00	
		WA WATER		24 96		
		TOTAL ACTUAL CHGS		155 08		
2/17/03	PMT			161 35-		

1/31/03	BILL	CYCLE BILL	00			161 35
		FP FIRE PROTECTION		19 72		
		SW SEWER		110 40	4600 00	
		WA WATER		24 96		
		LATE CHARGE SEWER		4 46		
		LATE CHARGE WATER		1 81		
		TOTAL ACTUAL CHGS		161 35		
1/24/03	PMT			313 26-		

44.68

CONSUMPTION PARAMETERS FOR WATER
 EXCEPTION REPORT FLAG
 CONSUMPTION ESTIMATE 00
 DEMAND CONSUMPTION ESTIMATE 00
 AVERAGE CONSUMPTION 348 24
 AVERAGE DEMAND CONSUMPTION 00
 TOTAL CONSUMPTION 475700 00
 TOTAL DEMAND CONSUMPTION 00
 TOTAL READING DAYS 1366

Account History - Combined Inquiry

Customer ID 32819 Name FLEMING SLC DIVISION
 Location ID 2800 Addr 401 CENTER ST
 Cycle/route 06 01 Amount due 44 68
 Initiation date 6/03/99 Pending 00
 Termination date 3/10/03 Customer/location status F

Type options, press Enter

5=Display

Opt	Trn Type	Trn Date	Description	Amount	Reference Date	Reference Number
	NC REVP	4/15/03	CHAR 041503	199 76	3/31/03	50439
-	OC PMT	3/31/03	APRIL 03310331	199 76-		50439
-	OC PMT	3/24/03	APRIL 03240324	155 08-		49898
-	FB BILL	3/11/03	FINAL BILL	199 76	3/12/03	
-	BL BILL	2/26/03	CYCLE BILL	155 08	3/03/03	
-	MA PMT	2/17/03	APRIL 02170327	161 35-		42903
-	BL BILL	1/31/03	CYCLE BILL	161 35	2/03/03	
-	OC PMT	1/24/03	APRIL 01240324	313 26-		39010
-	BL BILL	12/27/02	CYCLE BILL	313 26	1/02/03	+

F3=Exit F5=Adjustments F7=Pending F8=Charges F9=Print History
 F10=Running total F11=Payments F12=Cancel F24=More keys