

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PROOF OF CLAIM
In re FLEMING COMPANIES, INC., et al	Case Number 03-10945 (MFW)



590546

Bar Date Ref # 2-NVM-55831

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

Cameron & CO
1140 N Town Ctr Dr Ste 320
Las Vegas NV 89144-0596

0354653590546

☐ 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 (702) 259-0536

CREDITOR TAX ID # 88-0396684	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 3384	Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> or amends a previously filed claim dated _____
--	--	--

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** 3/21/03 to 3/30/03 **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE	\$ <u>11,326.80</u>	\$ _____	\$ _____	\$ _____
	(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.

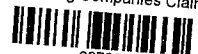
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 p.m., September 15, 2003, Pacific Daylight Time.

THIS SPACE FOR COURT USE ONLY

AUG 27 2003

BMC

Fleming Companies Claim



06769

DATE SIGNED
8/12/03

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)

By: Ronald G. Cameron, CEO

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

Cameron and Company, Inc

1140 N TOWN CENTER DRIVE STE 320
Las Vegas NV 891440596 USA

STATEMENT

FLEMING

Invoice #	Date	Invoice Total	Balance Due	Current	30	60	60 - 90	90 +
18001679	02/26/2003	\$745 00	\$745 00	\$0		\$0	\$0	\$745 00
18001689	02/27/2003	\$496 67	\$496 67	\$0		\$0	\$0	\$496 67
18001696	03/07/2003	\$77 61	\$77 61	\$0		\$0	\$0	\$77 61
18001700	03/07/2003	\$1 241 66	\$1 241 66	\$0		\$0	\$0	\$1 241 66
18001708	03/14/2003	\$496 67	\$496 67	\$0		\$0	\$0	\$496 67
18001717	03/21/2003	\$2 101 35	\$2 101 35	\$0		\$0	\$2 101 35	\$0
18001727	03/28/2003	\$6 167 84	\$6 167 84	\$0		\$0	\$6 167 84	\$0
TOTALS		\$11 326 80	\$11 326 80	\$0 00		\$0 00	\$8 269 19	\$3 057 61



Cameron and Company, Inc.

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An Employee Owned Company
Pharmacist OWNED, OPERATED, and MANAGED

"We Solve Staffing Problems!"

Website www Temp-Pharmacist com
E-Mail Office18@Temp-Pharmacist com

INVOICE

Number	18-001671
Date	21-Feb-03

FLEMING

RAINBOW

Customer FLEMING
ATTN Dick Hayes
PO BOX 268877
C/O MR RANDOLPH
OKLAHOMA CITY, OK 73126-8877

For RAINBOW PHARMACY
Service Attn BILL MEDINA
To 2200 E LOHMAN
LAS CRUCES, NM 88001

Customer P O #
Payment Terms Net Due On Receipt of Invoice

Vendor # 5014428

Order # 596

Work-Date	Description of Service	Type	Hours	Rate	Extended	Total
21-Feb-03	Pharmacist	Reg	5 00	78 000	390 00	390 00
	Friday MCLANE, KATHLEEN 9 00AM-2 00PM / No Meal Break 12 00					
23-Feb-03	Pharmacist	Reg	9 00	78 000	702 00	702 00
	Sunday VENERY, ROBERT 9 00AM-6 00PM / No Meal Break 11 00					
Invoice Sub Total			14 00			1092 00
NM Sales Tax @ 6 1000%						66 89
INVOICE TOTAL						\$1,158 89

Total Invoice is Due and Payable on Receipt

2 000% Interest per month will be charged on invoices Outstanding Over 31 Days

PRIORITY HANDLING PLEASE !!!

**This Wage Item Invoice should be given the same
priority as your own Payroll receives.**

Please Cameron and Company, Inc
Remit 1140 N Town Center Drive, #320
to Las Vegas, NV 89144



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Website www.Temp-Pharmacist.com
E-Mail: Office21@Temp-Pharmacist.com

INVOICE

Number	21-003491
Date	21-Feb-03

FOOD0001

FOOD0001

Customer FOOD 4 LESS
ATTN Tom Strzelczyk
1221 W IRVINGTON RD
TUCSON, AZ 85746

For FOOD 4 LESS
Service Attn Tom Strzelczyk
To 1221 W IRVINGTON RD
TUCSON, AZ 85746

Customer P O.#

Vendor #

Order # 1163

Payment Terms Net Due On Receipt of Invoice

Work Date	Description of Service	Type	Hours	Rate	Extended	Total
22-Feb-03	Pharmacist Regular Service	Reg	9 00	67 500	607 50	607 50
	Saturday PATTERSON, KURT 9 00AM-6 00PM / No Meal Break 7 00					
23-Feb-03	Pharmacist Regular Service	Reg	6 00	67 500	405 00	405 00
	Sunday PATTERSON, KURT 10 00AM-4 00PM / No Meal Break 8 00					
Invoice Sub Total			15 00			1012 50
INVOICE TOTAL						\$1,012 50

Total Invoice is Due and Payable on Receipt

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to: Las Vegas, NV 89144

Remittance Advice

Vendor #	Name		No	8747126441	
5014428	CAMERON & COMPANY		Date: 03/24/2003		
Store	Invoice No	Date	Gross Amount	Ded /Discounts	Net Amount
8926	18001671	02/21/2003	1,158 89	0 00	1,158 89
8823	21003491	02/21/2003	1,012 50	0 00	1,012 50
Check Total			2,171 39	0 00	2,171 39

B-14676
RECEIVED
MAR 28 2003

DETACH BEFORE DEPOSITING

Fleming Companies
Richmar Foods, Inc
DBA Food-4-Less
P O Box 268877
Oklahoma City, OK 73126-8877
Void After 90 Days

Number 8747126441
JPMORGAN CHASE BANK
76903 SAN ANGELO

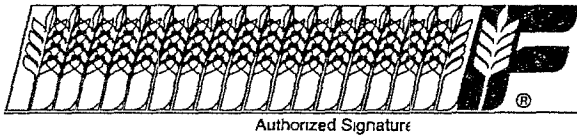
88 88
1113

03/24/2003

PAY TO THE ORDER OF CAMERON & COMPANY
1140 N TOWN CENTER DRIVE SUITE 320
LAS VEGAS NV 89144-0596

THE AMOUNT OF
***** 2,171 39 *
ASK ASK ASK ASK ASK ASK ASK ASK ASK TWO COM ONE SEVEN ONE PER THREE NINE ASK

VOID OVER \$2,171 39





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Website www.Temp-Pharmacist.com
E-Mail Office18@Temp-Pharmacist.com

INVOICE

Number	18-001679
Date	26-Feb-03

Customer FLEMING
ATTN Dick Hayes
PO BOX 268877
C/O MR RANDOLPH
OKLAHOMA CITY, OK 73126-8877

For RAINBOW PHARMACY
Service Attn BILL MEDINA
To 2200 E LOHMAN
LAS CRUCES, NM 88001

Customer P O #
Payment Terms Net Due On Receipt of Invoice

Vendor # 5014428

Order # 596

Work-Date	Description of Service	Type	Hours	Rate	Extended	Total
22-Feb-03	Pharmacist Saturday DIXON, ERNEST 9 00AM - 6 00PM	Reg	9 00	78 000	702 00	702 00
Invoice Sub Total			9 00			702 00
NM Sales Tax @ 6 1000%						43 00
INVOICE TOTAL						\$745 00

Total Invoice is Due and Payable on Receipt

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PRIORITY HANDLING PLEASE !!!

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Website www.Temp-Pharmacist.com
E-Mail Office18@Temp-Pharmacist.com

INVOICE

Number **18-001689**

Date **27-Feb-03**

FLEMING

RAINBOW

Customer FLEMING
ATTN Dick Hayes
PO BOX 268877
C/O MR RANDOLPH
OKLAHOMA CITY, OK 73126-8877

For RAINBOW PHARMACY
Service Attn BILL MEDINA
To 2200 E LOHMAN
LAS CRUCES, NM 88001

Customer P O #.

Vendor # 5014428

Order # 608

Payment Terms Net Due On Receipt of Invoice

Work-Date	Description of Service	Type	Hours	Rate	Extended	Total
02-Mar-03	Pharmacist Sunday MCLANE, KATHLEEN 10 00AM-4 00PM / No Meal Break	Reg	6 00	78 000	468 00	468 00
Invoice Sub Total			6 00			468 00
NM Sales Tax @ 6 1000%						28 67
INVOICE TOTAL						\$496 67

Total Invoice is Due and Payable on Receipt

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Website www.Temp-Pharmacist.com
E-Mail Office18@Temp-Pharmacist.com

INVOICE

Number	18-001696
Date	07-Mar-03

FLEMING

RAINBOW

Customer FLEMING
ATTN Dick Hayes
PO BOX 268877
C/O MR RANDOLPH
OKLAHOMA CITY, OK 73126-8877

For RAINBOW PHARMACY
Service Attn BILL MEDINA
To 2200 E LOHMAN
LAS CRUCES, NM 88001

Customer P O #

Vendor # 5014428

Order # 608

Payment Terms Net Due On Receipt of Invoice

Work-Date	Description of Service	Type	Hours	Rate	Extended	Total
02-Mar-03	Pharmacist Sunday MCLANE, KATHLEEN 4 00PM - 4 45PM	O/T	0 75	97 507	73 13	73 13
Invoice Sub Total			0 75			73 13
NM Sales Tax @ 6 1000%						4 48
INVOICE TOTAL						\$77 61

Total Invoice is Due and Payable on Receipt

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Website: www.Temp-Pharmacist.com
E-Mail: Office18@Temp-Pharmacist.com

INVOICE

Number **18-001700**

Date **07-Mar-03**

Customer FLEMING
ATTN: Dick Hayes
PO BOX 268877
C/O MR. RANDOLPH
OKLAHOMA CITY, OK 73126-8877

For RAINBOW PHARMACY
Service Attn: BILL MEDINA
To 2200 E LOHMAN
LAS CRUCES, NM 88001

Customer P O #
Payment Terms Net Due On Receipt of Invoice

Vendor # 5014428

Order # 608

Work-Date	Description of Service	Type	Hours	Rate	Extended	Total
08-Mar-03	Pharmacist Saturday DIXON, ERNEST 9 00AM-6 00PM / No Meal Break	Reg	9 00	78 000	702 00	702 00
09-Mar-03	Pharmacist Sunday MCLANE, KATHLEEN 10 00AM-4 00PM / No Meal Break	Reg	6 00	78 000	468 00	468 00
Invoice Sub Total			15 00			1170 00
NM Sales Tax @ 6 1000%						71 66
INVOICE TOTAL						\$1,241 66

Total Invoice is Due and Payable on Receipt

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E-Mail Office18@Temp-Pharmacist com

INVOICE

Number **18-001708**

Date **14-Mar-03**

FLEMING

Customer FLEMING
ATTN Dick Hayes
PO BOX 268877
C/O MR RANDOLPH
OKLAHOMA CITY, OK 73126-8877

RAINBOW

For RAINBOW PHARMACY
Service Attn BILL MEDINA
To 2200 E LOHMAN
LAS CRUCES, NM 88001

Customer P O #

Vendor # 5014428

Order # 608

Payment Terms Net Due On Receipt of Invoice

Work-Date	Description of Service	Type	Hours	Rate	Extended	Total
16-Mar-03	Pharmacist Sunday VENERY, ROBERT 10 00AM-4 00PM / No Meal Break	Reg	6 00	78 000	468 00	468 00
Invoice Sub Total			6 00			468 00
NM Sales Tax @ 6 1000%						28 67
INVOICE TOTAL						\$496 67

Total Invoice is Due and Payable on Receipt

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Website www.Temp-Pharmacist.com
E-Mail Office18@Temp-Pharmacist.com

INVOICE

Number **18-001717**
Date **21-Mar-03**

FLEMING

RAINBOW

Customer: FLEMING
ATTN: Dick Hayes
PO BOX 268877
C/O MR. RANDOLPH
OKLAHOMA CITY, OK 73126-8877

For RAINBOW PHARMACY
Service Attn: BILL MEDINA
To 2200 E LOHMAN
LAS CRUCES, NM 88001

Customer P O #: **Vendor #** 5014428 **Order #** 608
Payment Terms Net Due On Receipt of Invoice

Work-Date	Description of Service	Type	Hours	Rate	Extended	Total
21-Mar-03	Pharmacist	Reg	6 00	78 000	468 00	468 00
	Friday SAIZ, PATRICK 3 00PM-9 00PM / No Meal Break					
21-Mar-03	Expense					100 00
	Friday SAIZ, PATRICK one night per diem expense					
22-Mar-03	Pharmacist	Reg	9 00	78 000	702 00	702 00
	Saturday SAIZ, PATRICK 9 00AM-6 00PM / No Meal Break					
22-Mar-03	Expense					163 02
	Saturday SAIZ, PATRICK 446 64 mi @ 365/mile					
23-Mar-03	Pharmacist	Reg	6 00	78 000	468 00	468 00
	Sunday REECE, JOHN 10 00AM-4 00PM / No Meal Break					
23-Mar-03	Expense					100 00
	Sunday REECE, JOHN one night per diem expense					

Invoice Sub Total	21 00	2001 02
NM Sales Tax @ 6 1000%		100 33
INVOICE TOTAL		\$2,101 35

Total Invoice is Due and Payable on Receipt

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E-Mail Office18@Temp-Pharmacist com

INVOICE

Number **18-001727**

Date **28-Mar-03**

FLEMING

RAINBOW

Customer FLEMING
ATTN Dick Hayes
PO BOX 268877
C/O MR RANDOLPH
OKLAHOMA CITY, OK 73126-8877

For RAINBOW PHARMACY
Service Attn BILL MEDINA
To 2200 E LOHMAN
LAS CRUCES, NM 88001

Customer P O #

Vendor # 5014428

Order # 608

Payment Terms Net Due On Receipt of Invoice

Work-Date	Description of Service	Type	Hours	Rate	Extended	Total
24-Mar-03	Pharmacist	Reg	6 00	78 000	468 00	468 00
	Monday REECE, JOHN 3 00PM-9 00PM / No Meal Break					
24-Mar-03	Expense					100 00
	Monday REECE, JOHN one night per diem expense					
25-Mar-03	Pharmacist	Reg	12 00	78 000	936 00	936 00
	Tuesday REECE, JOHN 9 00AM-9 00PM / No Meal Break					
25-Mar-03	Expense					100 00
	Tuesday REECE, JOHN one night per diem expense					
26-Mar-03	Pharmacist	Reg	6 00	78 000	468 00	468 00
	Wednesday REECE, JOHN 3 00PM-9 00PM / No Meal Break					
26-Mar-03	Expense					100 00
	Wednesday REECE, JOHN one night per diem expense					
27-Mar-03	Pharmacist	Reg	6 00	78 000	468 00	858 00
	Thursday REECE, JOHN 8 45AM-6 45PM / No Meal Break	O/T	4 00	97 500	390 00	
27-Mar-03	Expense					100 00
	Thursday REECE, JOHN one night per diem expense					
28-Mar-03	Pharmacist	Reg	10 00	78 000	780 00	975 00
	Friday REECE, JOHN 9 00AM-9 00PM / No Meal Break	O/T	2 00	97 500	195 00	

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E-Mail Office18@Temp-Pharmacist.com

INVOICE

Number **18-001727**

Date **28-Mar-03**

FLEMING

RAINBOW

Customer FLEMING
ATTN Dick Hayes
PO BOX 268877
C/O MR RANDOLPH
OKLAHOMA CITY, OK 73126-8877

For RAINBOW PHARMACY
Service Attn BILL MEDINA
To 2200 E LOHMAN
LAS CRUCES, NM 88001

Customer P O #

Vendor # 5014428

Order # 608

Payment Terms Net Due On Receipt of Invoice

Work-Date	Description of Service	Type	Hours	Rate	Extended	Total
28-Mar-03	Expense Friday REECE, JOHN one night per diem expense					100 00
29-Mar-03	Pharmacist Saturday REECE, JOHN 9 00AM-6 00PM / No Meal Break	O/T	9 00	97 500	877 50	877 50
29-Mar-03	Expense Saturday REECE, JOHN one night per diem expense					100 00
30-Mar-03	Pharmacist Sunday REECE, JOHN 10 00AM-4 00PM / No Meal Break	O/T	6 00	97 500	585 00	585 00
30-Mar-03	Expense Sunday REECE, JOHN 229 68 mi @ 365/mile					83 83
Invoice Sub Total				61 00		5851 33
NM Sales Tax @ 6 1250%						316 51
INVOICE TOTAL						\$6,167 84

Total Invoice is Due and Payable on Receipt

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