

B 19
(3 88) **United States Bankruptcy Court**
DISTRICT OF Delaware

PROOF OF CLAIM

Name of Debtor
Fleming Phoenix Div

Bankruptcy Case No
03-10945(MFW)

A. CREDITOR INFORMATION

(The creditor is the person or other entity to whom the debtor owes money or property)

Name and Address of Creditor
Moore Wallace, Inc.
c/o ABC/Amega, INC
1100 Main St
Buffalo, NY 14209-2356

- Check box if you 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.
- Check box and attach copy of assignment if claim has been assigned to you

REC'D AUG 28 2003

THIS SPACE IS FOR COURT USE ONLY

Number by which creditor identifies debtor
235044

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

B CLAIM INFORMATION

- 1 BASIS FOR CLAIM**
- Goods purchased
 - Services performed
 - Monies loaned
 - Other forms of contract (Identify)
 - Personal Injury/Wrongful death/Property damage
 - Other (Describe briefly)

- Wages, Salaries and Commissions (Fill out below)
- Your social security number _____
- Unpaid services performed from _____ to _____
- Nature of services (Describe briefly)

2. DATE DEBT WAS INCURRED
see attached statement

3 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority, (2) Priority (3) Secured It is possible for a claim to be partly in one category and partly in another—such as wage claim which may be a priority claim for the first \$2,000 and an unsecured nonpriority claim for the balance. Classify the nature of the claim by CHECKING THE APPROPRIATE BOX OR BOXES which you believe best describes the claim STATE THE AMOUNT OF THE CLAIM

- UNSECURED NONPRIORITY CLAIM \$ 3,584.52**
For the purposes of this form a claim is unsecured if there is no collateral, or to the extent the value of collateral is less than the amount of the debt
- SECURED CLAIM \$ _____**
Attach evidence of perfection of security
Brief Description of Collateral
 Real Estate Motor Vehicle Other

- PRIORITY CLAIM \$ _____**
Specify the priority of the claim by checking the appropriate box(es)
- 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)
- Contributions to an employee benefit plan—11 U.S.C. §507(a)(4)
- 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)
- Taxes or penalties of governmental units—11 U.S.C. §507(a)(7)
- Other specify _____

4. TOTAL AMOUNT OF CLAIM \$ 3,584.52 (Unsecured) + \$ _____ (Secured) + \$ _____ (Priority)

= \$ 3,584.52 (Total)

- 5** Attach copies of documents in support of this claim, such as 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.
- 6** This form should not be used to make a claim for expenses incurred after the filing of the bankruptcy petition. Such expenses may be paid only upon proper application and notice pursuant to 11 U.S.C. §503.
- 7 CREDITS AND SETOFFS** Attach an itemization of all amounts and dates of payments which have been credited against the debt. Set forth any setoff or counterclaim which the debtor may have against your claim.
- 8** To receive an acknowledgment of the receipt of your claim, enclose a stamped, self-addressed envelope and a copy of your claim.

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C. CERTIFICATION

The undersigned certifies under penalty of perjury that the debtor named above is indebted to the claimant in the amount shown that there is no security for the debt other than that stated above or in an attachment to this form, that no unmatured interest is included, and that the undersigned is authorized to make this claim.

Date
8/1/03

Sign and Print the Name and Title of any of the Creditor or Other Person Authorized to File this Claim
Sub [Signature]

Filing Companies Claim
06963



**Fleming Phoenix Div
624 S 25th Ave.
Phoenix, AZ 85009**

Statement of Account
Acct# 235044

<u>Invoice no</u>	<u>Date</u>	<u>PO Number</u>	<u>Amount</u>
660085390	3/14/03	Alene Flanders	\$3,584 52
		Total	\$3,584 52

Moore North America
900 Buffalo Ave , PO Box 900
Niagara Falls, NY 14302-0900

Fleming Phoenix Div
624 S 25th Ave.
Phoenix, AZ 85009

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Moore North America
900 Buffalo Ave , PO Box 900
Niagara Falls, NY 14302-0900

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**Moore North America
c/o American Bureau of Collections
1100 Main Street
Buffalo, NY 14209-2356**

August 4, 2003

**American Bureau of Collections, Inc
1100 Main Street
Buffalo, NY 14209-2356**

Attn Mary Bird

**Debtor Fleming Phoenix Div
ABCFile 047EC242749
Account no 235044
Amount \$3,584 52**

**In response to your letter of 6/19, attached is completed proof of claim with copy
and statement of account in triplicate Please have these filed with the court on our
behalf**

Thank you!



American Bureau of Collections, Inc.

August 14, 2003

U S BANKRUPTCY COURT CLERK
824 MARKET STREET 5TH FL
WILMINGTON DE 19801

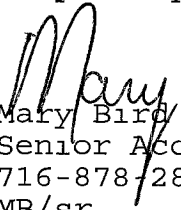
REFER TO OUR FILE # 47EC242749
RE MOORE WALLACE INC (B2)
VS
FLEMING PHOENIX DIV
AMOUNT \$3,584 52
BALANCE \$3,584 52

Dear Sir

Enclosed is my client's bankruptcy proof of claim along with a statement of account in triplicate Please advise as soon as their bankruptcy has been filed, in the postage paid envelope

Thank you

Very truly yours,


Mary Bird
Senior Account Representative
716-878-2826
MB/sr
enc

A subsidiary of The ABC Companies, Inc
1100 Main Street
Buffalo, New York 14209-2356 U S A
Phone 716 885 4444 Fax 716 878 2872
[http //www abccompanies com](http://www.abccompanies.com)

