

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

PROOF OF CLAIM



612170

Bar Date Ref # 2-NVM-78019

In re FLEMING COMPANIES INC et al Case Number 03-10945 (MEU)

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

0354653612170
Safe Strap CO
10 Kingsbridge Rd
Fairfield NJ 07004

Creditor Telephone Number ()
CREDITOR TAX ID # 27 2450513

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
FLEM 00

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

1 BASIS FOR CLAIM
 Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U S C § 1114(a)
 Services performed Taxes Wages salaries and compensation (Fill out below)
 Money loaned Other (describe briefly) Your social security number _____
 Unpaid compensation for services performed from _____ to _____
 (date) (date)

2 DATE DEBT WAS INCURRED 2/25/02 **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 98433 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ 98433 (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) **BMC**
 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 2 2003
BMC
 Fleming Companies Claim
 07003

DATE SIGNED 8/27/03 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)
R. BUONANO, V.P.

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



30 CENTRE ROAD UNIT #1 SOMERSWORTH N.H 03878
 PHONE (603) 692 6196 FAX (603) 692 5094
 1 800 356 7796

INVOICE NO	PAGE
74799	1
INVOICE DATE	
06/25/02	

SOLD TO FLEMING
 CENTRAL PURCHASING
 P.O. BOX 297013
 LEWISVILLE TX 75029

SHIP TO FOOD 4 LESS
 ATTENTION: STORE MANAGER
 2000 PACIFIC BOULEVARD
 LOS BANOS CA 93635

PLEASE REMIT TO SAFE-STRAP CO, INC, 10 KINGSBRIDGE ROAD, FAIRFIELD, NJ 07004

LINE NO	ORDER DATE	CUSTOMER NO	LOC	SLSMN	PURCHASE ORD NO	JOB NUMBER	SHIP VIA	COL/PPD
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117	05/16/02	FLEM00	ID	573	WER-10005	AW-2	AIRBORNE EXPRES	PPD
QTY ORDER/O	QTY SHIP/RETURN	ITEM NO / DESCRIPTION			UNIT PRICE	UOM DISC	NET PRICE	

17	17	BPD-BK-3-48-S BUMPER POST SLITVE COLOR - BLACK			49.7900	EA	.00	849.83
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\$50.00 COLOR CHARGE FOR QUANTITIES LESS THAN 50

COMMENTS PLEASE FORWARD YOUR REMITTANCE TO 10 KINGSBRIDGE ROAD FAIRFIELD, NJ 07004 Net 10 Days THANK YOU!	SALE AMOUNT	849.83
	MISC CHARGES	50.00
	SHIPPING & HANDLING	85.00
	SALES TAX	.00
	TOTAL	984.83
AMOUNT RECEIVED	.00	
BALANCE DUE		984.83