UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

s134553

Scheduled Claim Ref # 2-F2 22179

YOUR CLAIM IS SCHEDULED AS

$177 59 UNSECURED ?

$225 61

In re

Fleming Companies, Inc

Case Number

03-10945

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 o 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

The amounts reflected above constitute your claim as scheduled by the Debtor If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below

If the amounts shown above are listed as Contingent Unliquidated or Disputed a proof of claim must be filed
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

0354429407362

KEEN COMPRESSED GAS CO
PO BOX 15151
WILMINGTON DE 19850

Creditor Telephone Number (302) 594-4562

CREDITOR TAX I D # 51-0059342

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 257491/257520

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

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 _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 225.61	$	$	$ 225.61
(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

FILED
SEP 02 2003
RMC

Fleming Companies Claim
07209

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)

Kay Crompton Kay Crompton Credit

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

AR8512-OPN Accounts Receivable Invoice/Payment Inquiry OPEN
Company 100 KEEN COMPRESSED GAS COMPANY 4/28/03
Avg Days 31 High Balance 2899
Customer 257520 00 FLEMING COMPANIES-PERISHABLES Credit Code O Limit 400
Est Date ~~5/17/89~~ ATTN ACCOUNTS PAYABLE Terms NET 30 DAYS
Balance W/O 86 94 100 LUMS ROAD Phone (410)287-4000
HomeLoc 05 ~~51sm 051~~ NORTH EAST MD 21901 Last Payment Date 3/31/03
<F11 to change> DISPLAY SEQUENCE CO#, CUST#, DIVISION, INVOICE DATE

Div	Date	Invoice	Net	Tax	Total	Due	Run-Bal	Age
	3/31/03	R441354	43 20	2 16	45 36	45 36	45 36	28
	4/15/03	441112	41 58		41 58	41 58	86 94	13

Bottom
F2=Msgs F3=Exit F4=Stmts F5=Closed Inv F6=Aging F7=Comments F8=Disputed Inv
F9=Bottom F11=Chg Disp Seq F12=Chg Cust Put cursor on inv,Enter=Inv Detail

Bankrupt - write off

#15
ENT'D APR 29 2003

AR8512-OPN Accounts Receivable Invoice/Payment Inquiry OPEN
Company 100 KEEN COMPRESSED GAS COMPANY 4/25/03
Avg Days 33 High Balance 612
Customer 257491 00 FLEMING COMPANIES-GROCERIES Credit Code O Limit 400
Est Date 2/28/00 4 CENTER DRIVE Terms NET 30 DAYS
Balance 138 67 NORTH EAST COMMERCE CTR Phone (410)287-4068
HomeLoc 05 Stsm 051 NORTH EAST MD 21901 Last Payment Date 3/31/03
<F11 to change> DISPLAY SEQUENCE CO#, CUST#, DIVISION, INVOICE DATE

Div	Date	Invoice	Net	Tax	Total	Due	Run-Bal	Age
	1/31/03	R435404	45 06	2 25	47 31	47 31	47 31	84
	3/31/03	R441353	45 06	2 25	47 31	47 31	94 62	25
	3/31/03	FC0303	71		71	71	95 33	25
	4/15/03	441113	43 34		43 34	43 34	138 67	10

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Bankrupt - write off

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ENT'D APR 29 2003