

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

**PROOF OF CLAIM**



s135918

Scheduled Claim Ref # 2-F2-23544

**YOUR CLAIM IS SCHEDULED AS**

\$670 56 UNSECURED

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 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.

**Name of Creditor and Address**  
  
0354429421572  
  
PARTY CENTRAL  
408 MAURICE STREET  
LAFAYETTE LA 70506

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.

Creditor Telephone Number ( ) **337-261-3378**

CREDITOR TAX ID #  
**721467960**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

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

**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**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ 670 56 (unsecured) \$ \_\_\_\_\_ (secured) \$ 670 56 (unsecured priority) \$ 670 56 (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  
**FILED**

SEP 02 2003

BMC

Fleming Companies Claim



07467

DATE SIGNED

8-27-2003

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)

*[Signature]*

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**

**Party Central**

408 Maurice Street  
Lafayette LA 70506  
Phone 337 261 3378 Fax 337 261 3391

PO #

Invoice #  
6785

Rental Type  
Referral Type

Rental/Sale

**Customer** Fleming Foods  
**Phone** 839 3831  
**Contact**

**Ship To** River Oaks  
**Phone**  
**Contact**

108 Kol Drive  
Broussard La 70518

**Special Instructions**

**Delivery Date** 03/24/2003 **Time** 10 00 AM  **Delivered** **Date/Time Entered** 03/24/2003 10 10 AM

**Return Date** 03/25/2003 **Time** 10 00 AM  **Returned** **Employee** 1 Frank Gerami

**Billable Period** 1 Day(s)

Qty	Category	Product Code	Description	Unit	Extended
1	Tables	6 ft	30 x 72 Banquet		\$6 95
3	Tables	8 ft	30 x 96 Banquet		\$22 50
1	Tables	Card			\$22 50
1	Lights Club	H20	Water Effect		\$35 00
4	Lights Theatrical	Pin Spot	Spot		\$18 00
1	Decorative	Tiki	Theme		\$218 05
6	Party Accessories	Tiki	White Cane		\$7 00
1	Bar Equipment	Galvanize Tu	4ft		\$18 00
<b>Sub Total</b>					\$482 00
<b>Discount</b>					0 \$0 00
<b>Tax</b>					\$38 56
<b>Labor</b>					\$150 00
<b>Total</b>					\$670 56
<b>Payment Type</b>		<b>Payment Number</b>		<b>Date Paid</b>	<b>Amount</b>

**Balance** \$670 56