

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

PROOF OF CLAIM



620460
Bar Date Ref # 2-NVM-87011

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.

Name of Creditor and Address

Leeward Florist
94-210 Leokane St
Waipahu HI 96797

0354653620460

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 (808) 677-5444

CREDITOR TAX ID # 99-0116052

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here 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 03/12/03 **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 78.12 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ 78.12 (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 11/1/01 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

BMC

Fleming Companies Claim

DATE SIGNED 8/30/03 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)

Haruki Teruya

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



LEEWARD FLORIST

94-210 Leokane St
 WAIPAHU, HI 96797
 (808) 677-5444

DELIVER TO		PHONE NO	
ADDRESS <i>Foeliland</i>		DELIVERY DATE <i>03/12/03</i>	
<i>Meretaria</i>		S M T W T F S <i>(circled)</i>	
WIRE <input type="checkbox"/> IN <input type="checkbox"/> OUT		ASSOCIATION	CODE NO
FLORIST		CALL TAKEN BY	
ADDRESS		PHONE NO	
<input type="checkbox"/> ARRANGEMENT <input type="checkbox"/> SPRAY <input type="checkbox"/> CORSAGE <input type="checkbox"/> CUT FLOWERS <input type="checkbox"/> PLANT			
<i>1 Bouq + Del + Banner</i>		<i>75.00</i>	
TAX DEL		<i>3.12</i>	
OCCASION		TOTAL <i>78.12</i>	
CARD <i>Congrats to B/n on your grand re-opening Fleming to Hawaii Div. Companies</i>			
CHARGE TO <i>Fleming Co.</i>		ORDERED BY <i>Smiley</i>	
ADDRESS		DATE OF ORDER <i>03/12/03</i>	
CREDIT CARD NO		PHONE NO <i>602-7304</i>	
		EXP DATE	

E PRODUCT 672

106141

CASH
 CHARGE

C O D
 NEW ACCOUNT

Thank You