

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

PROOF OF CLAIM



375128

Bar Date Ref #

In re Fleming Companies, Inc. Case Number 03-10945 (MFW)

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

0354653375128

CHASE STAFFING SERVICES INC
COOKIE LUIKART
PO Box 76340
ATLANTA GA 30358 1340

Creditor Telephone Number (404) 750-0919

CREDITOR TAX ID #
581997395

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces or amends a previously filed claim dated 5-19-03

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 _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 5480.36 (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.

FILED
SEP 02 2003
BMC

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



07669

DATE SIGNED

8-21-03

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).

Emmalie Luikart Credit Collection mgr
E. Luikart

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

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re) Chapter 11
)
Fleming Companies Inc et al ¹) Case No 03-10945 (MFW)
Debtors) (Jointly Administered)

**NOTICE OF DEADLINE FOR THE
FILING OF PROOFS OF CLAIM AND PROOFS OF INTEREST**

TO ALL CREDITORS OF THE DEBTORS

PLEASE TAKE NOTICE that the above-captioned debtors and debtors-in-possession (the "Debtors") filed a voluntary petition for relief under Chapter 11 of title 11 of the United States Code (as amended from time to time, the "Bankruptcy Code") in the United States Bankruptcy Court for the District of Delaware (the "Court"). The Debtors are operating their businesses and managing their property as debtors in possession pursuant to Sections 1107(a) and 1108 of the Bankruptcy Code.

Pursuant to Section 105(a) of the Bankruptcy Code and Bankruptcy Rule 3002(c)(3), all Persons and Entities, including, without limitation, individuals, partnerships, corporations, estates, trusts, governmental units (which shall include all entities defined as such in Section 101(27) of the Bankruptcy Code including any such entity that holds a claim arising from prepetition tax years or periods or from prepetition transactions to which a Debtor was a party), and entities asserting claims against an individual Debtor that arose out of the obligations of such entities or the Debtors under a contract for the provision of liability insurance (each a "Creditor" and collectively, "Creditors") holding or wishing to assert a claim as defined in Section 101(5) of the Bankruptcy Code against any of the Debtors (collectively the "Claims") or interest in any of the Debtors (collectively, the "Interests") arising on or before April 1, 2003 (the "Petition Date"), are required to file a separate, completed and executed proof of claim form conforming substantially to Official Bankruptcy Form 10) (the "Proof of Claim") on account of any Claims such Creditors hold or wish to assert against the Debtors, so that the Proof of Claim is actually received on or before 4:00 p.m. Pacific Daylight Time on September 15, 2003 (the "General Bar Date"), or in the case of governmental units, by October 1, 2003, the "Governmental Unit Bar Date," by the Debtors' Official Notice and Claims Agent at the following address:

Bankruptcy Management Corporation ("BMC")
1330 East Franklin Avenue, El Segundo, CA 90245 (*for overnight mail or hand delivery*)
P O Box 900, El Segundo, CA 90245-0900 (*for regular mail*)
Telephone 1-888-909-0100

Notwithstanding the foregoing, AT THIS TIME, Proofs of Claim ARE NOT REQUIRED to be filed by Creditors holding or wishing to assert Claims against the Debtors of the types that are set forth in clauses (a) through (f) below (collectively, the "Excluded Claims"):

- (a) Claims listed in the Debtors' Schedules of Assets and Liabilities (the "Schedules") filed with the Court, pursuant to Bankruptcy Rule 1007 or any amendments thereto, which are not therein listed as "contingent," "unliquidated" or "disputed," and which are not disputed by the creditor holding such claim as to nature, amount, or classification,
- (b) Claims on account of which a Proof of Claim has already been properly filed with the Court,
- (c) Claims previously allowed by, or paid pursuant to, an order of the Court, including without limitation, any claims of the Agents and/or the Lenders allowed pursuant to the Final DIP Order,²
- (d) Claims allowable under Sections 503(b) and 507(a)(1) of the Bankruptcy Code as administrative expenses of the Debtors' chapter 11 cases
- (e) Claims made by any of the Debtors or any direct or indirect subsidiary of any of the Debtors against one or more of the other Debtors,
- (f) Claims of an entity whose claim is limited exclusively to a claim for the repayment of principal and/or interest on or under any issuance by any of the Debtors of any debt security (collectively, the "Notes") or any indenture in respect of each issue of the Notes (the "Indentures" and each such Indenture collectively with the Notes issued thereunder, the "Debt Instruments"), provided, however, that (i) the foregoing exclusion shall not apply to the indenture trustees under any of the

¹ The Debtors are the following entities: Core-Mark International, Inc., Fleming Companies, Inc., ABCO Food Group, Inc., ABCO Markets Inc., ABCO Realty Corp., ASI Office Automation, Inc., C/M Products, Inc., Core-Mark Interrelated Companies, Inc., Core-Mark Mid Continent, Inc., Dunigan Fuels Inc., Favar Concepts Ltd., Fleming Foods Management Co., L.L.C., Fleming Foods of Texas, L.P., Fleming International Ltd., Fleming Supermarkets of Florida, Inc., Fleming Transportation Service, Inc., Food 4 Less Beverage Company, Inc., Fuelserv, Inc., General Acceptance Corporation, Head Distributing Company, Marquise Ventures Company, Inc., Minter-Weisman Co., Piggly Wiggly Company, Progressive Realty Inc., Rainbow Food Group Inc., Retail Investments Inc., Retail Supermarkets, Inc., RFS Marketing Services, Inc. and Richmar Foods Inc.

² The term "Final DIP Order" refers to the Final Order Authorizing (I) Post Petition Financing Pursuant to 11 U.S.C. § 364 and Bankruptcy Rule 4001(c), (II) Use of Cash Collateral Pursuant to 11 U.S.C. § 363 and Bankruptcy Rules 4001(b) and (d), (III) Grant of Adequate Protection Pursuant to 11 U.S.C. §§ 361 and 363 and (IV) Approving Secured Inventory Trade Credit Program and Granting Subordinate Liens Pursuant to 11 U.S.C. §§ 105 and 364(c)(3) and Rule 4001(c).

CHASE STAFFING SERVICES
P O BOX 76340
ATLANTA, GA 30358-1340
(404) 250-0919

I N V O I C E

00269445

FLEMING

SHERRY MASON
4820 N CHURCH LANE, SE
SMYRNA GA 30080

INVOICE 00269445
PAGE 1
CLIENT 00123-000
INVOICE DATE 03/06/2003
DEPT
TERMS NET UPON RECEIPT

W/E	EMPLOYEE / DESCRIPTION		HRS/UNITS	RATE	AMOUNT
03/02	LYDIA ANDERTON CLGO	RG	38 50	15 00	577 50

CHASE STAFFING SERVICES INVOICE # 00269445 TOTAL \$ 577 50
Bill represents wages and is payable upon presentation
If account goes to collections, client is responsible for
collection/legal fees, usually 30% of the invoice amount

COLUMBUS
 (770) 883-1882
 FAX (770) 883-1883

COLUMBUS
 (770) 791-3884
 FAX (770) 791-6400

DOUGLASSVILLE
 (770) 883-1881
 FAX (770) 883-1881

FULTON INDUSTRIAL
 (770) 883-1881
 FAX (770) 883-1881

LAGRANGE
 (770) 883-1881
 FAX (770) 883-1881

MARIETTA
 (770) 883-1881
 FAX (770) 883-1881

NEWNAN
 (770) 883-1881
 FAX (770) 883-1881

SOUTH LAKE
 (770) 883-1881
 FAX (770) 883-1881

STONE MOUNTAIN
 (770) 883-1881
 FAX (770) 883-1881

CHASE Staffing

Warehouse
 Office Support
 Customer Service
 Technical

CLIENT COMPANY Flaming
Head Dist / Flaming
 ADDRESS _____
 CITY STATE, ZIP _____

EMPLOYEE'S NAME Lydia Anderson WEEK ENDING 3 2 03
 SOCIAL SECURITY NUMBER 4107 0810 0666 DATE SUNDAY

- 1. During the week indicated above I worked during the hours noted below
- 2. A representative of the firm at which I worked has certified below to the period in which I worked.
- 3. I agree to inform Chase Staffing Services when this assignment is finished and I am available
- 4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section

- NAME OF PERSON WORKED FOR _____
- 1. Four (4) hours maximum per day per employee
 - 2. The hours are correct and the work was performed in a satisfactory manner
 - 3. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.

	MON	TUE	WED	THU	FRI	SAT	SUN	
TIME STARTED	8:30	8:30	8:30	8:30	8:30			WEEKLY TOTAL TO NEAREST QUARTER
TIME FINISHED	5:00	5:00	5:00	5:00	3:30			
LESS LUNCH	.5	.5	.5	.5	.5			
TOTAL HOURS								

Comments _____

Mail
 Pick Up

EMPLOYEE'S SIGNATURE Lydia Anderson
Form 8 - Please Print Name

CUSTOMER'S APPROVAL BY SIGNATURE
Signature of person who has authority to accept work of agency and conditions on covered work
 PRINT NAME Staci Parham
 ASSIGNMENT COMPLETED _____ RETURNING _____

ALL INFORMATION MUST BE PRINTED

CHASE STAFFING SERVICES
P O BOX 76340
ATLANTA, GA 30358-1340
(404) 250-0919

I N V O I C E

00270259

FLEMING

SHERRY MASON
4820 N CHURCH LANE, SE
SMYRNA GA 30080

INVOICE 00270259
PAGE 1
CLIENT 00123-000
INVOICE DATE 03/13/2003
DEPT
TERMS NET UPON RECEIPT

0

W/E	EMPLOYEE / DESCRIPTION		HRS/UNITS	RATE	AMOUNT
03/09	LYDIA ANDERTON CLGO	RG	36 25	15 00	543 75

CHASE STAFFING SERVICES INVOICE # 00270259 TOTAL \$ 543 75
Bill represents wages and is payable upon presentation
If account goes to collections, client is responsible for
collection/legal fees, usually 30% of the invoice amount

CHASE STAFFING SERVICES
P O BOX 76340
ATLANTA, GA 30358-1340
(404) 250-0919

I N V O I C E

00270260

0

FLEMING

SHERRY MASON
4820 N CHURCH LANE, SE
SMYRNA GA 30080

INVOICE 00270260
PAGE 1
CLIENT 00123-000
INVOICE DATE 03/13/2003
DEPT 1ST SHIFT
TERMS NET UPON RECEIPT

W/E	EMPLOYEE / DESCRIPTION		HRS/UNITS	RATE	AMOUNT
03/09	LLOYD SEALEY, JR WHGEN	RG	24 00	13 78	330 72

CHASE STAFFING SERVICES INVOICE # 00270260 TOTAL \$ 330 72
Bill represents wages and is payable upon presentation
If account goes to collections, client is responsible for
collection/legal fees, usually 30% of the invoice amount

FROM

FOR NO

Mar 10 2003 05 42PM P1

February

Temp

WEEKLY TIME SHEET

U

NAME OF EMPLOYEE Kyle W Sealey FOR WEEK ENDING 03/10/03

DEPARTMENT Adventure Concession EXEMPTIONS _____

DAY OF WEEK	START TIME	END TIME	REGULAR HOURS	OVERTIME	TOTALS
MONDAY					
TUESDAY					
WEDNESDAY	1:30 am	2:00 pm	4:30 pm		8
THURSDAY	7:30 am	2:00 pm	4:30 pm		8
FRIDAY	7:40 am	2:00 pm	4:40 pm		8
SATURDAY					
SUNDAY					
TOTALS					24

NO PERSON PERMITTED TO WORK OVERTIME WITHOUT SPECIAL AUTHORIZATION. This time sheet must be personally filled out and signed by employee.

M. Vera
Authorization of Overtime
MKS MUSA

CHASE STAFFING SERVICES I N V O I C E
P O BOX 76340
ATLANTA, GA 30358-1340
(404) 250-0919

00271047

0

FLEMING
SHERRY MASON
4820 N CHURCH LANE, SE
SMYRNA GA 30080

INVOICE 00271047
PAGE 1
CLIENT 00123-000
INVOICE DATE 03/20/2003
DEPT
TERMS NET UPON RECEIPT

W/E	EMPLOYEE / DESCRIPTION		HRS/UNITS	RATE	AMOUNT
03/16	LYDIA ANDERTON CLGO	RG	37 75	15 00	566 25

CHASE STAFFING SERVICES INVOICE # 00271047 TOTAL \$ 566 25
Bill represents wages and is payable upon presentation
If account goes to collections, client is responsible for
collection/legal fees, usually 30% of the invoice amount.

CHASE STAFFING SERVICES
 P O BOX 76340
 ATLANTA, GA 30358-1340
 (404) 250-0919

I N V O I C E

00271048

FLEMING

SHERRY MASON
 4820 N CHURCH LANE, SE
 SMYRNA GA 30080

INVOICE 00271048
 PAGE 1
 CLIENT 00123-000
 INVOICE DATE 03/20/2003
 DEPT 1ST SHIFT
 TERMS NET UPON RECEIPT

0

W/E	EMPLOYEE / DESCRIPTION		HRS/UNITS	RATE	AMOUNT
03/16	JAVIER BELLO WHGEN	RG	6 75	12 54	84 65
03/16	RODNEY WILLIAMS WHGEN	RG	8 00	12 54	100 32

 CHASE STAFFING SERVICES INVOICE # 00271048 TOTAL \$ 184 97
 Bill represents wages and is payable upon presentation =====
 If account goes to collections, client is responsible for
 collection/legal fees, usually 30% of the invoice amount

FORM 1281 (10-2002) MADE IN U.S.A.

Chase

NO. DAY END

NAME Rodney Williams

20 AMOUNT DEDUCTIBLE FROM GROSS PAY

SIGNATURE

DAILY TOTALS AT HOURS OT

8

OK @ 3:20
ABC
WT STATE
FICA CITY
SDI BONDS TO EARN
INS OTHER TO JCC
HOSP. AMT DUE

FORM 1281 (10-2002) MADE IN U.S.A.

Chase

NO. DAY END

NAME JAVIER BELLO

20 AMOUNT DEDUCTIBLE FROM GROSS PAY

SIGNATURE

DAILY TOTALS AT HOURS OT

6.75

WT STATE
FICA CITY
SDI BONDS TO EARN
INS OTHER TO JCC
HOSP. AMT DUE

CHASE STAFFING SERVICES
P O BOX 76340
ATLANTA, GA 30358-1340
(404) 250-0919

I N V O I C E

00271908

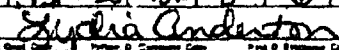
FLEMING

SHERRY MASON
4820 N CHURCH LANE, SE
SMYRNA GA 30080

INVOICE 00271908
PAGE 1
CLIENT 00123-000
INVOICE DATE 03/27/2003
DEPT
TERMS NET UPON RECEIPT

W/E	EMPLOYEE / DESCRIPTION		HRS/UNITS	RATE	AMOUNT
03/23	LYDIA ANDERTON CLGO	RG	36 25	15 00	543 75

CHASE STAFFING SERVICES INVOICE # 00271908 TOTAL \$ 543 75
Bill represents wages and is payable upon presentation
If account goes to collections, client is responsible for
collection/legal fees, usually 30% of the invoice amount

COLLETSVILLE (770) 883-1100 FAX (770) 883-1100 CUMMINGS (770) 881-3300 FAX (770) 70-4000 DANVILLE (770) 884-1000 FAX (770) 884-1000 FULTON HEIGHTS (404) 880-4100 FAX (404) 880-4100 LAWRENCEVILLE (770) 880-8000 FAX (770) 880-8000 MARIETTA (770) 422-0000 FAX (770) 422-0000 ROME (706) 284-7000 FAX (706) 284-7000 SUWANEE (770) 880-8000 FAX (770) 880-8000 STATESBORO (770) 884-1100 FAX (770) 884-1100	<h1>CHASE Staffing</h1>		Warehouse Office Support Customer Service Technical	CLIENT COMPANY Head Dist (Flaming)																																												
	EMPLOYEE'S NAME Cydia Anderson	WEEK ENDING 3 23 03	DATE SUNDAY	ADDRESS																																												
	SOCIAL SECURITY NUMBER 4 0 7 1 0 8 1 0 0 6 0	CITY STATE ZIP		NAME OF PERSON WORKING FOR Scott Davis																																												
	1. During the week indicated above I worked during the hours noted below 2. A representative of the firm at which I worked has certified below to the period in which I worked 3. I agree to inform Chase Staffing Services when the assignment is finished and I am available 4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section			1. Four (4) hours minimum per day per employee 2. The hours are correct and the work was performed in a satisfactory manner 3. Claims will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice																																												
	Mail <input type="checkbox"/> Pick Up <input type="checkbox"/>	<table border="1"> <thead> <tr> <th></th> <th>MON</th> <th>TUE</th> <th>WED</th> <th>THU</th> <th>FRI</th> <th>SAT</th> <th>SUN</th> <th>WEEKLY TOTAL TO NEAREST QUARTER</th> </tr> </thead> <tbody> <tr> <td>TIME STARTED</td> <td>8:15</td> <td>8:15</td> <td>7:45</td> <td>8:00</td> <td>8:00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TIME FINISHED</td> <td>4:30</td> <td>4:30</td> <td>3:30</td> <td>4:30</td> <td>2:00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LOAF LUNCH</td> <td>.5</td> <td>.5</td> <td>.5</td> <td>.5</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL HOURS</td> <td>7.75</td> <td>7.25</td> <td>7.25</td> <td>8</td> <td>6</td> <td></td> <td></td> <td>36.25</td> </tr> </tbody> </table>		MON	TUE	WED	THU	FRI	SAT	SUN	WEEKLY TOTAL TO NEAREST QUARTER	TIME STARTED	8:15	8:15	7:45	8:00	8:00				TIME FINISHED	4:30	4:30	3:30	4:30	2:00				LOAF LUNCH	.5	.5	.5	.5	0				TOTAL HOURS	7.75	7.25	7.25	8	6			36.25	COMMENTS
	MON	TUE	WED	THU	FRI	SAT	SUN	WEEKLY TOTAL TO NEAREST QUARTER																																								
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TIME FINISHED	4:30	4:30	3:30	4:30	2:00																																											
LOAF LUNCH	.5	.5	.5	.5	0																																											
TOTAL HOURS	7.75	7.25	7.25	8	6			36.25																																								
EMPLOYEE'S SIGNATURE 			PRINT NAME ASSIGNMENT COMPLETED																																													

CHASE STAFFING SERVICES
P O BOX 76340
ATLANTA, GA 30358-1340
(404) 250-0919

I N V O I C E

00271909

0

FLEMING

SHERRY MASON
4820 N CHURCH LANE, SE
SMYRNA GA 30080

INVOICE 00271909
PAGE 1
CLIENT 00123-000
INVOICE DATE 03/27/2003
DEPT 1ST SHIFT
TERMS NET UPON RECEIPT

W/E	EMPLOYEE / DESCRIPTION		HRS/UNITS	RATE	AMOUNT
03/23	JAVIER BELLO WHGEN	RG	7 50	12 54	94 05
03/23	RODNEY WILLIAMS WHGEN	RG	7 50	12 54	94 05

CHASE STAFFING SERVICES INVOICE # 00271909 TOTAL \$ 188 10
Bill represents wages and is payable upon presentation
If account goes to collections, client is responsible for
collection/legal fees, usually 30% of the invoice amount

CHASE

NO PAY END

NAME SAMUEL BELLO

BALANCE DUE SHOWN BELOW IS CORRECT AND RECEIPT IS ACKNOWLEDGED

SIGNATURE

DAILY TOTALS
RT HOURS OT

7.5

7.5

M P3 03
M A1 15
M A1 15
A7 02

WT STATE T
F LCA CITY T
S D I BONDS TOT EARN
INS OTHER TOT OED
HOSP AMT DUE

CHASE

NO PAY END

NAME Rodney Williams

BALANCE DUE SHOWN BELOW IS CORRECT AND RECEIPT IS ACKNOWLEDGED

SIGNATURE Rodney Williams

CHASE STAFFERS

DAILY TOTALS
RT HOURS OT

7.5

M P3 03
M A1 15
M A1 15
A7 02

WT STATE T
F LCA CITY T
S D I BONDS TOT EARN
INS OTHER TOT OED
HOSP AMT DUE

FROM-HEAD DISTRIBUTING

MAR-24-2003 12 22PM

F-847
T-786
P 001/001

404-782-3463

CHASE STAFFING SERVICES
P O BOX 76340
ATLANTA, GA 30358-1340
(404) 250-0919

I N V O I C E

00271910

FLEMING

SHERRY MASON
4820 N CHURCH LANE, SE
SMYRNA GA 30080

INVOICE 00271910
PAGE 1
CLIENT 00123-000
INVOICE DATE 03/27/2003
DEPT WAREHOUSE
TERMS NET UPON RECEIPT

0

W/E	EMPLOYEE / DESCRIPTION		HRS/UNITS	RATE	AMOUNT
03/23	VICKIE BANKSTON CLGO	RG	31 00	12 23	379 13

CHASE STAFFING SERVICES INVOICE # 00271910 TOTAL \$ 379 13
Bill represents wages and is payable upon presentation
If account goes to collections, client is responsible for
collection/legal fees, usually 30% of the invoice amount

CHASE STAFFING SERVICES
P O BOX 76340
ATLANTA, GA 30358-1340
(404) 250-0919

I N V O I C E

00272814

0

FLEMING
HEAD
SHERRY MASON
4820 N CHURCH LANE, SE
SMYRNA GA 30080

INVOICE 00272814
PAGE 1
CLIENT 00123-000
INVOICE DATE 04/03/2003
DEPT
TERMS NET UPON RECEIPT

W/E	EMPLOYEE / DESCRIPTION		HRS/UNITS	RATE	AMOUNT
03/30	LYDIA ANDERTON CLGO	RG	36 00	15 00	540 00

CHASE STAFFING SERVICES INVOICE # 00272814 TOTAL \$ 540 00
Bill represents wages and is payable upon presentation
If account goes to collections, client is responsible for
collection/legal fees, usually 30% of the invoice amount

COLUMBIA (770) 420-1000 FAX (770) 420-1000 CHASSIS (770) 420-1000 FAX (770) 420-1000 DONALDSONVILLE (770) 420-1000 FAX (770) 420-1000 PALM BEACH (770) 420-1000 FAX (770) 420-1000 ATLANTA (770) 420-1000 FAX (770) 420-1000 SOUTH PLAKES (770) 420-1000 FAX (770) 420-1000 JAMES HENNING (770) 420-1000 FAX (770) 420-1000	CHASE Staffing		Warehouse Office Support Customer Service Technical	CLIENT COMPANY Fleming																																												
	EMPLOYEE'S NAME Lydia Anderson	WEEK ENDING 3/30/03	SOCIAL SECURITY NUMBER 4071070060	DATE 3/30/03	ADDRESS																																											
	1. During the week indicated above I worked during the hours noted below. 2. I represent that the firm at which I worked has certified below to the period in which I worked. 3. I agree to return Chase Staffing services when this assignment is finished and I am available. 4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.			CITY, STATE, ZIP Scott Davis																																												
	<table border="1"> <thead> <tr> <th></th> <th>MON</th> <th>TUE</th> <th>WED</th> <th>THU</th> <th>FRI</th> <th>SAT</th> <th>SUN</th> <th>WEEKLY TOTAL TO BE PAID TO CLIENT</th> </tr> </thead> <tbody> <tr> <td>TIME STARTED</td> <td>8:30</td> <td>8:30</td> <td>8:45</td> <td>8:45</td> <td>8:30</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TIME FINISHED</td> <td>4:30</td> <td>4:30</td> <td>4:30</td> <td>4:30</td> <td>3:00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LESS LUNCH</td> <td>.5</td> <td>.5</td> <td>.5</td> <td>.5</td> <td>0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL HOURS</td> <td>7.5</td> <td>7.5</td> <td>7.25</td> <td>7.25</td> <td>6.5</td> <td></td> <td></td> <td>36.0</td> </tr> </tbody> </table>				MON	TUE	WED	THU	FRI	SAT	SUN	WEEKLY TOTAL TO BE PAID TO CLIENT	TIME STARTED	8:30	8:30	8:45	8:45	8:30				TIME FINISHED	4:30	4:30	4:30	4:30	3:00				LESS LUNCH	.5	.5	.5	.5	0				TOTAL HOURS	7.5	7.5	7.25	7.25	6.5			36.0
	MON	TUE	WED	THU	FRI	SAT	SUN	WEEKLY TOTAL TO BE PAID TO CLIENT																																								
TIME STARTED	8:30	8:30	8:45	8:45	8:30																																											
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LESS LUNCH	.5	.5	.5	.5	0																																											
TOTAL HOURS	7.5	7.5	7.25	7.25	6.5			36.0																																								
Mail <input type="checkbox"/> Pick Up <input type="checkbox"/>	EMPLOYEE SIGNATURE Lydia Anderson		CUSTOMER'S APPROVAL BY (SIGNATURE) Scott Davis	COMMENTS 1. Four (4) hours maximum per day per employee. 2. The hours are earned and the work was performed in a satisfactory manner. 3. Clients will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.																																												

CHASE STAFFING SERVICES
 P O BOX 76340
 ATLANTA, GA 30358-1340
 (404) 250-0919

I N V O I C E

00272815

FLEMING
 HEAD
 SHERRY MASON
 4820 N CHURCH LANE, SE
 SMYRNA GA 30080

INVOICE 00272815
 PAGE 1
 CLIENT 00123-000
 INVOICE DATE 04/03/2003
 DEPT WAREHOUSE
 TERMS NET UPON RECEIPT

W/E	EMPLOYEE / DESCRIPTION	HRS/UNITS	RATE	AMOUNT
03/30	VICKIE BANKSTON OT CLGO	12 25	18 35	224 79
03/30	VICKIE BANKSTON RG CLGO	40 00	12 23	489 20
03/30	CAROL REDAVID RG CLGO	22 00	12 23	269 06

 CHASE STAFFING SERVICES INVOICE # 00272815 TOTAL \$ 983 05
 Bill represents wages and is payable upon presentation
 If account goes to collections, client is responsible for
 collection/legal fees, usually 30% of the invoice amount
 =====

MAR-31-2003 10 28AM FROM-HEAD DISTRIBUTING

404-797-3483

T-021 P 001/001 F-057

RNO _____ PAY END _____

RNO _____ PAY END _____

NAME Coral Redmond

NAME Mickie Bankston

BALANCE DUE - (BALANCE ON CONTRACT AND BEL. WRT IS UNPAID)

BALANCE DUE - (BALANCE ON CONTRACT AND BEL. WRT IS UNPAID)

SIGNATURE _____

SIGNATURE _____

DAILY TOTALS
RT HOURS OT

DAILY TOTALS
RT HOURS OT

22.0

52.75

SU	P1	29	
SU	P1	32	2.75
FR	P7	17	
FR	P17	28	6.25
TH	P6	37	
TH	P6	37	
TH	P6	15	5.5
TH	P1	15	
W	P0	30	
W	P7	51	7.5
W	P7	27	
W	P1	30	

FR	P3	03	
FR	A6	13	8.75
TH	P7	14	
TH	A6	19	8.75
W	P1	07	
W	A1	07	
W	A7	17	5.0
W	A11	24	
W	A0	02	
OK W	A5	18	3.75
TU	P5	17	
TU	A1	5	14.25
TU	A1	04	
TU	A5	23	
M	P5	33	
M	A1	07	11.75
M	A7	19	
M	A5	17	

W STATE _____

W STATE _____

FICA CITY _____

FICA CITY _____

SDI BONUS TOT EARN _____

SDI BONUS TOT EARN _____

INS OTHER TOT DED _____

INS OTHER TOT DED _____

HOSP AMT DUE _____

HOSP AMT DUE _____

CHASE STAFFING SERVICES
P O BOX 76340
ATLANTA, GA 30358-1340
(404) 250-0919

I N V O I C E

00273082

FLEMING
HEAD
SHERRY MASON
4820 N CHURCH LANE, SE
SMYRNA GA 30080

INVOICE 00273082
PAGE 1
CLIENT 00123-000
INVOICE DATE 04/10/2003
DEPT WAREHOUSE
TERMS NET UPON RECEIPT

W/E	EMPLOYEE / DESCRIPTION		HRS/UNITS	RATE	AMOUNT
04/06	GLENN LOVE DE	RG	28 75	12 23	351 61

22 25^{hrs} protected

CHASE STAFFING SERVICES INVOICE # 00273082 TOTAL \$ 351 61
Bill represents wages and is payable upon presentation
If account goes to collections, client is responsible for
collection/legal fees, usually 30% of the invoice amount

Fleming - Branch I

P 1

FORM 1001 (8-1-00) **CHASE**

NO. PAY NO.

NAME Walter K. Brankston

DATE OF BIRTH SOCIAL SECURITY NO.

SIGNATURE

DATE	TIME	RT	TOTALS RT HOURS
6/1			
JA 10	10:00		9.25
SA 11	11:00		9.0
SA 12	12:00		10
SA 13	1:00		9.75
SA 14	2:00		11.0
SA 15	3:00		12.0
SA 16	4:00		
SA 17	5:00		
SA 18	6:00		
SA 19	7:00		
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SA 21	9:00		
SA 22	10:00		
SA 23	11:00		
SA 24	12:00		
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SA 27	3:00		
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SA 31	7:00		
SA 32	8:00		
SA 33	9:00		
SA 34	10:00		
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SA 36	12:00		
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SA 323	11:00		
SA 324	12:00		
SA 325	1:00		
SA 326	2:00		

CHASE STAFFING SERVICES I N V O I C E
P O BOX 76340
ATLANTA, GA 30358-1340
(404) 250-0919

00273694

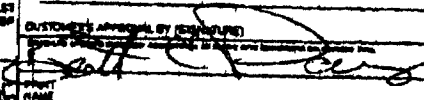
FLEMING
HEAD
SHERRY MASON
4820 N CHURCH LANE, SE
SMYRNA GA 30080

INVOICE 00273694
PAGE 1
CLIENT 00123-000
INVOICE DATE 04/10/2003
DEPT
TERMS NET UPON RECEIPT

W/E	EMPLOYEE / DESCRIPTION		HRS/UNITS	RATE	AMOUNT
04/06	LYDIA ANDERTON CLGO	RG	36 25	15 00	543 75

285 hrs. protected

CHASE STAFFING SERVICES INVOICE # 00273694 TOTAL \$ 543 75
Bill represents wages and is payable upon presentation =====
If account goes to collections, client is responsible for
collection/legal fees, usually 30% of the invoice amount

COMPANY (770) 251-1100 FAX (770) 251-1100 CHATTAHOOCHEE (770) 251-1100 FAX (770) 251-1100 WOODBRIDGE (770) 251-1100 FAX (770) 251-1100 WOODBRIDGE (770) 251-1100 FAX (770) 251-1100 WOODBRIDGE (770) 251-1100 FAX (770) 251-1100 WOODBRIDGE (770) 251-1100 FAX (770) 251-1100	CHASE Staffing		Warehouse Office Support Customer Service Technical	CLIENT COMPANY <u>Head Dist. (Fleming)</u> ADDRESS _____ CITY, STATE, ZIP _____ NAME OF PERSON WORKED FOR <u>Scott Davis</u>																																							
	EMPLOYEE NAME <u>Lydia Anderson</u> SOCIAL SECURITY NUMBER <u>4071681060</u> WEEK ENDING <u>4/6/03</u> DATE STARTING _____	1. During the week indicated above I worked during the hours noted below 2. A representative of the firm at which I worked has certified to the hours in which I worked. 3. I agree to inform Chase Staffing Service when this assignment is delayed and I am available. 4. I certify that no accident or injury was sustained while working on the assignment unless noted in the comments section.		1. Four (4) hours minimum per day per employee. 2. The hours get covered and the work was performed in a satisfactory manner. 3. Charge will be billed weekly for work performed during the previous week. Payment is due upon receipt of invoice.																																							
MAIL <input type="checkbox"/> PICK UP <input type="checkbox"/>	<table border="1"> <thead> <tr> <th></th> <th>MON</th> <th>TUE</th> <th>WED</th> <th>THU</th> <th>FRI</th> <th>SAT</th> <th>SUN</th> </tr> </thead> <tbody> <tr> <td>TIME STARTED</td> <td>9:00</td> <td>8:30</td> <td>8:30</td> <td>8:45</td> <td>8:15</td> <td></td> <td></td> </tr> <tr> <td>TIME FINISHED</td> <td>4:30</td> <td>4:30</td> <td>4:30</td> <td>4:45</td> <td>4:30</td> <td></td> <td></td> </tr> <tr> <td>LIME LUNCH</td> <td>.5</td> <td>.5</td> <td>1.0</td> <td>1.0</td> <td>.5</td> <td></td> <td></td> </tr> <tr> <td>TOTAL HOURS</td> <td>7</td> <td>7.5</td> <td>7</td> <td>7</td> <td>7.75</td> <td></td> <td></td> </tr> </tbody> </table>		MON	TUE	WED	THU	FRI	SAT	SUN	TIME STARTED	9:00	8:30	8:30	8:45	8:15			TIME FINISHED	4:30	4:30	4:30	4:45	4:30			LIME LUNCH	.5	.5	1.0	1.0	.5			TOTAL HOURS	7	7.5	7	7	7.75			WEEKLY RATE TO NEAREST QUARTER <u>36.00</u>	CUSTOMER'S APPROVAL BY (SIGNATURE)  PRINT NAME _____ ABSORPTION COMPLETED _____
	MON	TUE	WED	THU	FRI	SAT	SUN																																				
TIME STARTED	9:00	8:30	8:30	8:45	8:15																																						
TIME FINISHED	4:30	4:30	4:30	4:45	4:30																																						
LIME LUNCH	.5	.5	1.0	1.0	.5																																						
TOTAL HOURS	7	7.5	7	7	7.75																																						

CHASE STAFFING SERVICES
 P O BOX 76340
 ATLANTA, GA 30358-1340
 (404) 250-0919

I N V O I C E

00273695

FLEMING
 HEAD
 SHERRY MASON
 4820 N CHURCH LANE, SE
 SMYRNA GA 30080

INVOICE 00273695
 PAGE 1
 CLIENT 00123-000
 INVOICE DATE 04/10/2003
 DEPT WAREHOUSE
 TERMS NET UPON RECEIPT

W/E	EMPLOYEE / DESCRIPTION		HRS/UNITS	RATE	AMOUNT
04/06	VICKIE BANKSTON OT		21 00	18 35	385 35
	CLGO				
04/06	VICKIE BANKSTON RG		40 00	12 23	489 20
	CLGO				
04/06	SHERRY FLEMISTER RG		13 25	12 23	162 05
	CLGO				
04/06	CAROL REDAVID RG		24 00	12 23	293 52
	CLGO				
04/06	LATASHA WALKER RG		19 25	12 23	235 43
	DE				

90.75 hrs protected

CHASE STAFFING SERVICES INVOICE # 00273695 TOTAL \$ 1565 55
 Bill represents wages and is payable upon presentation
 If account goes to collections, client is responsible for
 collection/legal fees, usually 30% of the invoice amount

Form 1099-INT (2003)

NAME: Walter Krontz PAY TO: Walter Krontz

ADDRESS: 61

DATE: 4/1/03

AMOUNT: 9.25

TYPE: INT

OTHER: INT

TOTAL: 9.25

Form 1099-INT (2003)

NAME: Sheepy Elmstee PAY TO: Sheepy Elmstee

ADDRESS: 1325

DATE: 4/1/03

AMOUNT: 8.5

TYPE: INT

OTHER: INT

TOTAL: 8.5

Form 1099-INT (2003)

NAME: Sharon Loe PAY TO: Sharon Loe

ADDRESS: 2875

DATE: 4/1/03

AMOUNT: 6.0

TYPE: INT

OTHER: INT

TOTAL: 6.0

Ferning wife 4/6/03

Chase Savings

Chase

NO. 1000 FROM 100 812000 * 10000 *
 NAME Carol Reed PART ID _____
 BALANCE OF INDEMNITY'S CURRENT AND RESERVE FUNDING

STATE: _____
 COUNTY: _____
 CITY: _____

TH	11	21
W	12	22
W	13	23
W	14	24
W	15	25
W	16	26
W	17	27
W	18	28
W	19	29
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DAILY TOTALS
 RT NUMBER 01

WT _____ STATE _____
 FICA _____
 S/DI _____ BONDS _____ TOR EARN _____
 INS _____ OTHER _____ TOR DEC _____
 HOEP _____ AMT DEC _____

NO. 1000 FROM 100 812000 * 10000 *
 NAME Latasha Walker PART ID _____
 BALANCE OF INDEMNITY'S CURRENT AND RESERVE FUNDING

STATE: _____
 COUNTY: _____
 CITY: _____

TH	11	21
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W	71	81
W	72	82
W	73	83
W	74	84
W	75	85
W	76	86
W	77	87
W	78	88
W	79	89
W	80	90
W	81	91
W	82	92
W	83	93
W	84	94
W	85	95
W	86	96
W	87	97
W	88	98
W	89	99
W	90	100

DAILY TOTALS
 RT NUMBER 01

WT _____ STATE _____
 FICA _____
 S/DI _____ BONDS _____ TOR EARN _____
 INS _____ OTHER _____ TOR DEC _____
 HOEP _____ AMT DEC _____

Fleming
w/E 4/6/03