

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



s138997

Scheduled Claim Ref # 2-F2 26623

YOUR CLAIM IS SCHEDULED AS

\$237 50 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

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

USA FACT
SUITE A
6200 BOX SPRINGS BLV
RIVERSIDE CA 92507

0354429437692

Creditor Telephone Number (909) 656-7800

CREDITOR TAX I D #

33-0186108

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

CORE

Check here replaces or amends if this claim

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 _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED 3/27/03 - 3/31/03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ 237.50 (unsecured)

\$ (secured)

\$ (unsecured priority)

\$ 237.50 (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 04 2003

BMC

Fleming Companies Claim



07787

DATE SIGNED

8/28/03

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)

Laurie Beem, LAURIE BEEM, VP FINANCE

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

USA-FACT, INC
 6200 BOX SPRINGS BLVD
 RIVERSIDE, CA 92507
 (909) 656-3336 FAX
 (909) 656-7800

INVOICE NUMBER L15879 -IN
 INVOICE DATE 03/27/03
 DUE DATE 04/11/03

ATTN ACCOUNTS PAYABLE
 FLEMING CONVENIENCE
 1055 SALT RIVER ROAD
 LEITCHFIELD KY 42755

SHIP TO
 FLEMING CONVENIENCE
 1055 SALT RIVER ROAD
 LEITCHFIELD KY 42755

CUSTOMER NO CORE085
 SALESPERSON HOUS

SERVICE/ITEM	QUANTITY	PRICE	AMOUNT
DANIEL WATSON	167-60-9555	3/20/03	
DRUG SCREEN - NON-DOT	1 00	17 250	17 250

NET INVOICE	17 25
SALES TAX	00
INVOICE TOTAL	17 25

USA-FACT, INC
 6200 BOX SPRINGS BLVD
 RIVERSIDE, CA 92507
 (909) 656-3336 FAX
 (909) 656-7800

INVOICE NUMBER L15961 -IN
 INVOICE DATE 03/28/03
 DUE DATE 04/12/03

ATTN ACCOUNTS PAYABLE
 FLEMING CONVENIENCE
 1055 SALT RIVER ROAD
 LEITCHFIELD KY 42755

SHIP TO
 FLEMING CONVENIENCE
 1055 SALT RIVER ROAD
 LEITCHFIELD KY 42755

CUSTOMER NO CORE085
 SALESPERSON HOUS

SERVICE/ITEM	QUANTITY	PRICE	AMOUNT
GAVIN FLETCHER 404-21-3333	3/26/03		
DRUG SCREEN - NON-DOT KEITH GRANT 406-08-5433	1 00 3/26/03	17 250	17 250
DRUG SCREEN - NON-DOT RONALD HAYCRAFT 402-13-4578	1 00 3/24/03	17 250	17 250
DRUG SCREEN - NON-DOT RICHARD KIST 279-88-6137	1 00 3/26/03	17 250	17 250
DRUG SCREEN - NON-DOT	1 00	17 250	17 250

NET INVOICE	69 00
SALES TAX	00
INVOICE TOTAL	69 00

USA-FACT, INC
 6200 BOX SPRINGS BLVD
 RIVERSIDE, CA 92507
 (909) 656-3336 FAX
 (909) 656-7800

INVOICE NUMBER 0437801-IN
 INVOICE DATE 03/31/03
 DUE DATE 04/15/03

ATTN ACCOUNTS PAYABLE
 FLEMING CONVENIENCE
 1055 SALT RIVER ROAD
 LEITCHFIELD KY 42755

SHIP TO
 FLEMING CONVENIENCE
 1055 SALT RIVER ROAD
 LEITCHFIELD KY 42755

CUSTOMER NO CORE085
 SALESPERSON HOUS

SERVICE/ITEM	QUANTITY	PRICE	AMOUNT
TIFFANY JAGGERS REQUEST# 437801 REQUESTED BY JIM HALL BILLCODE NEW HIRE			
BACKGROUND PACKAGE *	1 00	33 500	33 500
COUNTY CRIMINAL SEARCH *	1 00	000	000
SOCIAL SECURITY TRACE	1 00	000	000
EMPLOYMENT VERIFICATION	2 00	000	000

NET INVOICE	33 50
SALES TAX	00
INVOICE TOTAL	33 50

***** INVOICE *****

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USA-FACT, INC
 6200 BOX SPRINGS BLVD
 RIVERSIDE, CA 92507
 (909) 656-3336 FAX
 (909) 656-7800

INVOICE NUMBER 0437802-IN
 INVOICE DATE 03/31/03
 DUE DATE 04/15/03

ATTN ACCOUNTS PAYABLE
 FLEMING CONVENIENCE
 1055 SALT RIVER ROAD
 LEITCHFIELD KY 42755

SHIP TO
 FLEMING CONVENIENCE
 1055 SALT RIVER ROAD
 LEITCHFIELD KY 42755

CUSTOMER NO CORE085
 SALESPERSON HOUS

SERVICE/ITEM	QUANTITY	PRICE	AMOUNT
----- RONALD HAYCRAFT REQUEST# 437802 REQUESTED BY JIM HALL BILLCODE NEW HIRE -----			
BACKGROUND PACKAGE *	1 00	33 500	33 500
COUNTY CRIMINAL SEARCH *	1 00	000	000
SOCIAL SECURITY TRACE	1 00	000	000
EMPLOYMENT VERIFICATION	2 00	000	000

NET INVOICE	33 50
SALES TAX	00
INVOICE TOTAL	33 50

USA-FACT, INC
 6200 BOX SPRINGS BLVD
 RIVERSIDE, CA 92507
 (909) 656-3336 FAX
 (909) 656-7800

INVOICE NUMBER 0437803-IN
 INVOICE DATE 03/31/03
 DUE DATE 04/15/03

ATTN ACCOUNTS PAYABLE
 FLEMING CONVENIENCE
 1055 SALT RIVER ROAD
 LEITCHFIELD KY 42755

SHIP TO
 FLEMING CONVENIENCE
 1055 SALT RIVER ROAD
 LEITCHFIELD KY 42755

CUSTOMER NO CORE085
 SALESPERSON HOUS

SERVICE/ITEM	QUANTITY	PRICE	AMOUNT
----- DANIEL WATSON REQUEST# 437803 REQUESTED BY JIM HALL BILLCODE NEW HIRE -----			
BACKGROUND PACKAGE *	1 00	33 500	33 500
COUNTY CRIMINAL SEARCH *	1 00	000	000
SOCIAL SECURITY TRACE	1 00	000	000
EMPLOYMENT VERIFICATION	2 00	000	000

NET INVOICE	33 50
SALES TAX	00
INVOICE TOTAL	33 50

USA-FACT, INC
 6200 BOX SPRINGS BLVD
 RIVERSIDE, CA 92507
 (909) 656-3336 FAX
 (909) 656-7800

INVOICE NUMBER 0437855-IN
 INVOICE DATE 03/31/03
 DUE DATE 04/15/03

ATTN ACCOUNTS PAYABLE
 FLEMING CONVENIENCE
 1055 SALT RIVER ROAD
 LEITCHFIELD KY 42755

SHIP TO
 FLEMING CONVENIENCE
 1055 SALT RIVER ROAD
 LEITCHFIELD KY 42755

CUSTOMER NO CORE085
 SALESPERSON HOUS

SERVICE/ITEM	QUANTITY	PRICE	AMOUNT
----- CRYSTAL LITTLEPAGE REQUEST# 437855 REQUESTED BY JIM HALL BILLCODE NEW HIRE -----			
BACKGROUND PACKAGE *	1 00	33 500	33 500
COUNTY CRIMINAL SEARCH *	1 00	000	000
SOCIAL SECURITY TRACE	1 00	000	000
EMPLOYMENT VERIFICATION	2 00	000	000

NET INVOICE	-----	33 50
SALES TAX		00
INVOICE TOTAL	-----	33 50

USA-FACT, INC
6200 BOX SPRINGS BLVD
RIVERSIDE, CA 92507
(909) 656-3336 FAX
(909) 656-7800

INVOICE NUMBER L16032 -IN
INVOICE DATE 03/31/03
DUE DATE 04/15/03

ATTN ACCOUNTS PAYABLE
FLEMING CONVENIENCE
1055 SALT RIVER ROAD
LEITCHFIELD KY 42755

SHIP TO
FLEMING CONVENIENCE
1055 SALT RIVER ROAD
LEITCHFIELD KY 42755

CUSTOMER NO CORE085
SALESPERSON HOUS

SERVICE/ITEM	QUANTITY	PRICE	AMOUNT
MINNIE STYER	400-98-2501	3/28/03	
DRUG SCREEN - NON-DOT	1 00	17 250	17 250

NET INVOICE	17 25
SALES TAX	00
INVOICE TOTAL	17 25