FOR THE DISTRICT OF DELAWARE		PROOF OF CLAIM				
In re		Case Number		Scheduled Claim Ref # 2-F2-20121		
		02.40	OAE	YOUR CLAIM IS SCHEDULED AS		
Fleming Companies, Inc			03-10945		\$645 75 UNSECURED	
NOTE. This form should not be u	god to make a claim for an administr	atura.		\$0-70 70 ONOL	CONLED	
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 payn 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			
Name of Creditor and Address			your claim Attach copy of statement giving particulars			
035442938850 CONSUMERS ILLINOIS WATER CO PO BOX 130 DANVILLE IL 61834-0130			Check box if you have never received any notices from the bankruptcy court in this case	scheduled by the fi set forth herein ar	cted above constitute your claim as Debtor If you agree with the amounts id have no other claim against the tineed to file this proof of claim I below	
			Check box if this address differs from the address on the		own above are listed as Contingent Disputed a proof of claim must be	
Creditor Telephone Number (envelope sent to you by the court	if you have alread	y filed a proof of claim with the	
CREDITOR TAX I D #	ACCOUNT OR OTHER NUMBE	R BY WHIC	CH		or BMC you do not need to file again	
CREDITOR IDENTIFIES DEBTOR			Check here replaces or a previously filed claim dated amends			
1 BASIS FOR CLAIM Goods sold	Personal injury/wrongful death		uras hanafita as defined in 11	11000 1114/	N	
_	, many					
☐ Services performed ☐ Taxes ☐ War ☐ Money loaned ☐ Other (describe briefly)			Your social security number			
Worley loaned	Other (describe briefly)		Unpaid compensation for se		d from to	
			•		(date) (date)	
2 DATE DEBT WAS INCURRED	Uncoma	3 IF C	OURT JUDGMENT, DATE C	BTAINED		
4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE	\$ 401 268 \$		\$		\$	
-	cured or entitled to priority, also continued or other charges in addition to the	e principal		mized statement o	of all interest or additional charges	
			Check this box if you have an unsecured priority claim			
Brief description of collateral		Specify the priority of the claim				
Real Estate		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)				
Motor Vehicle						
Other		Contributions to an employee benefit plan 11 U S C § 507(a)(4)				
			o \$2 100 of deposits toward purc personal family or household use			
Value of collateral \$			Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)			
Amount of arrearage and other charges at time case filed included in secured claim above if any \$		Othe Am	Taxes or penalties owed to governmental units 11 USC § 507(a)(8) Other Specify applicable paragraph of 11 USC § 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			
8 SUPPORTING DOCUMEN running accounts contracts cour If the documents are not available	payments on this claim has been cree TS Attach copies of supporting docu t judgments mortgages security agree e explain. If the documents are volur o receive an acknowledgment of vi	<u>iments,</u> s eements a ninous at	uch as promissory notes pui and evidence of perfection of tach a summary	chase orders in lien DO NOT S	voices itemized statements of SEND ORIGINAL DOCUMENTS	
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 so that it is received on or before 4 00 p m, September 15 2003, Pacific D			aylıght Tıme	,	THIS SPACE FOR COURT	
			ND OR OVERNIGHT DELIVERY TO SEP 0 5 2003			
P O BOX 900 El Segundo CA 90245-0900		1330 E	East Franklin Avenue Egundo CA 90245 BMC			
DATE SIGNED 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)					Floring Companies Claus	

ACCOUNT 62041331-01 SERVICE-ADDRESS BILL TO FLEMING RETAIL GROUP SECTION 30 CLASS 04 FESTIVAL FOODS #19 STATUS AN RATING C 185 N KENNEDY P O BOX 268877 SS-NO 000-00-0000 BRADLEY, IL OKLAHOMA CITY OK PHONE (405)419-3481 60915 73126-8877

R-OPT * * N * W*F LINK 0 START 12/01/1999 LPD 03/11/2003 DUE 04/28/2003 ______ 200304-02 04/07/2003 PRIOR-BAL CURR-CHG CURR-PYMTS CURR-ADJS UNPAID-BAL 123 78 W 101 Water Chrg 199 38 0.0 00 323 16 6 05 W 106 Fire Prot 6 05 00 00 12 10 W 109 Customer Chg 20 50 W 201 Penalty 3 67 00 20 50 00 41 00 W 201 Penalty 00 3 62 00 7 29 00 W 301 ICC Tax 23 15 00 38 00 W 303 QIPS Chrg 11 30 6 03 00 17 33

TOTALS 241 13 160 13 00 00 401 26

OPT lcust 2meter 3csmp 4inv 5fire 6plan 7info 8coll 9disc PrRes Bal Multi Link Dep AdvDep KdepHist WOrk Xprint[E]menu-> 3

ACCOUNT 62041331 - 01 FESTIVAL FOODS #19 STATUS AN SECTION 3000 METER-SIZE 1 in SHUT-OFF N DATE-INST 12/03/2002 METER-STAT A ----- CONSUMPTION ** METER 01 OF 01 -----READ TYPE READ DATE READING CONSUMPTION BILL DATE ACCT PD 0 1 0000/00/00 0 0000/00/00 0000/00 (2003/04/01) 599 2003/04/07 2003/04 2 96 2003/03/04 503 166 2003/03/07 2003/03 3 Α 337 169 2003/02/07 2003/02 4 Α 2003/02/04 5 Α 2003/01/06 168 168 2003/01/08 2003/01 6 ΕJ 2002/12/03 6,082 110 2002/12/06 2002/12 7 Α 2002/11/04 6,000 110 2002/11/07 2002/11 8 A 2002/10/01 5,918 91 2002/10/07 2002/10 9 A 2002/09/04 5,850 135 2002/09/09 2002/09 10 2002/08/02 5,749 96 2002/08/07 2002/08 A 11 2002/07/02 5,677 103 2002/07/08 2002/07 A 12 2002/06/05 5,600 103 2002/06/10 2002/06 A 13 2002/05/03 111 2002/05/08 2002/05 A 5,523 14 A 2002/04/01 5,440 357 2002/04/05 2002/04 15 2002/03/01 5,173 12 2002/03/07 2002/03