UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM FOR THE DISTRICT OF DELAWARE Case Number Bar Date Ref # 2-NVM-2341 In re FLEMING COMPANIES, INC, ET.AL. 03-10945 (MFW) NOTE. This form should not be used to make a claim for an administrative Check box if you are expense arising after the commencement of the case. A "request" for payment aware that anyoné else has of an administrative expense may be filed pursuant to 11 U S C § 503 filed a proof of claim relating to your claim. Attach copy of Name of Creditor and Address statement giving particulars Check box if you have never received any notices 0354653544378 from the bankruptcy court in Kent Corp this case PO Box 170399 Check box if this address 4446 Pinson Vly Pkwy & Kent Rd differs from the address on the Birmingham AL 35217-0399 envelope sent to you by the If you have already filed a proof of claim with the court Creditor Telephone Number 205 853-3420 Bankruptcy Court or BMC you do not need to file again CREDITOR TAX I D # ACCOUNT OR OTHER NUMBER BY WHICH replaces Check here CREDITOR IDENTIFIES DEBTOR or amends a previously filed claim dated 63-0386573 if this claim 1 BASIS FOR CLAIM Personal injury/wrongful death Retiree benefits as defined in 11 USC § 1114(a) X Goods sold Wages salaries and compensation (Fill out below) Services performed __ Taxes Money loaned Other (describe briefly) Your social security number Unpaid compensation for services performed from to (date) (date) 3 IF COURT JUDGMENT, DATE OBTAINED 2 DATE DEBT WAS INCURRED 4 TOTAL AMOUNT OF CLAIM 1,132.21 1,132,21 AS OF PETITION DATE (secured) (unsecured) (unsecured poority) 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 **6 UNSECURED PRIORITY CLAIM** Check this box if your claim is secured by collateral (including a Check this box if you have an unsecured priority claim right of setoff) Specify the priority of the claim Brief description of collateral Wages salaries or commissions (up to \$4 650) earned within 90 days Real Estate before filing of the bankruptcy petition or cessation of the Debtor's business whichever is earlier 11 USC § 507(a)(3) Motor Vehicle Contributions to an employee benefit plan 11 U S C § 507(a)(4) Other Up to \$2 100 of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(6) Alimony maintenance or support owed to a spouse former spouse or Value of collateral child 11 USC § 507(a)(7) Amount of arrearage and other charges at time case filed Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) included in secured claim above if any \$ 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 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

PO BOX 900

El Segundo CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO

Bankruptcy Management Corporation

1330 East Franklin Avenue

El Segundo CA 90245

DATE SIGNED SIGN and print the name and

9/2/03

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)

Shanon Harbon, Sec Bleasure

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or impresonment for up to 5 years or both 18 U S C §§ 152 AND 3571

THIS SPACE FOR COURT

SEP 05 2003

BMC

Fleming Companies Claim





4446 PINSON VALLEY PARKWAY & KENT ROAD (35215) PO BOX 170399 BIRMINGHAM ALABAMA 35217 0399

PO BOX 170399
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www kentcorp com
sales@kentcorp

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MAILING ADDRESS
PO BOX 170399
BIRMINGHAM AL 35217
SHIPPING ADDRESS
4446 PINSON VALLEY PARKWAY &
KENT ROAD
BIRMINGHAM AL 35215

SHIP TO

A/R NO SALESMAN REGION SOLD TO

FLEMING COMPANY

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PHONE (205) 853-3420 FAX (205) 856-3622 www kentcorp com E-mail sales@kentcorp com

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BIRMINGHAM AL 35217
SHIPPING ADDRESS
4446 PINSON VALLEY PARKWAY &
KENT ROAD **BIRMINGHAM AL 35215**

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BIRMINGHAM AL 35217
SHIPPING ADDRESS
4446 PINSON VALLEY PARKWAY &
KENT ROAD
BIRMINGHAM AL 35215

A/R NO SALESMAN REGION

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4446 PINSON VALLEY PARKWAY & KENT ROAD (35215)
PO BOX 170399
BIRMINGHAM ALABAMA 35217 0399
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STATEMENT

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FLEMING COMPANY/NASHVILLE 500 SOUTH CARTWRIGHT GOODIETTSVILLE TN 3

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