

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

PROOF OF CLAIM



s130343

Scheduled Claim Ref # 2 F7 12946

YOUR CLAIM IS SCHEDULED AS

UNKNOWN UNSECURED
DISPUTED UNLIQUIDATED

In re

Case Number

Fleming Companies, Inc

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.

Name of Creditor and Address

0354429418439

NASH SHURONE
7620 WEST DONNA COURT
APT # 7
MILWAUKEE WI 53223

*7055 N. PRESIDIO DR
APT E
MILWAUKEE, WIS 53223*

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.

Creditor Telephone Number *(414) 875-8810*

CREDITOR TAX ID #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces or amends a previously filed claim dated _____ in this claim.

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

5/06/01

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ *2847.39*

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

NOT APPLICABLE

- 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.

NOT APPLICABLE

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 05 2003

BMC

Fleming Companies Claim



08328

DATE SIGNED

9-2-2003

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).

Shurone Nash shurone Nash

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

SHURONE NASH
DOI 5-6-01

DOS	PROVIDER	CHARGE
5/7/2001	<i>Family Medical Center</i>	\$121 00
5/29/2001		\$72 00
6/18/2001		\$72 00
7/6/2001		\$48 00
	<i>St Joseph's Hospital</i>	
6/5/2001	Venous Duplex Scan	\$265 75
	<i>Wage Loss (2 days @ 184 32 a day)</i>	
5/7/2001		\$368 64
5/8/2001		
	TOTAL SPECIALS	\$947 39

SAMSTER & KONKEL, S C.

Attorneys at Law

1110 North Old World Third Street
Suite 310
Milwaukee Wisconsin 53203

Telephone (414) 224-0400
Facsimile (414) 224-0280

July 9, 2001

Family Medical Clinic
5434 W Capitol Dr
Milwaukee, Wisconsin 53215

RE Shurone Nash
Injury of May 6, 2001

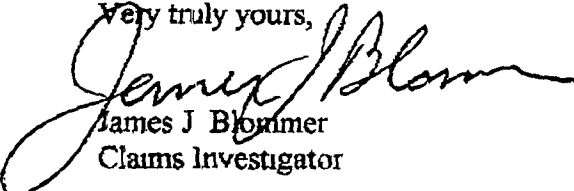
Dear Sirs

I represent the above client for injuries she sustained on May 6, 2001 and she has informed us that she has treated, and now been released from your care for these injuries

I am requesting a copy of all medical records on Ms Nash from May 6, 2001 to date, along with a copy of the itemized billing for services rendered to Ms Nash

A medical authorization is enclosed for release of information

Very truly yours,


James J Blommer
Claims Investigator

STATEMENT

PAGE 1

M JASJA KHAN MD

PATIENT SHURONE YVETTE NASH

00000

APT #7
 7620 W DONNA CT
 MILWAUKEE WI 53223
 SSN 396-78-2766

SHURONE YVETTE NASH
 APT #7
 7620 W DONNA CT
 MILWAUKEE WI 53223

ACCOUNT NO 101260
 STATEMENT DATE 07/16/01

ATTENDING PHYSICIAN'S STATEMENT

DIAG CODE	SERVICE DATE	PROCEDURE REFERENCE	PATIENT NAME	L C	DESCRIPTION	CHGS/PMTS/ADJ PATIENT	INSURANCE
346 9C	06/19/01	1c	SHURONE	0	STANDARD OFFICE SERVICE	00	00
346 9A	06/18/01	13	SHURONE	0	EXPANDED OFFICE SERVICE	72	00
779 5	05/29/01	13	SHURONE	0	EXPANDED OFFICE SERVICE	72	00
	07/03/01	AETFA			INSURANCE CHECK		-63 00
	07/03/01	AETFA			CONTRACTUAL WRITEOFF		-9 00
493 9B	05/07/01	13	SHURONE	0	EXPANDED OFFICE SERVICE	72	00
	06/19/01	12-Y4			INSURANCE CHECK		-63 00
	06/19/01	AF-RA			CONTRACTUAL WRITEOFF		-9 00
493 90	05/07/01	94110	SHURONE	0	SPIROMETRY, INCLUDING	49	00
	06/19/01	AETFA			INSURANCE CHECK		-00 00

CURRENT	OVER 30	OVER 50	OVER 90	OVER 120		PATIENT	INSURANCE
120 00	00	00	00	00	(--BALANCE--)	00	120 00
						TOTAL DUE	120 00

SUBJECTIVE

Chief complaint Cough and shortness of breath

Presenting history Shurone 32 year old female patient presents today complaining of increasing cough and shortness of breath for the past 2 days Patient has history of bronchial asthma Using inhalers as prescribed Despite that shortness of breath is not improving Giving history of wheezing Cough is productive No associated chest pain Positive chills The patient also complains of left leg pain The patient was walking and did not see the hole in the floor She stepped into it and scratched her left foot on the lower part since then she has been complaining of pain in that area

OBJECTIVE

injury date 5/06/01 while walking
grocery shopping did not go to hospital
happened at about. went home to sleeping

Patient is alert and responsive No visible distress Pulse 90/minute, respiratory rate 20/minute, temperature 98.8
HEENT Pupils are equal and reactive, no scleral icterus Eye movements are normal Oral mucosa and pharynx are clear No nasal discharge Both the TMs are normal
Neck There is no JVD no thyromegaly, no lymphadenopathy No carotid bruits Neck is supple
CVS regular rhythm normal S1 and S2 No gallop no murmur Peripheral pulses are 2 positive and equal
Chest examination Patient is tachypneic No intercostal retraction Normal vesicular breath sounds all over Bilateral expiratory wheezes present Coarse rales at both bases
CNS Patient is oriented times 3 Cranial nerves 2 through 12 are intact There are no focal motor or sensory size Deep tendon reflexes are 2 positive and equal
extremities, left leg was examined There is no obvious Bruise or scratches on lower part of the left leg For

ASSESSMENT

Acute exacerbation of bronchial asthma *sprometry borderline*
the left leg pain because of recent fall *Obstruction.*

PLAN

Pathophysiology of asthma including bronchospasm and inflammation discussed with the patient Environmental control and asthma triggers also explained Use of MDI demonstrated and handout given
Advised to continue current inhalers
Will start antibiotics and cough syrup

MEDICATION

Amoxicillin 500 mg PO every 8 hours #30 Refills-0
Cardac DM cough syrup 5 ml PO four times daily as needed 180 ml Refills-0
Albuterol MDIs 2 puffs twice daily as needed Refills 1
Ibuprofen 600 mgs po three times daily as needed #30 No refills

FOLLOW UP

Return to the clinic in one week if not back to normal



SPIROMETRY REPORT
PB100 SW Rev J-J

FAMILY MEDICAL

TEST DATE: 05/07/01
TIME 09.52 AM

abu

Patient Name Shurone Nash
Patient ID 396782765 Age 32 Height (in) 70
Metric Pressure (mmHg) 760 Temp (deg F) 70

PreMed Time 09 54 AM
Sex Female Race Correction 85% Smoker No
Sensor FS200 Insp Code None

FVC TEST DATA Clinical Format

BEST TEST SUMMARY

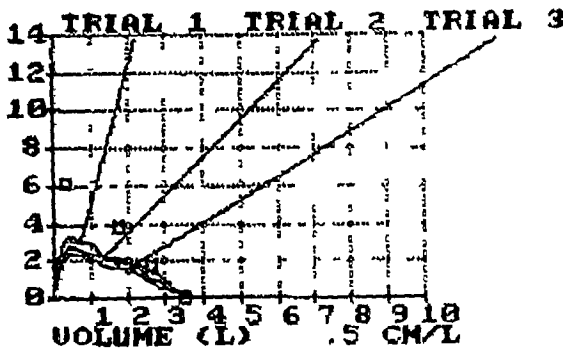
Knudson 83 Adult Predicted Normals

Measurement		PreMed	Pred	%Pred	PostMed	%Pred	%Change
FVC	(L)	3.65	3.53	103%			
FEV1	(L)	2.39	2.95	81%			
%FEV1	(%)	65.47	81.93	80%			
FEF25%-75%	(L/S)	1.93	3.35	58%			
PEF	(L/S)	3.32	6.10	54%			
FEV3	(L)	3.45	3.28	105%			
FET	(S)	8.62					

Variability PreMed FVC = 1.9%(70ml) FEV1 = 6.7%(160ml) PEF = 16.3%

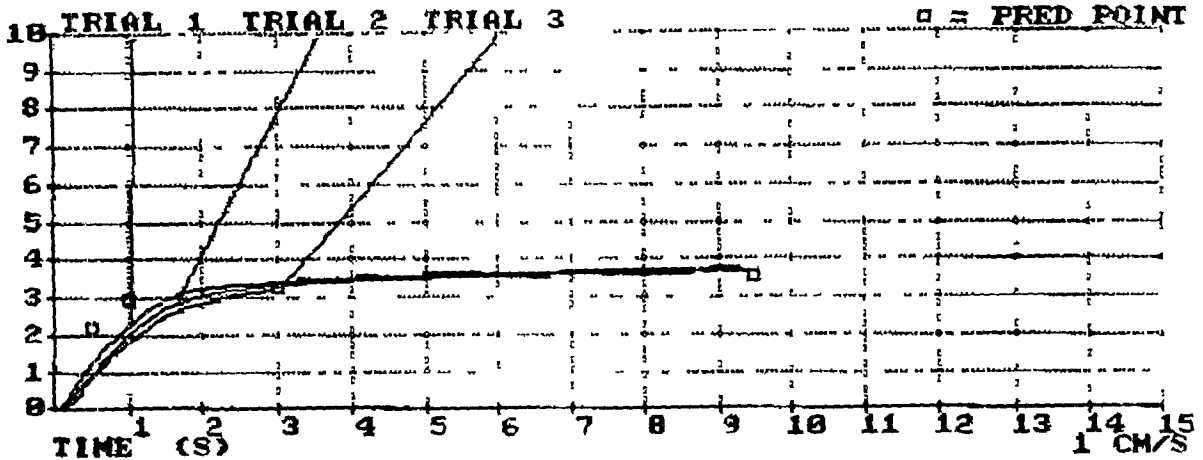
PREMED
□ = PRED POINT

FLOW (L/S)
.25 CM/L/S



PREMED

VOLUME (L)
.5 CM/L



Interpretations.

PREMED Testing indicates borderline obstruction

Comments.

SUBJECTIVE

Chief Complaint left leg pain

Presenting history, 32 year-old African-American female, to the clinic today with continued pain in the left leg. The patient was seen by me a couple of weeks ago with a history of fall with subsequent left lower extremity pain since then the patient has been complaining of pain in the left lower extremity there is some relief with ibuprofen but that is temporary. The patient also things that she has developed some swelling in the left leg. Compared to that she also complains of left hip pain and thinks that the pain is radiating from the left lower extremity. Denies any shortness of breath chest pain.

OBJECTIVE

no obvious distress

Vitals RR 18/ min, pulse 76/min afebrile

HEENT Pupils are equal and reactive to light and accomodation. Conjunctivae and lids are normal.

Neck is supple, no thyromegally, no lymphadenopathy no carotid bruit

Cardiovascular No murmur, no gallop, normal S1 and S2

Respiratory system no use of accessory muscles is noted. No wheezes or ronchi

Abdomen soft, normal bowel sounds, no organomegally, no rigidity or rebound is noted

Neurologic Cranial nerves 2-12 are intact, deep tendon reflexes are symmetrical and equal, motor and sensory systems are intact

Extremities left lower extremity is slightly more solid and compared to the right one. There is no pitting edema. some varicosities, pedal pulses are palpable

Musculoskeletal Gait is limping

ASSESSMENT

Persistent pain left leg, now with swelling

PLAN

Pathophysiology of the disease process discussed with the patient. Relevant questions answered will also get the venous dopplers of the left lower extremity to rule out clots.

MEDICATION

Ultram 50 mgs po twice daily #20 No refills

FOLLOW UP

as needed

Printed on 05/24/2001 at 05:16 PM

M Q Khan, M D

SUBJECTIVE:

Chief Complaint migraine headaches

Presenting history 32 year-old African-American female to the clinic today with the history of migraine headaches. The headache is mainly present in the frontal part of the head according to the patient the pain is not very bad and is pretty much tolerable. The patient denies any dizziness, blurry vision, tingling and numbness in the hands. The patient denies any nausea vomiting. The patient does say that the headaches go worse with the noise and light.

The patient is also following up for lower extremity edema. For this reason the patient was sent to St Joseph Hospital for noninvasive dopplers. That was negative for deep venous thrombosis. And the swelling also resolved on its own later on.

OBJECTIVE:

no obvious distress

Vitals blood pressure 135/82 RR 18/ min pulse 76/min, afebrile

HEENT Pupils are equal and reactive to light and accommodation. Conjunctivae and lids are normal.

Neck is supple no thyromegally no lymphadenopathy, no carotid bruit

Cardiovascular No murmur no gallop, normal S1 and S2

Respiratory system no use of accessory muscles is noted. No wheezes or ronchi

Abdomen soft normal bowel sounds no organomegally, no rigidity or rebound is noted

Neurologic Cranial nerves 2-12 are intact deep tendon reflexes are symmetrical and equal motor and sensory systems are intact

Extremities no edema no varicosities pedal pulses are palpable

Musculoskeletal Gait is normal muscle strength and tone is normal. Joints are without redness and swelling and with normal range of motion

Skin normal without any abnormalities

ASSESSMENT

migraine headaches

Swelling left lower extremity with the dopplers for deep venous thrombosis

PLAN

Pathophysiology of the disease process discussed with the patient. Relevant questions answered

MEDICATION

Propranolol 20 mgs po twice daily #60 Refills 2

Naproxen 500 mgs po twice daily #60 Refills none

FOLLOW UP

as needed

Printed on 06/18/2001 at 05:29 PM

M Q Khan, M D

SUBJECTIVE

Chief Complaint follow-up migraine headaches and left leg pain presenting history 32 year-old African-American female comes to the clinic today as a follow-up on migraine headaches and the left lower extremity pain. The patient recently saw the neurologist for the migraine headaches. Presently narrates significant relief. Also in the left lower extremity pain is much better.

OBJECTIVE.

no obvious distress
Vitals RR 18/min pulse 76/min afebrile
HEENT Pupils are equal and reactive to light and accommodation. Conjunctivae and lids are normal. Neck is supple, no thyromegaly, no lymphadenopathy, no carotid bruit.
Cardiovascular No murmur, no gallop, normal S1 and S2.
Respiratory system no use of accessory muscles is noted. No wheezes or ronchi.
Abdomen soft, normal bowel sounds, no organomegaly, no rigidity or rebound is noted.
Neurologic Cranial nerves 2-12 are intact, deep tendon reflexes are symmetrical and equal, motor and sensory systems are intact.
Extremities no edema, no varicosities, pedal pulses are palpable.
Musculoskeletal Gait is normal, muscle strength and tone is normal. Joints are without redness and swelling and with normal range of motion.

ASSESSMENT

Migraine headaches stable
Left lower extremities pain stable

PLAN

The patient was advised to continue with the same medications. She was also asked to keep the appointment with a neurologist.

MEDICATION

Ibuprofen 600 mgs po three times daily as needed #45 No refills.

FOLLOW UP:

as needed

Printed on 07/07/2001 at 05:57 PM

M Q Khan, M D

ST JOSEPHS HOSPITAL
 BOX 68-9510
 MILWAUKEE, WI 53268-9510
 Statement on 07/12/01 at 11 59 AM

Guarantor NASH SHURONE Y
 7620 W DONNA CT #7
 MILWAUKEE, WI 53223-0000

Patient NASH SHURONE Y
 Visit # 70445950

Date	Svc Code	Description	Units	Debits	Credits
06/05/01	32850	VENOUS DUPLEX SCAN-UN	1	265 75	
06/14/01	9848222	ALLOW AETNA PARTNERS	-1		53 15-
07/03/01	9900602	PAY AETNA PARTNERS	-1		212 60-
* - Not posted				Balance	0 00

CRV Transcribed Text Report

patient Name NASH, SHURONE Y
 accountNum 18G004BDLR91
 medical Record # 768792
 account Admit D/T 06/05/2001 15 00
 patient Age 32 Y

activityDtIm 06/05/2001 19:02
 documentType VASCULAR LAB
 documentUID 1218185

cc
 MOHAMMAD KHAN, MD, Attending Physician

DATE OF SERVICE 06/05/2001

INTERPRETING PHYSICIAN RICHARD EVANS JR , MD

REFERRING PHYSICIAN MOHAMMAD KHAN, MD

PROCEDURE PERFORMED Left lower extremity venous duplex scan with venous Doppler evaluation

HISTORY This is a 32-year-old African-American female who has left ankle edema for the past one month. Her swelling is reduced in the morning.

PROCEDURE The duplex scan interrogated the veins of the left lower extremity and this documented that all vessels were patent. There was no evidence of deep venous thrombosis.

The venous Doppler evaluation documented spontaneous, phasic, augmented, competent and no pulsatile venous flow as well as evidence of patency at the left common femoral, superficial femoral, popliteal, anterior tibial, posterior tibial, peroneal and greater saphenous vein areas.

IMPRESSION No deep venous thrombosis in the left lower extremity.

RICHARD EVANS JR , MD

RI/1mk D 06/05/2001 19 02 52 T.06/05/2001 20 00 42

ST JOSEPH'S HOSPITAL
 DOCTOR RICHARD EVANS JR , MD
 NAME NASH, SHURONE Y
 UA = 06/05/2001
 VISIT TYPE C
 MRN 768792
 ACCT = 70445950
 ROOM # CDU
 DOB 12/09/1968
 AGE 32Y

VASCULAR LABORATORY

Page 1 of 1

Current User: BALLOU, STACFY L

SAMSTER & KONKEL, S.C.

Attorneys at Law

1110 North Old World Third Street

Suite 310

Milwaukee, Wisconsin 53203

Telephone: (414) 224-0400

Facsimile: (414) 224-0280

WAGE LOSS VERIFICATION

DATED July 6, 2001

TO THE EMPLOYER.

This statement is for the benefit of your employee in his claim arising out of an accident THAT IS IN NO WAY CONNECTED WITH HIS/HER EMPLOYMENT AT YOUR COMPANY It will be to his advantage if this form is filled out completely

Name of Employer Milwaukee Public Schools

Address 5225 W. Vliet St 53208

Name of Employee Sharon Nash

Address 7620 W Dana Ct Milwaukee

Phone 371-9254

Date Employed (Approximate) 4-21-97 to Present

Hours Worked per Week 40

Days Lost from Work: From See attached Inclusive

Average Salary \$ 184.32 per day

Average Hours Overtime per Week NA

Bonus, Commissions or Overtime Lost, if any \$ NA

Employee's Regular Duties See attached

Comments _____

Approved
Sharon Nash
Employee

Signed [Signature]
Official Title Payroll Supervisor

Monitor Absence (GBL) - Inquire - Absence Summary by Employee

File Edit View Options Help Window Help

Employee Summary by Employee

Employee Name	Employee ID	Employee Title	Employee Dept	Employee Status
John Doe	1000001	Software Engineer	Engineering	Active
Jane Smith	1000002	Product Manager	Product	Active
Bob Johnson	1000003	Marketing Specialist	Marketing	Active
Alice Brown	1000004	Operations Manager	Operations	Active
Charlie White	1000005	Finance Analyst	Finance	Active
Diana Green	1000006	HR Specialist	HR	Active
Frank Black	1000007	Sales Representative	Sales	Active
Grace King	1000008	Quality Assurance	QA	Active
Henry Lee	1000009	Systems Administrator	IT	Active
Ivy Hill	1000010	Business Development	Business	Active

BOARD OF SCHOOL DIRECTORS
MILWAUKEE, WISCONSIN

Position Description

Title Teacher

Reports to Principal

Basic Function

The basic function of a teacher is to provide an instructional program for students that is appropriate to the educational needs and developmental levels. The educational program is offered in an equitable, multicultural setting and teaches all children to think deeply, critically and creatively.

Major Duties and Responsibilities

1. Maintains a broad knowledge of all facets related to the teaching assignment as it relates to the subject/grade level of the students.
2. Incorporates into the instructional program as appropriate the ten teaching/learning goals of the district, which were approved by the Board of School Directors in 1991. The goals are for students to
 - project anti-racist, anti-biased attitudes
 - participate in the arts
 - respect self and others
 - make responsible decisions,
 - demonstrate responsible citizenship and global understanding,
 - use technology,
 - think logically and abstractly
 - communicate effectively
 - learn strategies to cope with the challenges of daily living
 - set short and long-term goals
3. Plans and organizes instruction.
4. Presents and reinforces lessons.

- 5 Addresses different learning modalities (auditory, visual, kinesthetic)
- 6 Uses appropriate classroom management strategies
- 7 Relates well to students.
- 8 Communicates effectively, both verbally nonverbally, and in writing, with students, parents, and other staff members
- 9 Is willing to participate in student extracurricular activities
- 10 Performs other duties as assigned

Job Qualifications

- 1 Appropriate certification by the Wisconsin Department of Public Instruction for the grade level/subject area.