

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Delaware</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <u>Fleming Companies</u>	Case Number <u>03-10945</u>	
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.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Alto-Shaam, Inc</u>	<input type="checkbox"/> 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. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent <u>Will N 9221 Water Street</u> <u>PO BOX 450</u> <u>Menomonee Falls, WI 53052</u> Telephone number <u>(262) 251-3800</u>	THIS SPACE IS FOR COURT USE ONLY	
Account or other number by which creditor identifies debtor <u>A19934 &amp; A96255</u>	Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends	
<b>1 Basis for Claim</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
<b>2 Date debt was incurred</b> <u>3/19/03, 3/21/03 &amp; 3/28/03</u> <b>3 If court judgment, date obtained</b> _____		
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <u>20,727.87</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> 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.		
<b>5 Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral _____ <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____	<b>6 Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
<b>7 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8 Supporting Documents</b> 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. <b>9 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date _____	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). <u>Carol A. Malinauskas - Carol Malinauskas, Credit Services mgr</u>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

**FILED**

SEP 08 2003

**BMC**

Fleming Companies Claim



08526

# INVOICE



Phone 262 251 3800  
800 558 8744 USA / CANADA  
Fax: 262.251 2510  
800 329 8744 USA / CANADA

Mailing Address  
P O Box 450  
Menomonee Falls, WI  
53052 0450 U.S.A.

Shipping Address  
W164 N9221 Water Street  
Menomonee Falls, WI  
53051 U.S.A.

Page

000001

PLEASE REMIT PAYMENT TO  
ALTO SHAAM INC  
P O BOX 1451  
MILWAUKEE WI 53201-1451

FEDERAL ID# 39 1020882

Sold-to

Flemming Company  
Northeast Division  
650 Pencader Drive

Newark DE

Ship-to

Dreshertown Shop N Bag 101  
Attn Bob Verlik  
1650 Limekiln Pike

Dresher PA 19025

FOB/EXWORKS

ORDER #	SHIP #	LOC	SHIP VIA	PROBOL#	COL / PPD	INVOICE #
141601-00			ABF		PREPAID	00456454
ORDER DATE	SHIP DATE	CUST #	PURCHASE ORDER #	JOB #	SLS	DATE
3/28/2003	3/28/2003	A19934	060-00101-314		251	3/28/2003

LINE SEQ #	ITEM NUMBER	UOM	QTY \$	ORDERED	SHIPPED	BACKORDERED	NET
	DESCRIPTION			PRICES	PER UNIT	EXTENDED	

TO INVOICE FOR FRT CHARGES TO SHIP PO 060-00101-314  
INVOICE 455743 DATED 3/19/03

Sales Amount 00  
Misc Charges 00  
Freight 301 20  
Sales Tax 00

TERMS NET 30 DAYS

INVOICE TOTAL

\$301 20

# INVOICE



Phone 262.251 3800  
800 558 8744 USA / CANADA  
Fax 262.251.2510  
800 329 8744 USA / CANADA

Mailing Address  
P O Box 450  
Menomonee Falls WI  
53052 0450 U.S.A.

Shipping Address  
W164 N9221 Water Street  
Menomonee Falls WI  
53051 U.S.A.

Page 000001

PLEASE REMIT PAYMENT TO  
ALTO SHAAM INC  
P O BOX 1451  
MILWAUKEE WI 53201-1451

FEDERAL ID# 39-1020882

Sold-to  
Fleming Companies  
  
One Gateway Court  
  
Superior WI 54880

Ship-to  
Baxter Super ONE  
ATTN JOE IN DELI  
1550 Fair View Drive North  
218 828 2160  
Baxter MN 56401

## FOB/EXWORKS

ORDER #	SHIP #	LOC	SHIP VIA	PRO/BOL#	COL / PPD	INVOICE #
140851-00	131171	01	UPS GROUND		PPD & ADD	00455704
ORDER DATE	SHIP DATE	CUST #	PURCHASE ORDER #	JOB #	SLS	DATE
3/18/2003	3/18/2003	A96255	505 535		300	3/19/2003

LINE SEQ #	ITEM NUMBER DESCRIPTION	UOM	QTY \$	ORDERED PRICES	SHIPPED PER UNIT	BACKORDERED EXTENDED	NET
	#2 tues 9 49 ms						
10	11317R LONG PAN DIVIDER (FOR SERVICE ONLY)	EA	6	6	12 80	0 76 80	76 80
15	11357 DIVIDER,SHEET PAN, LONG CBS-6'	EA	1	1	24 00	0 24 00	24 00
20	11318R SHORT PAN DIVIDER (FOR SERVICE ONLY)	EA	10	10	7 20	0 72 00	72 00
25	11320 DIVIDER,SHEET PAN, SHORT CBS-4'	EA	6	6	12 80	0 76 80	76 80
Sales Amount							249 60
Misc Charges							00
Freight							6 31
Sales Tax							12 48

TERMS NET 30 DAYS

INVOICE TOTAL

\$268 39

# INVOICE



Mailing Address  
P O Box 450  
Menomonee Falls, WI  
53052 0450 U S A.

Page 000001

Phone 262.251 3800  
800 558 8744 USA / CANADA  
Fax. 262.251 2510  
800 329 8744 USA / CANADA

Shipping Address  
W164 N9221 Water Street  
Menomonee Falls WI  
53051 U S A

PLEASE REMIT PAYMENT TO  
ALTO SHAAM INC  
P O BOX 1451  
MILWAUKEE WI 53201-1451

FEDERAL ID# 39-1020882

Sold-to  
Fleming Companies  
  
One Gateway Court  
  
Superior WI

54880

Ship-to  
Jubilee Foods 500058  
  
Highway 34 West  
  
Walker MN 56484

## FOB/EXWORKS

ORDER #	SHIP #	LOC	SHIP VIA	PRO/BOL#	COL / PPD	INVOICE #
140584-00	131280	01	PERFORMANCE	1128302	PPD & ADD	00455954
ORDER DATE	SHIP DATE	CUST #	PURCHASE ORDER #	JOB #	SLS	DATE
3/13/2003	3/20/2003	A96255	14150005B-491		285	3/21/2003

LINE SEQ #	ITEM NUMBER DESCRIPTION	UOM	QTY S	ORDERED PRICES	SHIPPED PER UNIT	BACKORDERED EXTENDED	NET
5	DELIVER 3/24/03 MF PO 14150005B-491 309051 EA ITM-48,120/208V,4' TO HAVE STAINLESS STEEL PANELS (PER LISA) Serial Numbers 205852-000	EA	1		1 4732 00	0 4,732 00	4,732 00
Sales Amount							4,732 00
Misc Charges							00
Freight							209 40
Sales Tax							307 58

TERMS NET 30 DAYS

INVOICE TOTAL

\$5,248 98

715 394 1665 P.02/02

# Fleming

713-392-8800, 713-394-1551 FAX [info@unifonctional.com](mailto:info@unifonctional.com)

date: March 7, 2003

**Ext. Cost**

4,733,00

ordered per Greg Larson

2,732 00

Superior 17, 54860

## Store Planner

**PREPAY AND ADD FREIGHT -- EQUIPMENT FOR DEALE TAX EXEMPT -- INVOICE IN DUPLICATE**

3:31 PM

TOTAL P.02

## INVOICE



Mailing Address  
P O Box 450  
Menomonee Falls WI  
53052 0450 U.S.A.

Page 000001

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Fax 262.251.2510  
800 329 8744 USA / CANADA

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Menomonee Falls, WI  
53051 U.S.A.

PLEASE REMIT PAYMENT TO  
ALTO SHAAM INC  
P O BOX 1451  
MILWAUKEE WI 53201-1451

FEDERAL ID# 39-1020882

Sold-to  
Flemming Company  
Northeast Division  
650 Pencader Drive

Ship-to  
Dreshertown Shop N Bag 101  
Attn Bob Verlik  
1650 Limekiln Pike

Newark DE

19702

Dresher PA 19025

FOB/EXWORKS

ORDER #	SHIP #	LOC	SHIP VIA	PRO/BOL#	COL / PPD	INVOICE #
139598-00	131134	01	ABF	039835867	PREPAID	00455743
ORDER DATE	SHIP DATE	CUST #	PURCHASE ORDER #	JOB #	SLS	DATE
2/26/2003	3/18/2003	A19934	060-00101-314		251	3/19/2003

LINE SEQ #	ITEM NUMBER DESCRIPTION	UOM	QTY'S ORDERED	PRICES PER UNIT	SHIPPED PER UNIT	BACKORDERED EXTENDED	NET
	PREPAY FRT AND SEND FRT BILL TO FLEMING COMPANY NORTHEAST DIVISION 650 PENCADOR DRIVE NEWARK DE 19702 DELIVER 3/24/03 MF PO 060-00101-314						
5	UN-25231 EA		1	14700 70	1	0	14,700 70
	7 14 GAS,ML,115V,60HZ, 1PH,DEL,NATURAL Serial Numbers LZV03010337						
10	SH-22584 EA		4	00	4	0	00
	SHELF, *CT,SS,10 18,7 14,QC-40 NOTE INCLUDED W/ABOVE						
15	FI-23014 EA		1	208 60	1	0	208 60
	FILTERS, *CT, WATER TREATMENT UNIT,ELEC & GAS COMBIS						
Sales Amount						14,909 30	
Misc Charges						00	
Freight						00	
Sales Tax						00	

TERMS NET 30 DAYS

INVOICE TOTAL

\$14,909 30

