

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



666595

Bar Date Ref # 1 NV-37044

In re *Fleming Companies*

Case Number
03-10946

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.

FILED

SEP 08 2003

BMC

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

0354653666595

Maxfield Candy CO
1050 S 200 W
Po Box 554
Salt Lake City UT 84110

Creditor Telephone Number (901) 355-5321

CREDITOR TAX ID #

37-0205231

ACCOUNT OR OTHER NUMBER BY WHICH

CREDITOR IDENTIFIES DEBTOR

FL2240 - FL2263

Check here
if this claim

☐ replaces
or
☐ amends

a previously filed claim dated

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

see attached

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM

AS OF PETITION DATE

\$ *36,332.82*

(unsecured)

(secured)

(unsecured priority)

\$ *36,332.82*

(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

DATE SIGNED

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).

Mark Hiller Mark Hiller, Controller

THIS SPACE FOR COURT
USE ONLY

REC
AUG 04 2003

Fleming Companies Claim



08545

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



INVOICE

INVOICE NUMBER

22432

INV# 02432

BOL# 023191

MAXFIELD'S®

P O BOX 554

1050 SOUTH 200 WEST

SALT LAKE CITY UTAH 84110

(801) 355-5321

(800) 288 8002

FAX (801) 355 5546

IMPORTANT

OUR RESPONSIBILITY CEASES WHEN GOODS ARE DELIVERED TO CARRIER IN GOOD CONDITION

MERCHANDISE SHOULD BE INSPECTED UPON ARRIVAL AND ALL CLAIMS IMMEDIATELY FILED WITH CARRIER

INSPECTION REQUESTS FOR CONCEALED OR HEAT DAMAGE MUST BE MADE WITH DELIVERING CARRIER WITHIN 5 DAYS OF RECEIPT OF MERCHANDISE

INTEREST WILL BE CHARGED AT THE RATE OF 1 1/2% PER MONTH (ANNUAL RATE OF 18% ON ALL OVER ACCOUNTS IN THE EVENT OF DEFAULT OF THIS ACCOUNT CUSTOMER AGREES TO PAY ALL COST OF COLLECTION INCLUDING A REASONABLE ATTORNEY'S FEE

SOLD
TOFLEMING MINNEAPOLIS MN
ATTN: ACCOUNTS PAYABLE
P O BOX 189
MINNEAPOLIS MN

55440-

SHIP
TO

FLEMING MINNEAPOLIS

3501 MARSHALL STREET
MINNEAPOLIS
MN

55111

ACCOUNT NO.	SALES MAN NO.	PURCHASE ORDER NO.	SHIP VIA	COLL	PPD	DATE SHIPPED	TERMS	INVOICE DATE
		707903	RDWY/3141361			04/01/03	18 20, NET 45	04/01/03

QTY. ORDERED	QTY. SHIPPED	UNIT OF MEAS.	ITEM NO.	DESCRIPTION	UNIT PRICE	UNIT OF MEAS.	DISC %	EXTENDED PR
	100	CS	1020365021	24CT/HALLMARK EVERYDAY SHIPPET	129 60	CS		12960

Ship Weight
Cube2250.000
220

SALE AMOUNT

12960

MISC CHARGES
SALES TAX
FREIGHT0.00
0.00
0.00



INVOICE

INVOICE NUMBER

INV#

EOL#

MAXFIELD'S®

P O BOX 554 (801) 355 5321
1050 SOUTH 200 WEST (800) 288 8002
SALT LAKE CITY, UTAH 84110 FAX (801) 355 5546

IMPORTANT

OUR RESPONSIBILITY CEASES WHEN GOODS ARE DELIVERED TO CARRIER IN GOOD CONDITION.

MERCHANDISE SHOULD BE INSPECTED UPON ARRIVAL AND ALL CLAIMS IMMEDIATELY FILED WITH

INSPECTION REQUESTS FOR CONCEALED OR HEAT DAMAGE MUST BE MADE WITH DELIVERING PARTY WITHIN 5 DAYS OF RECEIPT OF MERCHANDISE

INTEREST WILL BE CHARGED AT THE RATE OF 1 1/2% PER MONTH (ANNUAL RATE OF 18%) ON ALL O.E. ACCOUNTS. IN THE EVENT OF DEFAULT OF THIS ACCOUNT, CUSTOMER AGREES TO PAY ALL COST OF COLLECTION INCLUDING A REASONABLE ATTORNEY'S FEE.

SOLD
TO

FLEMING COY/ MINNEAPOLIS MN00
APTN ACCTS PAYABLE
PO BOX 1380
MINNEAPOLIS MN

55440-

SHIP
TO

FLEMING MINNEAPOLIS

3501 MARSHALL STREET
MINNEAPOLIS

MN

55440-

ACCOUNT NO.	SALES MAN NO.	PURCHASE ORDER NO.	SHIP VIA	COLL.	PPD.	DATE SHIPPED	TERMS	INVOICE DATE
	71	106350	FLEWY/8013377201			03/21/03	18 20, NET 45	03 24 03

QTY. ORDERED	QTY. SHIPPED	UNIT OF MEAS.	ITEM NO.	DESCRIPTION	UNIT PRICE	UNIT OF MEAS.	DISC %	EXTENDED P.
	11 00	CS	7020367591	24CT 1LB MRS FIELDS ASST SNPR	112 08	CS		4.05

Ship Weight 1324 000
Cube 110

SALE AMOUNT

MISC CHARGES
SALES TAX
FREIGHT

INV# 19022
BOL# 021159

FLEMING CTP / GENEVA DIVISION
ATTN ACCTS PAYABLE
PO BOX 24760
OKLAHOMA CITY, OK

73124-

FLEMING FOODS GENEVA DIVISION
334-684-3902 / 48 HRS PRIOR
2001 WEST MAGNOLIA AVENUE
GENEVA
AL

36340-

FLE2264 74 843478-GE RDWY/8812530688 01/03/03 1% 20, NET 45 01/06/03

192 00 192 00 CS 7020317591 4CT/16OZ MF HEART TIN 29 88 CS 5736 96

117 00 117 00 CS 7020357533 12CT/2OZ MF MINI HRT TIN 16 54 CS 1935 18

Ship Weight 2024 100
Cube 157

7672 14

0 00
0 00
0 00

7672 14

INV# 18655
BOL# 020381

FLEMING FOODS - KANSAS CITY
VENDOR#58126
KANSAS CITY DIVISION
PO BOX 26146
OKLAHOMA CITY, MO

73126-

FLEMING FOODS - KANSAS CITY
913-281-8239/ 72 HR ADVANCE APPT
5300 KANSAS AVENUE
KANSAS CITY
KS 66106-

FLE2246	74	404797-KC	RDWY/8812673183 NEED APPT	12/17/02	1% 20, NET 45	12/19/02
237 00	237 00	CS 7020317591	4CT/16OZ MF HEART TIN		29 88 CS	7081 55
166 00	166 00	CS 7020323311	12CT/1 LB AA VAL WRAP SRC		24 24 CS	4023 84

Ship Weight 5002 600
Cube 194

11105 40

0 00
0 00
0 00

11105 40

NAMES OF DEBTOR ENTITIES AND CASE NUMBERS

ABC Food Group Inc 03-10946(MFW)	Fleming Companies Inc 03-10945(MFW)	Javar Concepts Ltd 03-10953(MFW)
ABC Markets Inc 03-10947(MFW)	Fleming Foods Management Co LLC 03-10954(MFW)	Minter-Weisman Co 03-10964(MFW)
ABC Realty Corp 03-10948(MFW)	Fleming Foods of Texas L.P. 03-10955(MFW)	Piggly Wiggly Company 03-10965(MFW)
ASI Office Automation Inc 03-10949(MFW)	Fleming International Ltd 03-10956(MFW)	Progressive Realty Inc 03-10966(MFW)
C/M Products Inc 03-10952(MFW)	Fleming Supermarkets of Florida Inc 03-10958(MFW)	Rainbow Food Group Inc 03-10967(MFW)
Core Mark International Inc 03-10944(MFW)	Fleming Transportation Service Inc 03-10957(MFW)	Retail Investments Inc 03-10968(MFW)
Core Mark International Companies Inc 03-10951(MFW)	Food 4 Less Beverage Company Inc 03-10959(MFW)	Retail Supermarkets Inc 03-10970(MFW)
Core Mark Mid-Continent Inc 03-10950(MFW)	Fuelserve Inc 03-10960(MFW)	RFS Marketing Services Inc 03-10971(MFW)
Dumigan Fuels Inc 03-10973(MFW)	General Acceptance Corporation 03-10961(MFW)	Richman Foods Inc 03-10972(MFW)
Evitt Concepts Ltd 03-10953(MFW)	Head Distributing Company 03-10963(MFW)	

INSTRUCTIONS FOR FILING PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances such as bankruptcy cases that are not filed voluntarily by a debtor there may be exceptions to the general rules.

DEFINITIONS

DEBTOR

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

CREDITOR

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date the bankruptcy case was filed.

PROOF OF CLAIM

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, Bankruptcy Management Corporation, at the address listed on the reverse side of this page.

SECURED CLAIM

A claim is a secured claim to the extent that the creditor has a lien on the property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television, set, or other item of property. A lien may have been obtained through a court proceeding before a bankruptcy case began. In some states, a court judgment is a lien. In addition to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also Unsecured Claim.)

UNSECURED CLAIM

If a claim is not a secured claim, it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

UNSECURED PRIORITY CLAIM

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

Court Name of Debtor and Case Number

Fill in the name of the federal judicial district where the bankruptcy case was filed, the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the Claims Agent, Bankruptcy Management Corporation, all of this information is near the top of the notice.

Information about Creditor

If not already accurately pre-printed, complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If (1) anyone else has already filed a proof of claim relating to this debt, (2) if you never received notices from the Claims Agent, Bankruptcy Management Corporation, about this case, (3) if your address differs from that to which the Claims Agent sent this notice, or (4) if this proof of claim replaces or amends a proof of claim that was already filed, check the appropriate boxes on the form.

1 Basis for Claim

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in your social security number and the dates of work for which you were not paid.

2 Date Debt Incurred

Fill in the date when the debt first was owed by the debtor.

3 Court Judgments

If you have a court judgment for this debt, state the date the court entered the judgment.

4 Total Amount of Claim at Time Case Filed

FILL IN THE TOTAL AMOUNT OF THE ENTIRE CLAIM. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

5 Secured Claim

If your claim is a secured claim, check the appropriate boxes in this section. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS above.)

6 Unsecured Priority Claim

If your claim is an unsecured priority claim (See DEFINITIONS above), check the appropriate boxes in this section and state the amount entitled to priority. A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

7 Credits

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim, you have given the debtor credit for all payments received from the debtor.

8 Supporting Documents

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.

Please read – important information – upon completion of this claim form, you are certifying that the statements herein are true.

Be sure to date the claim and place original signature of claimant or person making the claim for creditor where indicated at the bottom of the claim form. Please type or print name of individual under the signature. Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

Return claim form and attachments, if any, and a second copy with any attachments to the Claims Agent, Bankruptcy Management Corporation, at the address on the front of this form.