

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

**PROOF OF CLAIM**



628823

Bar Date Ref # 2-NVM-95450

In re **Fleming Companies, Inc., et al.** Case Number **03-10945 (MFW)**

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

**Name of Creditor and Address**

0354653628823

Treasurer State of MN  
PO Box 64882 Attn ~~Betty Miller~~ **David Hovet**  
Mn Dept of Health Wic Program  
St Paul MN 55164

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 ( )

**CREDITOR TAX ID #**

41-6007162

**ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR**

See attached vendor numbers

Check here  replaces or  amends a previously filed claim dated \_\_\_\_\_

**1 BASIS FOR CLAIM**

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly)  
Refund of Money Overpaid by WIC Program
- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages salaries and compensation (Fill out below)  
Your social security number \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

**2 DATE DEBT WAS INCURRED**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ 669.06 (unsecured) \$ \_\_\_\_\_ (secured) \$ 669.06 (unsecured priority) (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. **Summary and letter attached.**

**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

**THIS SPACE FOR COURT USE ONLY**

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

SEP 08 2003

**BMC**

Fleming Companies Claim



08573

DATE SIGNED

9/3/03

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)

*David Hovet*  
David Hovet, Director  
Financial Management

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**

Store Name	WIC Vendor Number	WIC Voucher #	Date Voucher Paid	Amount of Overpayment
Rainbow Foods	7489	110801569	3/1/2003	\$4 52
Rainbow Foods	7489	110470422	3/10/2003	\$12 73
Rainbow Foods	7489	110294668	2/17/2003	\$112 50
Rainbow Foods	7493	110035922	1/31/2003	\$13 72
Rainbow Foods	7500	111895796	3/9/2003	\$3 89
Rainbow Foods	7501	110289993	3/2/2003	\$6 10
Rainbow Foods	7501	111511816	2/13/2003	\$17 24
Rainbow Foods	7502	109928002	3/12/2003	\$53 62
Rainbow Foods	7504	111518647	2/23/2003	\$9 73
Rainbow Foods	7506	111480878	3/29/2003	\$3 06
Rainbow Foods	7509	110632924	2/15/2003	\$21 14
Rainbow Foods	7514	110954376	2/19/2003	\$5 92
Rainbow Foods	7514	110954824	2/24/2003	\$16 12
Rainbow Foods	7535	110832373	5/26/2003	\$9 18
Rainbow Foods	7595	110586797	2/18/2003	\$8 80
Rainbow Foods	7684	111032480	2/20/2003	\$5 19
Rainbow Foods	7684	111010672	2/18/2003	\$10 33
Rainbow Foods	7684	111012258	3/4/2003	\$10 49
Rainbow Foods	7684	111028827	3/24/2003	\$13 21
Rainbow Foods	7788	110922110	2/19/2003	\$5 00
Rainbow Foods	7788	111895318	2/23/2003	\$7 42
Rainbow Foods	7788	109674034	3/9/2003	\$12 35
Rainbow Foods	0059	107328817	2/23/2003	\$11 98
Rainbow Foods	0063	109208558	3/5/2003	\$6 51
Rainbow Foods	0063	109182615	1/30/2003	\$10 46
Rainbow Foods	0095	108283759	2/11/2003	\$23 39
Rainbow Foods	0095	108290855	3/20/2003	\$32 68
Rainbow Foods	0129	107134064	3/22/2003	\$50 64
Rainbow Foods	0261	111477860	3/20/2003	\$3 18
Rainbow Foods	0733	111057105	3/9/2003	\$8 46
Rainbow Foods	0733	104112091	4/23/2003	\$12 05
Rainbow Foods	0733	104104691	4/8/2003	\$34 95
Rainbow Foods	0733	111932687	4/27/2003	\$112 50
				\$669 06



*Protecting, maintaining and improving the health of all Minnesotans*

September 3, 2003

Bankruptcy Management Corporation  
P O Box 900  
El Segundo, CA 90245-0900

Re Fleming Companies, Inc , et al , Case Number 03-10945 (MFW)

Dear Sir or Madam

Attached please find the Minnesota Department of Health's Proof of Claim in the above matter. This Proof of Claim relates to monies overpaid by the Department's WIC Program to various Rainbow Foods grocery stores owned by the debtor. These stores are vendors in the WIC Program. In other words, they are authorized to accept WIC vouchers from customers in exchange for prescribed food, and they then deposit the vouchers to their bank accounts like checks. The WIC Program pays the vouchers. For some of the vouchers, the WIC Program paid too much money because the dollar amounts inserted by the stores onto the vouchers exceeded the stores' prices for the prescribed food. The Department is filing a claim for a refund of these overpaid amounts.

Attached is a summary of all the Rainbow Foods vouchers that were overpaid by the WIC Program and that have not been refunded. Each line represents a separate voucher. The vouchers themselves are not attached, for two reasons. First, they are voluminous. Second, under federal law, the identity of the WIC participants and of the persons signing the vouchers on behalf of the WIC participants is not public information. See 7 C F R § 246.26(d) (2003). If you would like us to submit copies of the WIC vouchers with this information redacted, please let me know.

If you have any questions, please contact me at the phone number or address below. Thank you.

Very truly yours,

A handwritten signature in black ink, appearing to read "D. Hovet", is written over the typed name.

David Hovet, Director  
Financial Management  
Phone 651-215-0389  
e-mail dave.hovet@health.state.mn.us

Mailing address  
Delivery address

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