

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

PROOF OF CLAIM



s129082

Scheduled Claim Ref # 2 F7 11088

YOUR CLAIM IS SCHEDULED AS

UNKNOWN UNSECURED
DISPUTED UNLIQUIDATED **FILED**

SEP 07 2003

BMC

The amounts reflected above constitute your claim as scheduled by the Debtor. Do not file 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

In re **Fleming Companies, Inc** Case Number **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

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

LOBLEY GARY
82
W NORTHRUP
BUFFALO NY 14214

0354429411400

Creditor Telephone Number ()

CREDITOR TAX I D #
085 64-1693

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces or amends a previously filed claim dated **9-4-02**

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) **LOSS/DAMAGE of Property/goods**
 Your social security number **085 64-1693**
 Unpaid compensation for services performed from _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED **9-4-02** **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ _____ (unsecured) \$ **675.00** (secured) \$ _____ (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 **TV, JVC Stereo, Sony Play Station games, (19" Sylvania T.V. set)**
 Value of collateral \$ **675.00**
 Amount of arrearage and other charges at time case filed included in secured claim above if any \$ **675.00**

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

THIS SPACE FOR COURT USE ONLY
FILED

SEP 08 2003

DATE SIGNED
2/28/03

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)
Lobby G. Gary
Gary D. Lobby

Fleming Companies Claim
 08587

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

NOTICE OF LOSS OR DAMAGE

INSTRUCTIONS TO MEMBER You have up to 70 days to inspect your property and note all loss or damage. Should you find any loss or damage not reported on DD Form 1840 at the time of delivery, complete Section A below. Use only ball-point pen or typewriter. **THE COMPLETED FORM MUST BE DELIVERED TO YOUR LOCAL CLAIMS OFFICE NOT LATER THAN 70 DAYS FROM DATE OF DELIVERY. FAILURE TO DO SO MAY RESULT IN A REDUCTION OF THE AMOUNT PAYABLE ON YOUR CLAIM.** Keep a copy of this form for your records, receipted and dated by the claims office. If more than one page is needed, please number the pages.

SECTION A—(To be completed by member)

1 STATEMENT OF PROPERTY LOSS OR DAMAGE You are hereby notified of the loss or damage in the following shipment of personal property.

a Name of Member (Last First Middle Initial) Lobley, GARY D.	b PPGBL/Order Number JP/326502	c Date of Delivery 9-4-02
d Origin of Shipment (City and State/Country) WICATA FALLS TEXAS	e Destination of Shipment (City and State/Country) 82 W. Northrup Pl. Buffalo, N.Y. 14214	

f You are further notified that property owner intends to present a claim for this loss and/or damage. You are hereby extended an opportunity to inspect the property.

2 LIST OF PROPERTY LOSS/DAMAGE (NOTE: Tracer action is requested for items listed as missing)

a Inv No	b Name of Item	c General Description of Loss or Damage (If missing so indicate)
1	Sylvania 19" TV	Does not work, side of T.V cracked + Top \$108.00
2	JVC Stereo System	speakers smashed in, tape deck damaged \$200.00
3	Sony Playstation games are missing	final fantasy #9 \$56.00
3A	" "	NCAA football 2000 \$49.00
3b	" "	NBA live 2000 \$56.00
3c	" "	Marvel vs Capcom \$40.00
3d	" "	Tecken #3 \$52.00
3e	" "	Tecken #2 \$49.00
3f	" "	Twisted Metal #4 \$32.00
3g	" "	Syphen filter #2 \$46.00
3h	" "	NBA Live 98 \$56.00
3i	" "	AREA 51 \$32.00

SECTION B—(To be completed by claims office)

(NOTE: Mail original to home office of carrier/contractor listed in item 3 on DD Form 1840)

3 TO (Home Office of Carrier/Contractor)

a Name and Address (Street Address City State and Zip Code)	b Date of Dispatch
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4 YOUR REPRESENTATIVE MAY CONTACT THIS CLAIMS OFFICE FOR ASSISTANCE

a Name and Address of Claims Officer	b Signature
	c Date Signed
	d Telephone Number