

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

**PROOF OF CLAIM**



5130219

Scheduled Claim Ref # 2-F7-12822  
**YOUR CLAIM IS SCHEDULED AS**

UNKNOWN UNSECURED  
DISPUTED UNLIQUIDATED

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.

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.

**Name of Creditor and Address**  
  
0354429434931  
  
TAM WILLIAM  
34239 MIMOSA TERR  
FREMONT CA 94555

Creditor Telephone Number ( )

CREDITOR TAX ID #  
562-67-2656

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

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) \*
- 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)

\*Personal injuries (see attached)

**2 DATE DEBT WAS INCURRED**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ 850,000.00 (unsecured) \$ \_\_\_\_\_ (secured) \$ 850,000.00\*\* (unsecured priority) \$ 850,000.00\*\* (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. \*\*Estimated-see attached

**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.

**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

**FILED  
SEP 08 2003  
BMC**

DATE SIGNED  
Sept 5, 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).  
*[Signature]*  
DARREL C HORSTED, Attorney

**BMC**  
Fleming Companies Claim

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



08593

**ATTACHMENT TO PROOF OF CLAIM (WILLIAM TAM)**

*(Chapter 11 Bankruptcy of Fleming Companies, Inc ,  
Case No 03-10945)*

This proof of claim is submitted by William Tam (“claimant”) with respect to his injuries, medical expenses, lost wages, pain and suffering, and related damages arising from an accident at approximately 5 30 P M on August 4, 2002, while claimant was a customer at debtor’s commercial establishment, a retail food outlet commonly known as “Food 4 Less,” located at 39966 Cedar Boulevard, Newark, California

Claimant’s injuries occurred as a result of falling after slipping on produce which had accumulated on the floor of debtor’s establishment Claimant alleges that the accident and his damages and injuries were the result of negligence, unsafe conditions, and the maintenance of unsafe premises by the debtor, its servants and employees Claimant further alleges that this accident was due to debtor’s failure to monitor and maintain its public premises for the safety of its customers and invitees, such as claimant

Claimant further alleges that the debtor knew, or should have known, of the dangerous and unsafe conditions in the specific vicinity of the facility where claimant was injured, but failed to undertake actions which would have prevented claimant’s injuries Claimant further alleges that the negligence and failures of the debtor to undertake appropriate actions resulted in a dangerous condition for which it had, or should have had, knowledge

Claimant suffered extensive and serious injuries as a result of this accident, including an injured ankle (including infections), as well as injuries to his back and other

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parts of his body As a result of the accident, claimant also experienced, and continues to experience, pain, mental suffering, loss of sleep, and other physical and psychological injuries or damages with respect to his general health and sense of well being, the extent of which is not yet fully known

Claimant is not presently aware of all of the specifics with respect to the medical treatment he has received, thus far, nor that which will be required in the future, as a result of this accident Likewise, he is not fully aware of the medical bills he has incurred, thus far, nor those which may yet be incurred

Claimant, at present, alleges damages of \$850,000 based on his estimate of past and future medical expenses, lost wages, diminution of earning capacity, pain and suffering, and related damages However, the exact amount of such damages is, at present, unknown, and is based, in substantial part, on good faith estimates, and the amount of these damages will be amended and, perhaps, increased, when future information and knowledge are acquired with respect to claimant's wage losses, medical expenses, pain and suffering, diminution of earning capacity, and related damages

[C:\A1\Tam\Attch2ClaimBkyMgmt(090503) wpd]  
[September 2, 2003]

**ATTACHMENT TO PROOF OF CLAIM (WILLIAM TAM)**

***(Chapter 11 Bankruptcy of Fleming Companies, Inc ,  
Case No 03-10945)***

**Barrel Cameron Horsted, Inc**  
A PROFESSIONAL LAW CORPORATION  
THE EDWARD COLEMAN MANSION  
1701 FRANKLIN STREET  
SAN FRANCISCO CALIFORNIA 94109  
TELEPHONE (415) 921 3100

**PROOF OF SERVICE BY MAIL**

I, DARREL C HORSTED, do hereby declare

I am over the age of 18 and not a party to this cause I am a resident of or employed in the county where the mailing occurred My business address is 1701 Franklin Street, 500, San Francisco, CA 94109-3526

I served the foregoing "Proof of Claim" on each person named below by enclosing a copy in an envelope addressed as shown below and placing the envelope for collection and mailing on the date and at the place shown below following our ordinary business practices I am readily familiar with this business' practice for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid

William Tam  
34239 Mimosa Terrace  
Fremont, CA 94555-1808

Pachulski, et al  
919 N Market Street  
16<sup>th</sup> Floor  
Wilmington, Delaware 19801

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

Bankruptcy Management Corporation  
1330 East Franklin Avenue  
El Segundo, CA 90245  
|||||

I declare under penalty of perjury under the laws of the State of California that the above is true and correct Executed on September 5, 2003, at San Francisco, California

  
\_\_\_\_\_  
DARREL C HORSTED

[C:\A1\Tam\POSProofofAmendClaim(Fleming) wpd]  
[Date Mailed September 5 2003]



Darrel Cameron Horsted, Inc.  
A Professional Law Corporation



IN REPLY REFER  
TO FILE NUMBER TAM553-03Y

September 2, 2003

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

*Re Chapter 11 Bankruptcy of Fleming Companies, Inc ,  
Case No 03-10945*

Dear Sir/Madam

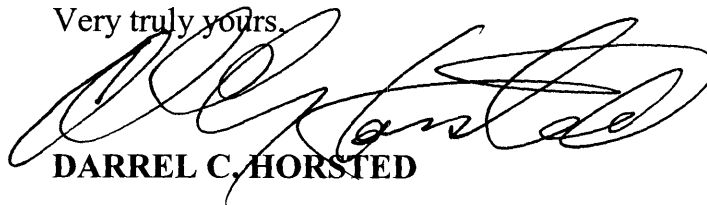
Enclosed please find an original and copy(ies) of the following document(s) ***“Proof of Claim (with attachment)”***

Please perform the following actions or services with respect to the above document(s)

- File the original(s),
- Retain extra copy/copies, as required,
- Return **only one** conformed/file stamped copy or a duplicate copy of the face sheet (only) in the enclosed envelope, and
- Discard or throw away extra copies not required by the court

Thank you for your courtesies, cooperation, and attention in this matter. If you have any questions regarding the above, please feel free to contact this office.

Very truly yours,



DARREL C. HORSTED

DCH ms  
cc Mr William Tam  
Enclosures

[C:\A1\CLERK\BKOther\TamFoodforLess\BkyMgmt090503POBox(ProofClaim) wpd]  
[September 5 2003]