FOR THE DISTRICT OF DELAWARE	PRO	OOF OF CLAIM	610540			
In re	Case N	lumber	Ва	r Date Ref # 2-NVM 76369		
NOTE This form should not be used to make a claim for an administrexpense arising after the commencement of the case. A 'request" for of an administrative expense may be filed pursuant to 11 U.S.C. § 503	payment	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of				
Name of Creditor and Address		statement giving particulars				
Shenandoah Motor Express Inc PO Box PO Box 641378 Cıncınnatı OH 45264 Creditor Telephone Number ()	653610540	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 a proof of claim with the		
CREDITOR TAX I D # ACCOUNT OR OTHER NUMB	ER BY WHI	CHren	laces	or BMC you do not need to file again		
31 - 1059733 CREDITOR IDENTIFIES DEBT	TOR	if this claim.	or a previou	sly filed claim dated		
1 BASIS FOR CLAIM		am	ends			
Goods sold Personal injury/wrongful death	Re	tiree benefits as defined in 11	USC§ 1114(a)		
Services performed Taxes	Wa	ages salaries and compensat	tion (Fill out belov	v)		
Money loaned Other (describe briefly)		Your social security number				
		Unpaid compensation for se	ervices performed			
2 DATE DEBT WAS INCURRED	2 15 (OURT JUDGMENT, DATE C	RTAINED	(date) (date)		
A TOTAL AMOUNT OF OLAIM	13 11 0	COURT JODGWENT, DATE C	BIAINED	\$ 2-1 : 192		
AS OF PETITION DATE \$ 25/597_44 \$ (unsecured)	- 1	secured)	secured priority)	\$ 251, 597 44 (total)		
If all or part of your claim is secured or entitled to priority, also c	·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(14-12-1)		
Check this box if claim includes interest or other charges in addition to t			mized statement o	f all interest or additional charges		
		JRED PRIORITY CLAIM				
Check this box if your claim is secured by collateral (including a right of setoff)		this box if you have an unsec	ured pnonty clair	n		
Brief description of collateral	Specif	y the priority of the claim				
·		iges salaries or commission, (up				
Real Estate		ore filing of the bankruptcy petition siness whichever is earlier 11 U		e Debtors		
Motor Vehicle	Coi	ntributions to an employee benefit	plan 11USC §	507(a)(4)		
Other	Up	to \$2 100* of deposits toward pur	chase lease or rer	ntal of property or services		
	for	personal family or household use	e 11 USC § 507	(a)(6)		
Value of collateral \$		mony maintenance or support owe ld 1 i U.S.C. § 507(a)(7)	d to a spouse form	ner spouse or		
Amount of arrearage and other charges at time case filed included in secured claim above if any \$		kes or penalties owed to governme		• • • • • • • • • • • • • • • • • • • •		
included in Secured Claim above II any \$		ne Specify applicable paragraph mounts are subject to adjustment on 4/1	•	• •		
7 CREDITS The amount of all payments on this claim has been cre 8 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts contracts court judgments mortgages security agr If the documents are not available explain If the documents are volu 9 DATE-STAMPED COPY To receive an acknowledgment of y	edited and cuments, reements iminous at	such as promissory notes pur and evidence of perfection of tach a summary	naking this proof of chase orders involved tien DO NOT SE	of claim voices litemized statements of END ORIGINAL DOCUMENTS		
additional copy of this proof of claim The original of this completed proof of claim form must be sent I	by mail or	hand delivered (FAXES NO	ACCEPTED	THIS SPACE FOR COURT		
so that it is received on or before 4 00 p m , September 15, 2003,			, , , , , , , , , , , , , , , , , , , ,	Fleming Companies Claim		
BY MAIL TO		ND OR OVERNIGHT DELIVERY		08743		
Bankruptcy Management Corporation P O BOX 900		ruptcy Management Corpo East Franklin Avenue	ration	SEP 0 8 2003		
El Segundo CA 90245-0900		gundo CA 90245		0 L1		
DATE SIGNED SIGN and print the name and title if any of the file this claim (attach copy of power of a	e creditor or ittorney if ar	r other person authorized to	ANCIS	BMC		
8 29 03 Shery (& Fronces	ï	DIRECTOR FIN Y				
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	ent for up to	5 years or both 18 USC §§	152 AND 3571			

ATTENTION TO DETAIL IS THE DIFFERENCE MOTOR EXPRESS, INC.

PHONE - 937-526-5545 FAX - 937-526-3663

Date 1/17/02 Freight Invoice # A000028

BILL TO Kmart c/o Fleming Foods 1945 Lakepointe Drive Lewisville, TX 75057 Attention David Adney

QTY	WEIGHT	DESCRITION	UNIT PRICE	TOTAL
		Freight Charges week ending 1/12/02 Origin Crossett Produce Akron, OH		
		For details, see weekly worksheet		
1		Freight		\$20,851 60

PAYMENT DETAILS

PLEASE REMIT PAYMENT TO SHENANDOAH MOTOR EXPRESS, INC PO BOX 641378 CINCINNATI, OH 45264-1378

ATTENTION TO DETAIL - IS THE DIFFERENCE MOTOR EXPRESS, INC.

PHONE - 937-526-5545 FAX - 937-526-3663

Date 1/30/02 Freight Invoice # A000029

BILL TO Fleming Foods
P O Box 24750
Oklahoma City, OK 73124-0750
Fleming Central Trade Payables

QTY	WEIGHT	DESCRITION	UNIT PRICE	TOTAL
		Freight Charges week ending 1/19/02		
		Origin Crossett Produce Akron, OH		
		For details, see weekly worksheet		
1		Freight		\$20,950 00
1				
[
1				
1				

PAYMENT DETAILS

PLEASE REMIT PAYMENT TO SHENANDOAH MOTOR EXPRESS, INC PO BOX 641378 CINCINNATI, OH 45264-1378

ATTENTION TO DETAIL - IS THE DIFFERENCE MOTOR EXPRESS, INC.

PHONE - 937-526-5545 FAX - 937-526-3663

Date 1/30/02

Freight Invoice # A000030

BILL TO Fleming Foods
P O Box 24750
Oklahoma City, OK 73124-0750
Fleming Central Trade Payables

QTY	WEIGHT	DESCRITION	UNIT PRICE	TOTAL
		Freight Charges week ending 1/21/02		
		Origin Crossett Produce Akron, OH		
		For details, see weekly worksheet		
1		Freight		\$5,169 80

PAYMENT DETAILS

PLEASE REMIT PAYMENT TO SHENANDOAH MOTOR EXPRESS, INC P O BOX 641378 CINCINNATI, OH 45264-1378

ATTENTION TO DETAIL - IS THE DIFFERENCE MOTOR EXPRESS, INC.

PHONE - 937-526-5545 FAX - 937-526-3663

Date 1/16/02

Freight Invoice # G000027

BILL TO Kmart c/o Fleming Foods
500 S Cartwright
Goodlettsville, TN 37072
Attention Doyle Schneider / David Rutherford

QTY	WEIGHT	DESCRITION	UNIT PRICE	TOTAL
		Freight Charges week ending 1/05/02 Origin Fleming Goodlettsville, TN		
		For details, see weekly worksheet		
1		Freight		\$44,362 31
		Prio		12 23,882 71
		BALANCE		21,479 60

PAYMENT DETAILS

PLEASE REMIT PAYMENT TO SHENANDOAH MOTOR EXPRESS, INC P O BOX 641378 CINCINNATI, OH 45264-1378

ATTENTION TO DETAIL - IS THE DIFFERENCE MOTOR EXPRESS, INC.

PHONE - 937-526-5545 FAX - 937-526-3663

Date 1/17/02

Freight Invoice # G000028

BILL TO Kmart c/o Fleming Foods
500 S Cartwright
Goodlettsville, TN 37072
Attention. Doyle Schneider / David Rutherford

QTY	WEIGHT	DESCRITION	UNIT PRICE	TOTAL
		Freight Charges week ending 1/12/02 Origin Fleming Goodlettsville, TN		
		For details, see weekly worksheet		
1		Freight		\$46,836 30

PAYMENT DETAILS

PLEASE REMIT PAYMENT TO SHENANDOAH MOTOR EXPRESS, INC P O BOX 641378 CINCINNATI, OH 45264-1378

ATTENTION TO DETAIL - IS THE DIFFERENCE MOTOR EXPRESS, INC.

PHONE - 937-526-5545 FAX - 937-526-3663

Date 1/30/02

Freight Invoice # G000029

BILL TO Fleming Foods
P O Box 24750
Oklahoma City, OK 73124-0750
Fleming Central Trade Payables

QTY	WEIGHT	DESCRITION	UNIT PRICE	TOTAL
		Freight Charges week ending 1/19/02		
		Origin Fleming Goodlettsville, TN		
		For details, see weekly worksheet		
1		Freight		\$38,129 91

PAYMENT DETAILS

PLEASE REMIT PAYMENT TO SHENANDOAH MOTOR EXPRESS, INC PO BOX 641378 CINCINNATI, OH 45264-1378

ATTENTION TO DETAIL - IS THE DIFFERENCE

MOTOR EXPRESS, INC.

PHONE - 937-526-5545 FAX - 937-526-3663

Date 1/30/02

Freight Invoice # G000030

BILL TO Kmart c/o Fleming Foods
500 S Cartwright
Goodlettsville, TN 37072
Attention Doyle Schneider / David Rutherford

QTY	WEIGHT	DESCRITION	UNIT PRICE	TOTAL
		Freight Charges week ending 1/21/02 Origin Fleming Goodlettsville, TN		
		For details, see weekly worksheet		
1		Freight		\$5,497 45

PAYMENT DETAILS

PLEASE REMIT PAYMENT TO SHENANDOAH MOTOR EXPRESS, INC PO BOX 641378 CINCINNATI, OH 45264-1378

MOTOR EXPRESS, INC.

PHONE - 937-526-5545 FAX - 937-526-3663

Date 1/17/02

Freight Invoice # W000029

BILL TO Kmart c/o Fleming Foods
PO Box 565

Warsaw, NC 28398

Attention Steve Shaw / Camılıa Parker

QTY	WEIGHT	DESCRITION	UNIT PRICE	TOTAL
		Freight Charges week ending 1/12/02		
1		Origin Fleming Warsaw, NC		
		For details, see weekly worksheet		
1		Freight		\$47,906 86

PAYMENT DETAILS

PLEASE REMIT PAYMENT TO SHENANDOAH MOTOR EXPRESS, INC P O BOX 641378 CINCINNATI, OH 45264-1378

ATTENTION TO DETAIL IS THE DIFFERENCE MOTOR EXPRESS, INC.

PHONE - 937-526-5545 FAX - 937-526-3663

Date 1/30/02

Freight Invoice # W0000030

BILL TO Fleming Foods
P O Box 24750
Oklahoma City, OK 73124-0750
Fleming Central Trade Payables

УТУ	WEIGHT	DESCRITION	UNIT PRICE	TOTAL
		Freight Charges week ending 1/19/02		
		Origin Fleming Warsaw, NC		
		For details, see weekly worksheet		
1		Freight		\$41,709 14

PAYMENT DETAILS

PLEASE REMIT PAYMENT TO SHENANDOAH MOTOR EXPRESS, INC PO BOX 641378 CINCINNATI, OH 45264-1378

ATTENTION TO DETAIL IS THE DIFFERENCE MOTOR EXPRESS, INC.

PHONE - 937-526-5545 FAX - 937-526-3663

Date 1/30/02 Freight Invoice # W000031

BILL TO Fleming Foods
P O Box 24750
Oklahoma City, OK 73124-0750
Fleming Central Trade Payables

QTY	WEIGHT	DESCRITION	UNIT PRICE	TOTAL
		Freight Charges week ending 1/21/02		
		Origin Fleming Warsaw, NC		
		For details, see weekly worksheet		
1		Freight		\$2,527 33
]		1	

PAYMENT DETAILS

PLEASE REMIT PAYMENT TO SHENANDOAH MOTOR EXPRESS, INC PO BOX 641378 CINCINNATI, OH 45264-1378

ATTENTION TO DETAIL IS THE DIFFERENCE

MOTOR EXPRESS, INC.

PHONE - 937-526-5545 FAX - 937-526-3663

Date 12/31/01

Freight Invoice # S000006

BILL TO Kmart c/o Fleming Foods
3771 Channel Drive
West Sacramento, CA 95691
Attention Kim Frikovich

QTY	WEIGHT	DESCRITION	UNIT PRICE	TOTAL
		Freight Charges week ending 12/22/01		
		Origin Fleming West Sacramento, CA		
		For details, see weekly worksheet		i
1		Freight		\$539 45
				:

PAYMENT DETAILS

PLEASE REMIT PAYMENT TO SHENANDOAH MOTOR EXPRESS, INC PO BOX 641378 CINCINNATI, OH 45264-1378