UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PROOF OF CLAIM
In re **Fleming Companies, Inc**	Case Number **03-10945**

s130106

Scheduled Claim Ref # 2-F7-12709

YOUR CLAIM IS SCHEDULED AS

UNKNOWN UNSECURED
DISPUTED UNLIQUIDATED

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 o 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

0354429428016

RUIZ PAUL
~~3025 N FARRIS~~ 3026 N. Farris
FRESNO CA 93704

Creditor Telephone Number (559) 221-1546

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

CREDITOR TAX I D #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____
552-08-2185	not applicable	

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 _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED Jan. 6, 2003

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 30,000.00 (unsecured)	$ _____ (secured)	$ _____ (unsecured priority)	$ 30,000.00 (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

THIS SPACE FOR COURT USE ONLY

FILED
SEP 08 2003

Fleming Companies Claim
08848

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)

Paul Ruiz
PAUL RUIZ

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

MAHENDRA NATH, M D , M S (ORTH)
D A A P M , F A A E M , F A A O S , F A A P M , & R , F I C S , Q M E
Orthopaedic Medicine & Rehabilitation Pain Management & Electrodiagnosis
6101 N Fresno Street #103 Fresno CA 93710
Telephone (559) 432 5652

CONSULTATION

April 30, 2003

RE RUIZ Paul

Mr Paul Ruiz is a 39 –year- old gentleman who was involved in an injury on January 6th 2003 Patient apparently was pushing a shopping cart when he slipped on baby food and almost landed on his back and jerked There was a basket which had moved almost fell on his arm and he tried to prevent jugged his left shoulder He subsequently noted discoloration on his left arm the next day He also had discomfort of the left hip and bruising He went to the Fresno County Hospital was given Vicodin and Ibuprofen He subsequently has been followed by Dr Go and has been taking Vicodin and Ibuprofen He has noted continued discomfort of the left arm and weakness and has noted swelling in the left arm He is unable to use his left upper extremity in prolonged activities, he gets tired and feels weak He also has discomfort of the left hip but is no longer limping

PAST MEDICAL HISTORY

Unremarkable There have been no surgeries or sickness

PERSONAL HISTORY

Patient is married He has three children He denies any allergies

PHYSICAL EXAMINATION

GENERAL

Physical examination reveals him to be a 5 feet 6 inch tall gentleman who weighs 195 pounds

HEENT

Normocephalic and atraumatic There is no ptosis or nystagmus Extraocular movements are intact

NECK

Supple, there is no lymphadenopathy or thyromegaly Trachea is central, range is full There is no guarding spasm or tenderness

CHEST

Symmetrical, there is adequate expansion

ABDOMEN

Obese, soft, nontender There are no masses

EXTREMITIES
Examination of the upper extremities reveals diffuse tenderness of the left shoulder There is slight swelling in the left arm and significant weakness of the left elbow flexors The elbow extensors are bilaterally symmetrical He has no sensory deficit The grip strength remains equal

In the lower extremities he has diffuse tenderness of the left trochanteric however there is no induration or swelling Range of motion on the left hip is full

BACK
Reveals diffuse tenderness range is flexion to 70 degrees, extension is 30 degrees, straight leg raise bilaterally is 70 degrees There is no definite radiculopathy or EHL weakness

NEUROLOGICAL
Cranial nerves are intact Sensations are intact There is weakness of the left elbow flexors Reflexes are symmetrical patient is not limping

IMPRESSION

1 History of fall
2 Multiple contusions
3 Biceps tear

PLAN

Mr Paul Ruiz apparently during the episode had a tear of his left biceps which is contributing to his present discomfort including weakness and soreness Patient has been advised in arm strengthening exercises to improve his biomechanics Patient may be a candidate for surgical reconstruction costing about $6000 to $8000

Mahendra Nath, M D , M S

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