

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

PROOF OF CLAIM



551798

Bar Date Ref # 2 NVM 10025

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.

Name of Creditor and Address

Graybar Electric CO Inc
P.O. Box 376
St Louis MO 63166

Graybar Electric Co, Inc
0354653551798
6917 E 12th St
Tulsa, OK 74112

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.

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 #
13-0794380

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
F28, FL5, FL4, FL3, FL1

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)

2 DATE DEBT WAS INCURRED **January 10, 2003**

3 IF COURT JUDGMENT DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ **1,343.00** (unsecured) \$ _____ (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

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 09 2003

RMC
Fleming Companies Claim



09316

DATE SIGNED

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)

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

CSH300

VALID FC'S M X R FC
TULSA OK

CASH APPLICATION - ON-LINE INQUIRY

CUST F28 FLEMING COMPANY

STMT BALANCE	187 36	.00	OPEN INV	187 36	3 27
OPEN DEDUCTS	00		25TH+PRI	187 36	00

AMOUNT	CASH DISC	DATE	GIN	TAX	FREIGHT	EC
187 36	3 27	030703	135 0827920	13 74	10 00	

GO TO GIN _____ - _____ DATE _____

END OF FILE

FREDERICK INDUSTRIES, INC
 1111 LINDEN STREET
 FORT HOOD, TEXAS
 76625

INTEREST STATEMENT
 LISTED BY FAX FLD

THE UNITED STATES OF AMERICA

FEDERAL RESERVE BANK OF DALLAS

AMOUNT	DATE	DESCRIPTION	INTEREST	DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT
52.50	1/19/70	INTEREST	00	1/19/70	INTEREST	00			
6.50	1/20/70	INTEREST	00	1/20/70	INTEREST	00			
12.00	2/1/70	INTEREST	00	2/1/70	INTEREST	00			
		11-20 DAYS	00						
		1-60 DAYS	67.50						
		1-90 DAYS	00						
		1-180 DAYS	59.50						

- FAULT 5 MFT # 4
 - FAULT 5 MFT # 6

INTERNET

DATE 06/11/02

FLORIAN COMPANY, INC
CITY OF LEWISVILLE
- FIDELITY 20047
(1111111)

CUSTOMER PREFIX FL1

RENEW STUB 6AD

PRINT 1

75.16

AMOUNT	DISCOUNT	AMOUNT	TAX AMOUNT	TAX AMOUNT	CUSTOMER ORDER	CUSTOMER FEE	ENTRY
44.81	021300	1-4-0000579	23.71	00	200157		000
16.05	071007	154-0600001	7.75	00	32001587		000
0.09	00100007	174069025	00	6.79	32001711		000
9.12	0007107	1740610167	00	00	320051	051572	000

Lewisville, TX 75057
Lewisville, TX 75057

1020 5.81 TOTAL

CURRENT	01-30 DAYS	11 60 DAYS	21 90 DAYS	PRIME
00	00	00	-50 42	0150 90

INTERIM STATEMENT

DATE 01/11/02

FLEMING COMPANIES, INC.

1100 HAYSTON RD. S.W.

PO BOX 200013

ALBUQUERQUE, NM 87102

75025

CUSTOMER PREFIX FL

PERMISSION 30AD

AMOUNT	LAST DISCOUNT	INVOICE DATE	INVOICE NUMBER	TAX AMOUNT	INTEREST AMOUNT	CUSTOMER PREFIX	CUSTOMER KEY	EMPTY
140.10		01/24/00	134-062090	0.00	0.00	EL 1014		000
1.76		01/07/00	134-062098	0.00	0.00	EL 1014	PAUL S MARLET	000
124.98		01/21/00	134-062097	0.00	0.00	EL 1014	PAUL S MARLET	000
189.24		01/24/00	134-062014	0.00	52.46	EL 1014	PAUL S MARLET	000
230.42		01/21/00	134-062099	0.00	17.00	EL 1014	PAUL S MARLET	000
180.72		01/21/00	134-062092	0.00	17.50	EL 1014	PAUL S MARLET	000
4.44		01/01/00	134-062000	0.00	0.00	EL 1014	PAUL S MARLET	000
166.71		01/21/00	134-062095	0.92	20.50	EL 1014		000
290.70		01/21/00	134-062099	1.70	17.50	EL 1014		000
50.70		01/03/00	134-062092	0.70	0.00	EL 1014		000

Kama, ID 83634

Mountain Home, ID 83647
Mountain Home, ID 83647
Mountain Home, ID 83647

AMOUNT	PERCENT	THRU DATE	THRU DATE	PERIOD
675.70	24.00	01-60 DAYS	01-90 DAYS	08/32

FLYING FOODS
1524 W. 16TH ST
OKLA CITY

7-1-72

- 01

INTEREST STATEMENT

CUSTOMER CHECK FILE

DATE 06 30 72

TIME 1

EQUIPMENT 3600

AMOUNT	DEBIT DISCOUNT	INVOICE DATE	INVOICE NUMBER	TAX AMOUNT	DEBIT AMOUNT	CUSTOMER ORDER	CUSTOMER FEE	ENTRY
147.20		00 061602	111 0612765	00	00	111 06118079		000
			TOTAL					

1-30 DAYS	31-90 DAYS	91-180 DAYS	181-360 DAYS	THRU
00	00	00	00	145.20