

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

**PROOF OF CLAIM**



591453

Bar Date Ref # 2-NVM 56788

In re Rainbow Foods - Fleming Case Number 03-10967

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**

Medley Material Handling  
11640 Rojas Dr  
El Paso TX 79936-6905

0354653591453

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 #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here  replaces or  amends

a previously filed claim dated \_\_\_\_\_

926661 & 665215

**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**

March 2003

**3 IF COURT JUDGMENT DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE**

\$ 1,441.24 (unsecured)

\$ \_\_\_\_\_ (secured)

\$ \_\_\_\_\_ (unsecured priority)

\$ 1,441.24 (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.

THIS SPACE FOR COURT

USE ONLY  
**FILED**

**SEP 09 2003**

**BMC**

Fleming Companies Claim



09319

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)

9-4-03

Jaime Ruppel

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



4201 WILL ROGERS PARKWAY  
 OKLAHOMA CITY OK 73108 2083  
 (405) 946 3453  
 FAX (405) 942 1748

1501 N E 3RD  
 AMARILLO TX 79107 5435  
 (806) 374-5345  
 FAX (806) 374-4200

5230 E PINE ST  
 TULSA OK 74115 5304  
 (918) 836-6731  
 FAX (918) 834 8490

11640 ROJAS DRIVE  
 EL PASO TX 79936-6906  
 (915) 598-0808  
 FAX (915) 598-0829

3535 PRINCETON N E  
 ALBUQUERQUE NM 87107  
 (505) 888-4130  
 FAX (505) 888 7933

Date  
 SERVING THE SOUTHWEST SINCE 1941  
 03-20-03

REMIT TO **INVOICE** P O BOX 26706 OKLAHOMA CITY, OKLAHOMA 73126-0706

Page  
 Invoice No  
 0404 4020274-QP

Bill To 926661

RAINBOW FOODS-FLEMING  
 5200 MONTANA AVE  
 EL PASO TX 79903

Auth RUBEN

Meter

SlsM 40

Terms NET 10

Make CROWN Model PTH50 SerNo 726636 Equip 0  
 Order Bk-Ord Shipped Product/Description Bin Net Price Amount

SEG # 01 Work Performed

NATURE OF PROBLEM (90)  
 WILL NOT OPERATE  
 WORK PERFORMED  
 CHECKED, FOUND CONNECTING CHAIN IN HANDLE BROKEN, ORDERED  
 PARTS, RETURNED & INSTALLED NEW CONNECTING LINK ASSEMBLY,  
 ADJUST & TESTS OKAY, ALSO REPLACED TWO MISSING DUST CAPS  
 POSSIBLE CAUSE  
 NORMAL WEAR

1	1	44533 CHAIN KIT		
2	2	44534 LINK		
2	2	44437 DUST CAP \STEER WHEE		
1	1	PARTS SHIPPING		10 95
1	1	SHOP SUPPLIES		7 14
		** TOTAL LABOR **		102 00

Please Remit to P O Box 26706  
 Oklahoma City, OK 73126-0706

Parts	36 75
Labor	102 00
Misc Charges	18 09
Sales Tax	12 94

-- or --  
 I authorize you to charge my Visa MC  
 Account No \_\_\_\_\_  
 Exp Date \_\_\_\_\_  
 Signature \_\_\_\_\_

AMOUNT DUE -----> 169 78  
 =====



4201 WILL ROGERS PARKWAY  
OKLAHOMA CITY OK 73108 2083  
(405) 946 3453  
FAX (405) 942 1748

1501 N E 3RD  
AMARILLO TX 79107 5435  
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FAX (806) 374 4200

5230 E PINE ST  
TULSA OK 74115-5304  
(918) 836-6731  
FAX (918) 834 8490

11840 ROJAS DRIVE  
EL PASO TX 79936-6908  
(915) 598 0808  
FAX (915) 598-0829

3535 PRINCETON N E  
ALBUQUERQUE NM 87107  
(505) 888-4130  
FAX (505) 888 7933

SERVING THE SOUTHWEST SINCE 1941  
03-20-03

REMIT TO PO BOX 26706 OKLAHOMA CITY, OKLAHOMA 73126 0706

Page 0404 Invoice No 4020275-QP

Bill To 926661

RAINBOW FOODS-FLEMING  
5200 MONTANA AVE  
EL PASO TX 79903

Auth RUBEN Meter Sism 40

Terms NET 10

Make CROWN Model PTH50 SerNo 7301689 Equip 0

Order Bk-Ord Shipped Product/Description Bin Net Price Amount

SEG # 01 Work Performed

NATURE OF PROBLEM (90)  
UNIT MISSING PARTS  
WORK PERFORMED  
CHECKED, FOUND RIGHT HANDK DUST COVER MISSING, ORDERED PART  
RETURNED & INSTALLED  
POSSIBLE CAUSE  
DUST CAP MISSING

1	1	44437 DUST CAP \STEER WHEEL		
1	1	PARTS SHIPPING		10 95
1	1	SHOP SUPPLIES		9 52
		** TOTAL LABOR **		136 00

Please Remit to P O Box 26706  
Oklahoma City, OK 73126-0706

-- or --

I authorize you to charge my Visa MC

Account No \_\_\_\_\_

Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

Parts 4 59

Labor 136 00

Misc Charges 20 47

Sales Tax 13.29

AMOUNT DUE -----> 174 35

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# MEDLEY

material handling company

4201 WILL ROGERS PARKWAY  
OKLAHOMA CITY OK 73108 2083  
(405) 946-3453  
FAX (405) 942 1748

1501 N E 3RD  
AMARILLO TX 79107 5435  
(806) 374 5345  
FAX (806) 374 4200

5230 E PINE ST  
TULSA OK 74115 5304  
(918) 836 6731  
FAX (918) 834 8490

11640 ROJAS DRIVE  
EL PASO TX 79936 8905  
(915) 598-0808  
FAX (915) 598 0829

3535 PRINCETON N E  
ALBUQUERQUE NM 87107  
(505) 888-4130  
FAX (505) 888 7933

SERVING THE SOUTHWEST SINCE 1941  
Date 03-20-03

**REMIT TO PO BOX 26706 OKLAHOMA CITY, OKLAHOMA 73126 0700**

Page 0404 Invoice No 4020276-QP

Bill To 926661

RAINBOW FOODS-FLEMING  
5200 MONTANA AVE  
EL PASO TX 79903

Auth RUBEN Meter Sism 40

Terms NET 10

Make MULTITON Model TM2748 SerNo 70357594 Equip 0  
Order Bk-Ord Shipped Product/Description Bin Net Price Amount

SEG # 01 Work Performed

NATURE OF PROBLEM (90)  
NO OIL  
WORK PERFORMED  
FILLED AS PER CUSTOMERS REQUEST & TEST, LEAKS SEVERLY FROM  
PUMP PISTON, NEEDS SEAL KIT, DISASSEMBLED PUMP & REPLACED  
LEAKING SEALS ASSEMBLED, ADJUST & TESTS OKAY  
POSSIBLE CAUSE  
NORMAL WEAR

1	1	200064-901 SEAL KIT - DELU		
4	4	EP28013 BRAKE CLEANER		
1	1	P150031867 AUTOMATIC TRANS		
1	1	PARTS SHIPPING		10 95
1	1	SHOP SUPPLIES		21 42
		** TOTAL LABOR **		338 00

Please Remit to P O Box 26706  
Oklahoma City, OK 73126-0706

Parts	100 65
Labor	338 00
Misc Charges	32 37

-- or --

I authorize you to charge my Visa MC  
Account No \_\_\_\_\_  
Exp Date \_\_\_\_\_  
Signature \_\_\_\_\_

Sales Tax 38 86

AMOUNT DUE -----> 509 88  
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FAX (915) 598-0829

3535 PRINCETON N E  
ALBUQUERQUE NM 87107  
(505) 888-4130  
FAX (505) 888 7933

SERVING THE SOUTHWEST SINCE 1941

REMIT TO P O BOX 26706 OKLAHOMA CITY OKLAHOMA 73126 0706

Page 1

Date

I N V O I C E

Invoice No

03-31-03

2208860

Bill To 665215

FLEMING FOOD  
PO BOX 1530  
ATTN WAYNE BAGWELL  
LUBBOCK TX 79408

PO No MIKE

Phone 405-841-5500 Sls 30

Terms NET 10

Shipped	Backorder	Product	Description	Bin	Net Price	Amount
1		519664806	GEAR		526 00	526 00
1		502463911	OIL SEAL		11 48	11 48
1 0			PARTS SHIPPING		5 00	5 00

Ship Via  
Please Remit to P O Box 26706  
Oklahoma City, OK 73126-0706  
-- or --

Products 537 48

Misc Charges 5 00

I authorize you to charge my Visa MC

Sales Tax 44 75

Account No \_\_\_\_\_

Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

AMOUNT DUE -----> 587 23  
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NO PARTS RETURNED WITHOUT AUTHORIZATION TITLE TO ALL GOODS COVERED BY THIS INVOICE TO REMAIN IN THE NAME OF MEDLEY MATERIAL HANDLING COMPANY UNTIL FULLY PAID INTEREST OF 1 1/2% PER MONTH (EQUAL TO 18% PER ANNUM) WILL BE CHARGED ON PAST DUE ACCOUNTS **NOTE MINIMUM PURCHASE \$5 00** ALL RETURNS SUBJECT TO 20% RESTOCKING CHARGE ALL RETURNS MUST BE SENT PREPAID