
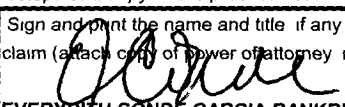


UNITED STATES BANKRUPTCY COURT		District of DELAWARE	PROOF OF CLAIM
Name of Debtor FLEMING COMPANIES, INC , et al ,		Case Number 03-10945 (MFW) Chapter 11	This space is for Court Use only
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) Department of Treasury	<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and address where notices should be sent Department of Treasury Bankruptcy Section (424-B) PO Box 9024140 San Juan, PR 00902-4140 Telephone number 723-4315	Account or other number by which creditor identifies debtor 20030401		
Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____			
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> _____ 73-1414701 <input checked="" type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114 (a) <input type="checkbox"/> Wages, Salaries and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed From _____ to _____ (Date) (Date)			
2 Date debt was incurred 2000 TO 2002 / ESTIMATED		3 If court judgment, date obtained	
4 Total Amount of Claim at Time Case Filed \$ 270,000 00 If All or part of your claim is secured or entitled to priority also complete Item 5 or 6 below <input type="checkbox"/> 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 <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real State <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral _____ Amount of arrearage and other charges at time case file included in secured claim if any _____		6 Unsecured Priority Claim <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim amount entitle to \$ 270,000 00 specify the priority of the claim: <input type="checkbox"/> Wages, Salaries or commissions (up to \$4 300) 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) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507 (a) (4) <input type="checkbox"/> Up to \$ 1 950 of deposits toward purchase, lease or rental of property or services for personal family or household use. 11 U.S.C. § 507 (a) (6) <input type="checkbox"/> Alimony, maintenance or support owed to a spouse, former spouse or child. 11 U.S.C. § 507(a) (7) <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507 (a) (8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507 (a) (_____)	
7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only FILED SEP 09 2003 BMC Fleming Companies Claim  09332	
8 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgement, mortgages, security agreements, agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If documents are not available, explain. If the documents are voluminous, attach a summary.			
9 Date - Stamped Copy To receive an acknowledgment of the filing of your claim, enclosed a stamped self-addressed envelope and copy of this proof of claim.			
Date 26 Ago 03 Idc	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).  EVERYDITH CONDE GARCIA BANKRUPTCY SECTION		

Estado Libre Asociado de Puerto Rico
Commonwealth of Puerto Rico
DEPARTAMENTO DE HACIENDA
DEPARTMENT OF THE TREASURY
Area de Rentas Internas y Recaudaciones
Internal Revenue and Collection Area
Negociado de Recaudaciones
Bureau of Collections



SECCION DE QUIEBRAS, SAN JUAN, PR
Colecturia - Collector's Office

FLEMING COMPANIES, INC , et al ,

73-1414701

PO BOX 900

11

Capitulo - Chapter

EL SEGUNDO, CA 90245-0900

03-10945 (MFW)

QUIEBRA - BANKRUPTCY NUM

A la fecha en que se expide esta Certificacion nuestros registros indican la siguiente deuda
At the date of this Certification our records show the following debt

Concepto Concept	<input type="checkbox"/> Mueble Personal Property	<input type="checkbox"/> Inmueble Property Tax	<input checked="" type="checkbox"/> Ingresos Income Tax	<input checked="" type="checkbox"/> Otros no radico planillas Others did nt file Income Tax Return	ESTIMATED			Intereses Hasta Interests Until	Recargos Surcharges	Total Adeudado Total Debt Amount
Año Year	Numero del Recibo Receipt Number	PENALIDADES	Contribucion Original Original Tax		Dia Day	Mes Month	Año Year			
2000	INCOME TAX	\$ -	\$ -	\$ -				\$ -		\$ 30,000 00
2001	INCOME TAX		\$ -	\$ -				\$ -		\$ 30,000 00
2002	INCOME TAX									\$ 30,000 00
2000	WITHHELD TAX									\$ 40,000 00
2001	WITHHELD TAX									\$ 40,000 00
2002	WITHHELD TAX									\$ 40,000 00
2000	7% WITHHELD TAX									\$ 10,000 00
2001	7% WITHHELD TAX									\$ 10,000 00
2002	7% WITHHELD TAX									\$ 10,000 00
2000	EXCISE TAXES									\$ 10,000 00
2001	EXCISE TAXES									\$ 10,000 00
2002	EXCISE TAXES									\$ 10,000 00
			\$ -	\$ -				\$ -		\$270,000 00

26-Ago-03 LDC

Fecha - Date

[Signature]
EVERYDITH CONDE GARCIA - SUPERVISORA

Colector de Rentas Internas o su Representante Autorizado
Internal Revenue Collector or his Authorized Agent

ESTADO LIBRE ASOCIADO DE PUERTO RICO
DEPARTAMENTO DE HACIENDA
HOJA DE TRAMITE

FECHA	ENVIADO A	INICIALES
SEPT 3, 2003	1ro BANCRUPTCY MANAGEMENT	JSD
	2do CORPOTATION (BMC)	
	3ro PO BOX 900	
	4to EL SEGUNDO , CA 90245-0900	
	5to	
	6to	

por: JSD

DE **EVERDITH CONDE GARCIA SUPERVISORA SECCION DE QUIEBRA**

ASUNTO **FORANEO CHAPTER 11 CASE 03-10945 (MFW)**

Corres De _____ Corres Fechada _____

- | | |
|--|---|
| <input checked="" type="checkbox"/> Accion Pertinente
<input type="checkbox"/> Acusar Recibo
<input type="checkbox"/> Archivar
<input type="checkbox"/> Aprobacion
<input type="checkbox"/> Contestar Directamente
<input type="checkbox"/> Contestar para la firma de _____
<input type="checkbox"/> Devolver copia firmada a _____
<input type="checkbox"/> Discutir con _____
<input checked="" type="checkbox"/> Enterarse y devolver
<input type="checkbox"/> Enterarse y enviar al archivo
<input type="checkbox"/> Enterarse y Despachar
<input type="checkbox"/> Enviar comentarios a _____ | <input type="checkbox"/> Firmar
<input type="checkbox"/> Firmar y devolver
<input type="checkbox"/> Investigar e informar a _____
<input checked="" type="checkbox"/> Para su informacion
<input type="checkbox"/> Rehacer con enmiendas señaladas
<input type="checkbox"/> Retener
<input type="checkbox"/> Retener copia y pasar las demas adelante
<input type="checkbox"/> Retener copia y pasar la copia oficial adelante
<input type="checkbox"/> Sacar copia y pasar la copia oficial adelante
<input type="checkbox"/> Someter informacion a _____ |
|--|---|

OBSERVACIONES

PLEASE REMIT COPY AFTER FILING

JSD 09/08/2003