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

610702
Bar Date Ref # 2-NVM-76532

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

0354653610702

Hospital Specialty
PO Box PO Box 92232
Cleveland OH 44193

Creditor Telephone Number 800) 321-9832 440-720-1800

☐ 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 TAX I D # 34-066-4235

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 45119 45118 44948 45125

Check here if this claim ☐ 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 bnefly)
☐ 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 7/18/02 to 3/19/03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE $ 12,973.23 (unsecured) $ _____ (secured) $ _____ (unsecured priority) $ 12,973.23 (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 **Stamped Self Addressed Envelope Provided**

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 10 2003

DATE SIGNED 9/8/03

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)

Lucia S. Janoch as Credit Mgr for Hospital Specialty
Lucia S. Janoch, as Credit Manager for Hospital Specialty Co.

Fleming Companies Claim
09797

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

FLEMING OPEN ITEM SUMMARY AS OF 4/1/03 BANKRUPTCY CLAIM STATEMENT

Acct # Ship to Location	Inv Date	Inv No	Due Date	Bal Due	Comments
#45119 Memphis GMD	7/18/2002	BL3214	8/18/2002	**$1,520 00**	Not short new PO issued #805557MG
#45118 Topeka GMD	12/13/2002	BL8900	1/13/2003	**$6,207 58**	Overnighted to vendor serv 3/26
#45118 Topeka GMD	3/10/2003	BM2344	4/10/2003	**$651 60**	Billing for overshipment 30cs on inv BL9440 1/2/03 see Proof of Delivery
#44948 LaCrosse GMD	3/18/2003	BM2676	4/18/2003	**$1,071 59**	Adjustment to reclamation invoice to allow for sell through
#45118 Topeka GMD	3/18/2003	BM2677	4/18/2003	**$1,822 97**	Adjustment to reclamation invoice to allow for sell through
#45125 King of Prussia GMD	3/19/2003	BM2725	4/19/2003	**$1,699 49**	Adjustment to reclamation invoice to allow for sell through
				$12,973 23	**GENERAL UNSECURED CLAIM**

Hospital Specialty Co.

VENDOR #30295
Web site www hospeco com
E-mail hospeco@hospeco com
670 Alpha Drive
Highland Heights, OH 44143-2123
800-321-9832 Phone 440-720-1800
Fax 440-720-1801

INVOICE

INVOICE NO BL3214-A
DATE April 1, 2003

To

#45119
Fleming Co
P O Box 268865
Oklahoma City, OK 73126-8865

Ship To

4688 Hungerford
Memphis, TN 38118

SALESPERSON	P O NUMBER	DATE SHIPPED	SHIPPED VIA	F O B POINT	TERMS
35	805557 MG	7/18/02	Old Dominion	Nicholasville, KY	Due Upon Recpt

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
40	BY42171 Best Yet Large Disposable Pull On Undergarment 18 4/CS	$38 00	$1520 00
			$0 00
	PAYBACK REQUEST ON DEBIT #MGU908207		$0 00
			$0 00
	New purchase order issued to receive in merchandise		$0 00
	per James Taylor Memphis GMD receiving department		$0 00
			$0 00
		SUBTOTAL	$1520 00
		SHIPPING & HANDLING	
		TOTAL DUE	**$1520 00**

Make all checks payable to Hospital Specialty Company
If you have any questions concerning this invoice, call Lucia S Janoch at Ext 351 or Linda Lohr at Ext 355

THANK YOU FOR YOUR BUSINESS!

** THIS IS AN INVOICE COPY ** ** THIS IS AN INVOICE COPY **

HOSPITAL SPECIALTY COMPANY
670 ALPHA DRIVE
HIGHLAND HTS, OHIO 44143
(800) 321-9832 (440) 720-1800

INVOICE NO BL3214
DATE 07-18-02

264 SIGNED FOR

45119 FAX ORDERS TO 1-216-431-2716 45119-0002

FLEMING MEMPHIS TN GMD
VENDOR #30295
P.O. BOX 268865
OKLAHOMA CITY OK 73126-8865

FLEMING (MEMPHIS GM DIV)
4688 HUNGERFORD
MEMPHIS TN 38118

CASES	CUSTOMER PO#	BROKER PO#	DROPSHIP PO#	SHIP DOC#
266	416684MG			

SHIP	P/T#	ORDER DATE	SMN	TERMS	UPS	SHIPPED FROM	SHIPPED VIA
PPD	747718	07-12-02	35	2/ 30 NET 31		NICHOLASVILLE	OLD DOMINION FREIGHT LINE

ORD	SHP	B/O	UM	DESCRIPTION	UNIT/CS	EXTENSION
50	50	0	CS	BY38816 BEST YET LONG SUPER W/WINGS 16 12/CS	21 720	1086.00
63	63	0	CS	BY34340 BEST YET ULTRA THIN MAXI W/WINGS 18 12/CS	21.720	1368 36
8	8	0	CS	BY48044 BEST YET 4 CHANNEL MAXI 24 12/CS	21 720	173.76
33	33	0	CS	BY37400 BEST YET MAXI W/WINGS 18 12/CS	21.720	716.76
47	47	0	CS	BY40064 BEST YET NITETIME MAXI 14 12/CS #60473	21 720	1020 84
25	~~30~~ 23	0	EA	BY94320 BEST YET EXTRA ABSORBENT BLADDER CONTROL 20 9/CS #70199	26 960	674 00
40	40	0	CS	BY42171 BEST YET LARGE DISPOSABLE PULL ON UNDERGARMENT 18 4/CS	38 000	1520 00

AS PART OF YOUR STATE'S SALES TAX AUDIT IT IS NECESSARY FOR US TO UPDATE OUR SALES TAX EXEMPTION FILES PLEASE INDICATE YOUR SALES TAX EXEMPTION NUMBER ON THE LINE BELOW, HAVE IT SIGNED AND RETURNED WITH YOUR REMITTANCE.

MUST PAY BACK NOT SIGNED SHORT FOR THESE

SALES TAX EXEMPTION NUMBER

SIGNATURE AND DATE

1080039823/

** THIS IS AN INVOICE COPY ** ** THIS IS AN INVOICE COPY **

HOSPITAL SPECIALTY COMPANY
670 ALPHA DRIVE
HIGHLAND HTS, OHIO 44143
(800) 321-9832 (440) 720-1800

INVOICE NO. BL3214
DATE 07-18-02

45119 FAX ORDERS TO 1-216-431-2716 45119-0002

FLEMING MEMPHIS TN GMD
VENDOR #30235
P.O. BOX 268865
OKLAHOMA CITY OK 73126-8865

FLEMING (MEMPHIS GM DIV)
4688 HUNGERFORD
MEMPHIS TN 38118

CASES	CUSTOMER PO#	BROKER PO#	DROPSHIP PO#	SHIP DOC#
266	416684MG			

SHIP	P/T#	ORDER DATE	SMN	TERMS	UPS	SHIPPED FROM	SHIPPED VIA
PPD	747718	07-12-02	35	2/ 30 NET 31		NICHOLASVILLE	OLD DOMINION FREIGHT LINE

ORD	SHP	B/O	UM	DESCRIPTION	UNIT/CS	EXTENSION

**** SEND PAYMENT TO HOSPITAL SPECIALTY, PO BOX 92232, CLEVELAND OHIO 44193-0003

* * * * * FAX US YOUR ORDERS DIRECTLY 1-216-431-2716 * * * * *

SALES TAX	M.O C	FREIGHT	OTH CHG	ALLOWANCES	MERCHANDISE	TOTAL
0 00	0 00		0 00	0.00	6559 72	

THIS INVOICE IS DUE BY 08-18-02 6559 72
IF PAID BY 08-17-02 DEDUCT 131 19

INVOICE TO
MEMPHIS GM DIVISION
4681 BURBANK
P O BOX 181008
MEMPHIS TN 38118-1008

SHIP TO
MEMPHIS GM DIVISION
4688 HUNGERFORD
MEMPHIS TN 38118

Fleming Companies, Inc

PURCHASE ORDER

800-321-9832

VENDOR
HOSPITAL SPECIALTY (BY)
ATTN ORDER ENTRY DEPT
670 ALPHA DRIVE
HIGHLAND HEIG OH 44143

SHIP TO ARRIVE: 08/01/02

VENDOR NO: 30295

DATE ORDERED	PURCHASE ORDER NO	TERMS	PRICE PROTECTION
07/12/02	416684 NG	30 DAYS 2 00%	

SHIP VIA	FOB	FREIGHT SHIPPED PAID BY PPD	COL	FLEM	VEN
		P			V

QUANTITY ORDERED	UPC CASE CODE	DESCRIPTION ITEM CODE	PACK & SIZE	TIE HIGH	COST
40	11205 60052	FC BY UNDERGARMENTS BLTD 03258-1	4 30 CT	3 2	37 600
25	11205 60053	FC BY BLDR CNTRL PD X-ABS 03259-9	9 20 CT	10 2	26 960
50	11205 60371	FC BY LNG SUPR MAXI WING 31451-8	12 16 CT	10 2	21 720
63	11205 60372	FC BY ULTRA THIN W/WINGS 31972-3	12 18 CT	12 4	21 720
33	11205 60425	FC BY MAXI WITH WINGS 45174-0	12 18 CT	9 2	21 720
8	11205 60426	FC BY MAXI W/4 CHNL PROT 45213-6	12 24 CT	9 2	21 720
47	11205 60473	FC BY NITETIME MAXI 34518-1	12 14 CT	8 5	21 720

IMPORTANT NOTICE

NOTIFY FLEMING FOODS PURCHASING DEPARTMENT IF UNABLE TO MEET SPECIFIED ARRIVAL DATE

ADVISE FLEMING FOODS PURCHASING DEPARTMENT BY TELEGRAM TELEPHONE OR AIRMAIL THE CAR NUMBER & TRUCK DATE SHIPPED AND ORIGINATING POINT ON RAIL SHIPMENTS

TERMS AND CONDITIONS

PURCHASE ORDER NUMBER MUST BE SHOWN ON ALL INVOICES SHIPPING PAPERS AND FREIGHT BILL

Seller warrants that everything to which this Purchase Order applies and everything done by Seller in connection with this Purchase Order shall be in compliance with law The word "law" as used herein includes but is not limited to all federal state and local laws relating to food drug and cosmetic labeling environmental protection and occupational safety and health and all regulations standards rules codes and other requirements hereunder Without prejudice to any other remedy Buyer may have Seller shall indemnify Buyer and save Buyer harmless from any and all liability and losses arising out of any breach of the foregoing warranty and shall reimburse Buyer for any and all expenses incurred in connection therewith

"Under the terms and conditions of this purchase order Fleming Companies holds all suppliers/manufacturers solely responsible for the contents of their products with respect to existing federal and state standards including California Health and Safety Code 25249 5 25249 10

THIS PURCHASE ORDER IS ISSUED IN COMPLIANCE WITH EXECUTIVE ORDER 11246 THE REHABILITATION ACT OF 1973 AND THE VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT

Seller also guarantees that all terms of sale covered by this purchase order are available to all other purchasers on proportionately equal terms

Bill of Lading must be itemized as to quantity size pack and description Shipment must be tendered to carrier sorted and segregated as to quantity size pack and description and bill of lading must carry certification of the same signed by carrier representative

DELIVERY TERMS OF SALE REQUIRE DRIVER UNLOADING AT OUR DOCK

FAILURE TO COMPLY WITH ABOVE MAY RESULT IN REFUSAL OF THIS SHIPMENT

MERCHANDISER	TOTAL UNITS	TOTAL CUBE	TOTAL PALLETS	TOTAL WEIGHT	TOTAL EXT COST
CLIBBENS DEENA	266	453	19	2706	6543

7400 EUCLID AVENUE 747/18
CLEVELAND, OHIO, 44103

CUST #45119 PRINTED 09 11 21 15 JUL 2002 PAGE 1

SOLD TO FLEMING MEMPHIS TN GMD
VENDOR #30295
P O BOX 268865
OKLAHOMA CITY, OK 73126-8865

SHIP TO FLEMING (MEMPHIS GM DIV)
4688 HUNGERFORD
MEMPHIS TN 38118

CUSTOMER P O # 416684MG
SHIP FROM NICHOLASVILLE
SHIP VIA OLD DOMINION FREIGHT LINE
ALT VIA CENTRAL TRANSPORT
SALESMAN DAYMON ASSOCIATES, INC 203-352-7500

DROPSHIP P O #
FOB PPD
SHIP TO ARRIVE BY OR SOONER [redacted]
ORDER TAKEN BY FX/TINA

----QUANTITY---- ORDER	SHP	B/O	STOCK#	COUNT	DESCRIPTION	FULL SKIDS	LOOSE CASES
50	50	0	BY38816	12/CS	BY38816 BEST YET LONG	1	5
				SUPER W/WINGS 16	WEIGHT		377 50
				12/CS	REFERENCE		210272
63	63	0	BY34340	12/CS	BY34340 BEST YET ULTRA	0	63
				THIN MAXI W/WINGS 18	WEIGHT		258 30
				12/CS	REFERENCE		210272
8	8	0	BY48044	12/CS	BY48044 BEST YET 4	0	8
				CHANNEL MAXI 24	WEIGHT		70 40
				12/CS	REFERENCE		210272
33	33	0	BY37400	12/CS	BY37400 BEST YET MAXI	0	33
				W/WINGS 18	WEIGHT		227 70
				12/CS	REFERENCE		210272
47	47	0	BY40064	12/CS	BY40064 BEST YET NITETIME	1	7
				MAXI 14	WEIGHT		451 20
				12/CS #60473	REFERENCE		210272
25	25	0	BY94320	9/EA	BY94320 BEST YET	0	25
				EXTRA ABSORBENT BLADDER	WEIGHT		245 00
				CONTROL 20 9/CS #70199	REFERENCE		260296
40	40	0	BY42171	4/CS	BY42171 BEST YET LARGE	2	4
				DISPOSABLE PULL ON	WEIGHT		556 00
				UNDERGARMENT 18 4/CS	REFERENCE		380200

TOTAL ORDER WEIGHT 2,186 10 TOTAL ORDER CUBE SIZE 360 00

** 266 INDIVIDUAL CASES
DO NOT SHORT SHIP !
COMMENTS DO NOT BACK ORDER CUST WILL REFUSE
DELIVER BY 8/1/02

TOTAL CASES 266 DATE SHIPPED 7-18-02 WEIGHT 2186

ORDER FILLED BY _____ QTY/ITEMS SHIPPED & WEIGHT VERFIED BY _____

STRAIGHT BILL OF LADING—SHORT FORM—Original—Not Negotiable

SHIPPER S NO 747718

OLD DOMINION FREIGHT LINE

CARRIER

CARRIER S NO

RECEIVED subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading,

AT 500 MEMORIAL DR NICHOLSVL, KY 40356 7-18 2002 FROM HOSPITAL SPECIALTY COMPANY

the property described below in apparent good order, except as noted (contents and condition of contents of packages unknown) marked consigned and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment or (2) in the applicable motor carrier classification or tariff, if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. (Mail or street address of consignee—For purposes of notification only)

CONSIGNED TO FLEMING (MEMPHIS GM DIV)

DESTINATION 4688 HUNGERFORD STATE COUNTY

DELIVERY ADDRESS* MEMPHIS, TN 38118 (*To be filled in only when shipper desires and governing tariffs provide for delivery thereat)

ROUTE

DELIVERING CARRIER PO# 416684MG CAR OR VEHICLE INITIALS NO

NO PKGS	KIND OF PACKAGE DESCRIPTION OF ARTICLES SPECIAL MARKS AND EXCEPTIONS	WEIGHT (SUB TO COR)	CLASS OR RATE	CK COL
201	59230 SUB 2 SANITARY PADS EXTERNAL TYPE INDIVIDUALLY PACKAGED IN INNER CONTAINERS	1385		
65	57260 DIAPERS	801		
266		2186		

OLD DOMINION FREIGHT LINE 10800398231 LEX

MUST SHIP TODAY!

No split shipment customer will refuse

Deliver on pallets: I

NO BACK ORDERS CUST WILL REFUSE

*** NOTE: ORDER MUST ARRIVE ON DATE: ASAP ***

SIGNATURE OF CARRIER'S AGENT BELOW ACKNOWLEDGES RECEIPT OF, AGREEMENT WITH THE COUNT OF, AND RESPONSIBILITY FOR THE NUMBER OF PACKAGES SHOWN ABOVE. OD ~~406080~~ 480102

75WS STC 266 pc M. Bartlett 7/18/02

Subject to Section 7 of conditions of applicable bill of lading if this statement is to be delivered to the consignee without recourse on the consignor the consignor shall sign the following statement

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

(Signature of Consignor) 3214

If charges are to be prepaid write or stamp here To be Prepaid

PREPAID

Received $ _____ to apply in prepayment of the charges on the property described hereon

Agent or Cashier

PER _____

(The signature here acknowledges only the amount prepaid)

Charges Advanced $

If the shipment moves between two ports by a carrier by water the law requires that the bill of lading shall state whether it is carrier's or shipper's weight

NOTE Where the rate is dependent on value shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the Shipper to be not exceeding _____ per _____

SHORTAGES OR DAMAGE CLAIMS WILL NOT BE HONORED UNLESS REPORTED WITHIN 10 DAYS OF SHIPMENT

† The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification

†Shipper's imprint in lieu of stamp not a part of bill of lading approved by the Interstate Commerce Commission

FOR CARRIER CONVENIENCE, CALL FOR DELIVERY APPT 662-342-4100.

THE HOSPITAL SPECIALTY CO SHIPPER, PER AGENT, PER

Permanent post-office address of shipper ITS INC., 10235 BRECKSVILLE RD., CLEVELAND, OH 44141

WE WILL NOT PAY SORT & SEGREGATE CHARGES OR SINGLE SHIPMENT CHARGES

*** SEND FREIGHT BILL WITH A COPY OF THIS BILL OF LADING TO ITS, INC. ***

1

1

OLD DOMINION FREIGHT LINE, INC. (ODFL)

P.O. BOX 609DE - CHARLOTTE, N.C. 28260
(556) 889-5000

MFS	LEX	747718	416684MG		7/23/02
				405080	7/19/

FLEMING COMPANIES
4688 HUNGERFORD
MEMPHIS TN 38118

Dest X/L Car

HOSPITAL SPECIALTY CO
500 MEMORIAL DRIVE
NICHOLASVILLE

10800398231

7	HANDLING UNITS: 7 UNITS OF TYPE WSKD LATE PICKUP STC 201 PCS Sanitary Napkins or Pads: Individually packaged in inner containers, in boxes NMFC # 059230 / SUB # 02 65 PCS	070	1385

Total: 264 / Short 2

RECEIVED IN GOOD CONDITION EXCEPT AS NOTED

By: Received 7/24/02

Company:

Date:

Seal # (If Applc)

Exceptions

Pcs 264 Skus 2 Short Sanitary Napkins

Driver:

CA

Pos. D

Date D

1

OLD DOMINION FREIGHT LINE, INC. (ODFL)
P.O. BOX 60908 - CHARLOTTE, N.C. 28260
(336) 889-5000

MFS	LEX	747718	416684MG			7/23/02
					405080	7/19/

FLEMING COMPANIES
4688 HUNGERFORD
MEMPHIS TN 38118

Dest I/L Car

HOSPITAL SPECIALTY CO
500 MEMORIAL DRIVE
NICHOLASVILLE

10800398231

CONTACT JAMES

100% FULL STATE COVERAGE IN NH
VISIT WWW.ODFL.COM FOR DETAILS

7	6203882	10802020	3208		2480

RECEIVED IN GOOD CONDITION EXCEPT AS NOTED
By:
Company:
Date.
Seal # (if Applic)

Exceptions:

Driver:

C
Pcs
Date

1

OLD DOMINION FREIGHT LINE, INC. (ODFL)
P.O. BOX 40908 - CHARLOTTE, N.C 28260
(336) 889-5000

MFS .	LEX	747718	416684MG		7/23/02
				405080	7/19/

FLEMING COMPANIES
4688 HUNGERFORD
MEMPHIS TN 38118

Dest I/L Car

HOSPITAL SPECIALTY CO
500 MEMORIAL DRIVE
NICHOLASVILLE

10800398231

FOR CARRIER CONVENIENCE CALL
FOR DEL APPT
NO SPLIT SHIPMENT CUSTOMER WILL REFUSE
FUEL INCREASE
WIW
ODFL MFS PHONE (901)-375-4646
ODFL MFS TOLL-FREE (800)-762-6335
CONSIGNEE PHONE#: 662 342 4100
APPT 07/24/02 06:00

RECEIVED IN GOOD CONDITION EXCEPT AS NOTED
By
Company
Date:
Seal # (If Apple)

Exceptions:

Driver

C/
Pos
Date

1

OLD DOMINION FREIGHT LINE, INC. (ODFL)
P.O. BOX 60908 - CHARLOTTE, N.C. 28260
(336) 889-5000

MFS .	LEX	747718	416684MG		7/23/0

FLEMING COMPANIES
4688 HUNGERFORD
MEMPHIS TN 38118

Dest I/L Car

405080 7/19
HOSPITAL SPECIALTY C
500 MEMORIAL DRIVE
NICHOLASVILLE

10800398231

Diapers or Diaper Liners, disposable, Bedding Pads; cellulose, paper other than single-ply paper, or fabric less than 1/8 inch in thickness other than woven or knitted, separate or combined, with or without plastic film backing, in boxes or Package 2278 NMFC # 057260 / SUB # 00	055	1095	

RECEIVED IN GOOD CONDITION EXCEPT AS NOTED

By:

Company:

Date:

Seal # (If Applc)

Exceptions:

Driver:

CA

Pos. D

Date D

THE FACE OF THIS DOCUMENT IS PRINTED IN BLUE AND RED INK

Fleming

Box 26647 Oklahoma City OK 73126

TEXAS COMMERCE
SAN ANGELO TX

44-88/ 1113

No 23490347

LC

Date 08/01/02

Amount $*****16 666 55*

Pay
SIXTEEN THOUSAND SIX HUNDRED SIXTY SIX DOLLARS AND 55/100

Pay To The Order Of

HOSPITAL SPECIALTY
PO BOX 92232
CLEVELAND, OH 44193

Unique Character Facsimile Signature

⑈23490347⑈ ⑆111300880⑆0630003616 0⑈

TRANZONIC

DATE 08/05/2002

BOX 92232

BATCH 0450 023

DDA 394920204

AMOUNT $16,666 55

MAILOUT 14

National City.

Fleming 174684 0157 When corresponding refer to ===> **23490347**

Division		Invoice Date	Receipt Date	Inv No /Credit Request	Amount	Allow Discount
CORPORATE CATEGORY MARKETING # 44948		07/19/02	07/23/02	GMD83019 SEE MATTW	-10,730.18	0 00
GMD MEMPHIS #45119	CTP	07/18/02	07/23/02	MGU908207 BL 3214	-1,573 92	0 00
GMD WEST # 45126	CTP	07/10/02	07/17/02	SGU912613 BL 2989	-304.00	0 00
GMD - LACROSSE		07/18/02	00/00/00	LAG00000003247P	-82.81	0 00
GMD - LACROSSE 44948		07/18/02	00/00/00	LAG00000003247Q BL 3247	-43 44	0 00
GMD - KING OF PRUSSIA	CTP # 45125	07/09/02	07/15/02	BL2845	1,900 00	-38 00
GMD MEMPHIS	CTP	07/09/02	07/15/02	BL2848	2,242 00	-44 84
GMD MEMPHIS #45119	CTP	07/09/02	07/15/02	BL2847	2,280 00	-45 60
GMD - LACROSSE # 44948		07/09/02	07/16/02	BL2846	2,470.00	-49 40
GMD - TOPEKA # 45118	CTP	05/03/02	07/19/02	10018	4,418.40	-88 37
GMD WEST	CTP	07/10/02	07/17/02	BL2929	4,940.00	-98 80
GMD WEST #45126	CTP	07/10/02	07/17/02	BL2930	11,750 52	-235 01

DATE OF CHECK 08/01/02 AMOUNT OF CHECK $16,666 55

CWAP396-01 07/30/2002-06 30 DEDUCTION DOCUMENT 159 PAGE 1
FLEMING MEMPHIS (GMD) 174684 HOSPITAL SPECIALTY DEDUCT # MGU908207
09017948660

REF INV BL3214 INV DATE 07/18/2002 DEPT 731 HBC
REF PO 416684 00 DED DATE 07/30/2002 BROKER
M-VEND 30295 ORD DATE 07/12/2002 MDSR J8 CLIBBENS, DEENA

MUST PAY BACK

RC	UPC	ITEM	DESCRIPTION/COMMENT	WEIGHT	QTY	AMOUNT	EXT AMOUNT	
75	01120560052	3258	FC BY UNDERGARMENTS BLTD NOT SIGNED SHIP		40	38 000	1,520 00	SHORTAGES/NOT RECEIVED
75	01120560053	3259	FC BY BLDR CNTRL PD X-ABS		2	26 960	53 92	SHORTAGES/NOT RECEIVED

CONTACT CLIBBENS, DEENA ** TOTAL AMOUNT DEDUCTED ** $ 1,573 92

WILL ISSUE CREDIT

DO NOT PAY - TOTAL AMOUNT WILL BE DEDUCTED ON A REMITTANCE
REFER TO DEDUCTION NUMBER ON ALL CORRESPONDENCE

NEW PURCHASE ORDER # 805557 MG

L. Lohr

** THIS IS AN INVOICE COPY ** ** THIS IS AN INVOICE COPY **

HOSPITAL SPECIALTY COMPANY
670 ALPHA DRIVE
HIGHLAND HTS, OHIO 44143
(800) 321-9832 (440) 720-1800

INVOICE NO BL8900
DATE 12-13-02

45118 FAX ORDERS TO 1-440-720-1801 45118-0001

FLEMING TOPEKA KS GMD
VENDOR #30295
P O BOX 268862
OKLAHOMA CITY OK 73126-8862

FLEMING (TOPEKA GM DIV)
7215 S TOPEKA BLVD
TOPEKA KS 66601

CASES	CUSTOMER PO#	BROKER PO#	DROPSHIP PO#	SHIP DOC#
306	392645 TG			

SHIP	P/T#	ORDER DATE SMN	TERMS	UPS	SHIPPED FROM	SHIPPED VIA
PPD	768829	12-03-02 CS	2% 30 NET 31		NICHOLASVILLE	YELLOW FREIGHT SYSTEM

ORD	SHP	B O	UM	DESCRIPTION	UNIT/CS	EXTENSION
5	5	0	CS	BY48054 BEST YET 4 CHANNEL SUPER 24 12/CS	21 720	108 60
				EXCLUDED FROM DISCOUNT		0 00
105	~~102~~ 103	0	CS	BY58044 BEST YET 4 CHANNEL MAXI 24 DEODORANT 12/CS	21 720	~~2280 60~~ 2237 16
				EXCLUDED FROM DISCOUNT		0 00
32	32	0	CS	BY40013 BEST YET PANTILINER 22 19/CS	12.780	408 96
				EXCLUDED FROM DISCOUNT		0 00
35	35	0	CS	BY40324 BEST YET CONTOURED PANTILINER 22 18/CS	12 780	447.30
				EXCLUDED FROM DISCOUNT		0 00
15	15	0	CS	BY38816 BEST YET LONG SUPER W/WINGS 16 12/CS	21.720	325.80
				EXCLUDED FROM DISCOUNT		0 00
90	90	0	CS	BY34340 BEST YET ULTRA THIN MAXI W/WINGS 18 12/CS	21 720	1954.80
				EXCLUDED FROM DISCOUNT		0 00
3	3	0	CS	BY48044 BEST YET 4 CHANNEL MAXI 24 12/CS	21.720	65 16
				EXCLUDED FROM DISCOUNT		0 00
5	5	0	CS	BY37400 BEST YET MAXI W/WINGS 19 12/CS	21 720	108.60
				EXCLUDED FROM DISCOUNT		0.00

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HOSPITAL SPECIALTY COMPANY
670 ALPHA DRIVE
HIGHLAND HTS, OHIO 44143
(800) 321-9832 (440) 720-1800

INVOICE NO BL8900
DATE 12-13-02

45118 FAX ORDERS TO 1-440-720-1801 45118-0001

FLEMING TOPEKA KS GMD
VENDOR #30295
P.O BOX 268862
OKLAHOMA CITY OK 73126-8862

FLEMING (TOPEKA GM DIV)
7215 S TOPEKA BLVD
TOPEKA KS 66601

CASES	CUSTOMER PO#	BROKER PO#	DROPSHIP PO#	SHIP DOC#
306	392645 TG			

SHIP	P/T#	ORDER DATE	SMN	TERMS	UPS	SHIPPED FROM	SHIPPED VIA
PPD	768829	12-03-02	35	2% 30 NET 31		NICHOLASVILLE	YELLOW FREIGHT SYSTEM

ORD	SHP	B/O	UM	DESCRIPTION	UNIT/CS	EXTENSION
4	4	0	CS	BY93418 BEST YET LARGE PREMIUM PLUS ADULT BRIEF 18 4/CS	37 600	150 40
				EXCLUDED FROM DISCOUNT		0 00
5	5	0	CS	BY94416 BEST YET EXTRA PLUS BLADDER CONTROL 16 9/CS	26 960	134 80
				EXCLUDED FROM DISCOUNT		0 00
2	2	0	CS	BY42192 BEST YET MEDIUM DISPOSABLE PULL ON UNDERGARMENT 20 4/CS	38 000	76 00
				EXCLUDED FROM DISCOUNT		0.00
5	5	0	CS	BY42171 BEST YET LARGE DISPOSABLE PULL ON UNDERGARMENT 19 4/CS	38 000	190.00
				EXCLUDED FROM DISCOUNT		0 00

**** SEND PAYMENT TO. HOSPITAL SPECIALTY, PO BOX 92232, CLEVELAND OHIO 44193-0003

* * * * * FAX US YOUR ORDERS DIRECTLY 1-440-720-1801 * * * * *

SALES TAX	M O C	FREIGHT	OTH CHG	ALLOWANCES	MERCHANDISE	TOTAL
0 00	0.00		0 00	0 00	6251 02	

THIS INVOICE IS DUE BY 01-13-03 ~~6251 02~~
IF PAID BY 01-12-03 DEDUCT 125.02

6207 58

This document contains 1 image

YELLOW (TPSV) FED. ID #44-0694766

ORIGINAL DELIVERY RECEIPT

12/16/02 06:51 3L CMD

FREIGHT BILL NUMBER 254-260818 | 3 CHECK DIGIT

BILL DATE 12/13/02

DEST/ORIG TPK/LXK

CONSIGNEE
FLEMING CO (TOPEKA GM DIV)
7215 S TOPEKA BLVD
TOPEKA KS 66619
CONSIGNEE PHN ##785 862-2266

SHIPPER
HOSPITAL SPECIALTY
500 MEMORIAL DR
NICHOLASVILLE KY 40356

QUESTIONS? CONTACT CUSTOMER SERVICE 24 HOURS A DAY AT
1-800-610-6500
YOU MAY REQUEST PICKUPS, TRACE SHIPMENTS OR LEARN MORE ABOUT OUR OTHER SERVICES AT www.yellow.com

SPECIAL INSTRUCTIONS

B/L TRLR# 0118802

DHCR	PCS	DATE
4	6	12/17

CITY TRLR#	DOCK LOC
57791	

LDR	PCS	DATE

DELIVERED BY Gary Dunn
PCS 6 SWS DATE 12-18-02

PO # 392645, 16
SHIPPER # 760839

PIECES	PKG	DESCRIPTION	CLASS	WEIGHT LBS	RATE	EXTENSION
		SHRINKWRAP PALLET(S) (16 CINC)				
		157260 (DIAPERS)		23		
		(290 PKGS) SANITARY PADS EXTERNAL				
		TYPE INDIVID PKGD IN INNER CONT IT				
		79230-2		178		
		AS		2000		
		FUEL SURCHARGE				
		NOTIFICATION-PPD				
		***** DELIVERY NOTIFICATION *****				
		785-862 2266				

TTL PCS | RECEIVED IN GOOD CONDITION EXCEPT AS NOTED BY X | COMPANY NAME

COD AMT. PAYABLE BY CASH OR CERTIFIED CHECK UNLESS OTHERWISE NOTED

TTL WEIGHT LBS | PPD/COLL PPD | TTL FREIGHT CHARGES YES PAID

YELLOW

YELLOW TRANSPORTATION (YFSY)
FED. ID. #44-0594706

ORIGINAL DELIVERY RECEIPT

DO NOT WRITE ON STAMP OR BAR CODE

12/16/02
06:51

EMD

FREIGHT BILL NUMBER
254-260818
BILL DATE 12/13/02
DEST/ORIG TPK/LXK
CHECK DIGIT 3

U/B TRLR# 0118803
DHKR | PCS | DATE
CITY TRLR# | DOOR LOC
LDR | PCS | DATE

CONSIGNEE
ALLMINN CO (TOPEKA GM DEV)
2611 S TOPEKA BLVD
TOPEKA KS 66619
*** CONSIGNEE PHN #785 862-2266

QUESTIONS? CONTACT CUSTOMER SERVICE 24 HOURS A DAY AT
1-800-610-6500
YOU MAY REQUEST PICKUPS TRACE SHIPMENTS OR LEARN MORE ABOUT OUR OTHER SERVICES AT www.myyellow.com

SHIPPER
HOSPITAL SPECIALTY
500 MEMORIAL DR
NICHOLASVILLE KY 40356

SPECIAL INSTRUCTIONS

DELIVERED BY
PCS | DATE

PO # 3P2645 TG
SHIPPER # 48819

PIECES	PKG	DESCRIPTION	CLASS	WEIGHT LBS	RATE	EXTENSION

*** AUTHORIZATION FOR SORT AND SEGREGATE SERVICE ***
*** REQUIRED PRIOR TO DELIVERY. ***

Rec. 304 total cs.
2cs Short - 11205 - 60043

TTL PCS	RECEIVED IN GOOD CONDITION EXCEPT AS NOTED BY	COMPANY NAME	C O D AMT	TTL WEIGHT LBS	PPD/COLL	TTL FREIGHT CHARGES
	X Kayce Blurlier			1998	PPD	

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HOSPITAL SPECIALTY COMPANY
670 ALPHA DRIVE
HIGHLAND HTS, OHIO 44143
(800) 321-3832 (440) 720-1800

INVOICE NO 2M2344
DATE 03-10-03

45118 FAX ORDERS TO 1-440-720-1801

45118-0001

FLEMING TOPEKA FS GMD
VENDOR #30295
P O BOX 268862
OKLAHOMA CITY OK 73126-8862

FLEMING (TOPEKA GM DIV)
7215 S TOPEKA BLVD

TOPEKA KS 66601

CASES	CUSTOMER PO#	BROKER PO#	DROPSHIP PO#	SHIP LOC#
30	4543031TG			

SHIP	P/T#	ORDER DATE	SMN	TERMS	UPS	SHIPPED FROM	SHIPPED VIA
PPD		03-07-03	35	2/ 30 NET 31		NICHOLASVILLE	YELLOW FREIGHT SYSTEM

ORD	SHP	B/O	UM	DESCRIPTION	UNIT	US	EXTENSION
30	30	0	CS	2.40074 BEST VET CONTOURED MA 1 ea 12/CS	21	720	651 60

**** SEND PAYMENT TO HOSPITAL SPECIALTY, PO BOX 92230, CLEVELAND OHIO 44193-0003

* * * * * FAX US YOUR ORDERS DIRECTLY 1-440-720-1801 * * * * *

SALES TAX	M & C.	FREIGHT	OTH CHG	ALLOWANCES	MERCHANDISE	TOTAL
0 00	0 00	0 00	0.00	0 00	651 60	
			THIS INVOICE IS DUE BY 04-10-03			651.60
			IF PAID BY 04-09-03 DEDUCT 13 03			

SHIPPED BUT NOT BILLED

This document contains 1 image

YELLOW TRANSPORTATION (YFSY)
FED ID #44-0594706

1 ORIGINAL DELIVERY RECEIPT

DO NOT WRITE OR STAMP ON BAR CODE

01/05/03
14:10 007

A/TOCODE
GMD

APP 01/09 0600-

FREIGHT BILL NUMBER
254-258334
BILL DATE 01/02/03
DEST/ORIG TPK/LXK
1 CHECK DIGIT

I/B TRLR# 0040277

CHKR | POS | DATE
CITY TRLR# | DOOR LOC
LDR | POS | DATE
DELIVERED BY
POS | DATE

CONSIGNEE
FLEMING CO
9215 S TOPEKA BLVD
TOPEKA KS 66619
*** CONSIGNEE PH# **785 862 2266

QUESTIONS? CONTACT CUSTOMER SERVICE 24 HOURS A DAY AT
1-800-610-6500
YOU MAY REQUEST PICKUPS, TRACE SHIPMENTS OR LEARN MORE ABOUT OUR OTHER SERVICES AT www.myyellow.com

SPECIAL INSTRUCTIONS

HOSPITAL SPECIALTY
500 MEMORIAL DR
NICHOLASVILLE KY 40356

PO # 454331 TG BL9440
SHIPPER # 770870

PIECES	PKG	DESCRIPTION	CLASS	WEIGHT LBS.	RATE	EXTENSION
14		PALLET(S) (STC 69 PKGS) I/57260 (DIAPERS)		1108		
		(407 PKGS) SANITARY PADS EXTERNAL TYPE INDIVID PKGD IN INNER CONT II 59230-2		3082		
		AS		5000		
		FUEL SURCHARGE				
		NOTIFICATION-PPD				
		***** DELIVERY NOTIFICATION *****				
		785-862-2266				

TTL PCS | RECEIVED IN GOOD CONDITION EXCEPT AS NOTED BY X | COMPANY NAME | COD AMT | TTL WEIGHT LBS | PPD/COLL PPD | TTL FREIGHT CHARGES NEXT PAGE

YELLOW TRANSPORTATION (YPSY)
FED. ID #44-0584708

ORIGINAL DELIVERY RECEIPT

DO NOT WRITE OR STAMP ON BAR CODE

01/05/03
14:10 007

GMO

FREIGHT BILL NUMBER
254-258334
BILL DATE 01/02/03
DEST/ORIG TPK/LXK
CHECK DIGIT 1

APP 01/09 0600-

I/B TR# 00402/7

CHECK | PCS 14 | DATE 1/6

CTR/TR# 91671 | DOCK LOC

EDR | PCS | DATE

FLEMING CO
7215 S TOPEKA BLVD
TOPEKA KS 66619
*** CONSIGNEE PH# **785-862-2266

QUESTIONS? CONTACT CUSTOMER SERVICE 24 HOURS A DAY AT
1-800-610-6500
YOU MAY REQUEST PICKUPS, TRACE SHIPMENTS OR LEARN MORE ABOUT OUR OTHER SERVICES AT www.myyellow.com

SPECIAL INSTRUCTIONS

HOSPITAL SPECIALTY
500 MEMORIAL DR
NICHOLASVILLE KY 40356

DELIVERED BY Gary Ferrin
PCS 14 SIAS | DATE 1-8-03

PO # 454331 TO
SHIPPER # 170870

PIECES	PKG	DESCRIPTION	CLASS	WEIGHT LBS	RATE	EXTENSION

*** AUTHORIZATION FOR SORT AND SEGREGATE SERVICE ***
*** REQUIRED PRIOR TO DELIVERY. ***

30 cs. Over - 11205-60042
Rec. 506 total cs

TTL PCS	RECEIVED IN GOOD CONDITION EXCEPT AS NOTED BY	COMPANY NAME	C.O.D AMT	TTL WEIGHT LBS	PPD/COLL	TTL FREIGHT CHARGES
14	X Rayce DiCuillies	GMO		4190	PPD	

Fleming Companies, Inc
Reclamation Claim Detail by Claimant

Claimant	Reference	Letter Assertion Amount	Letter Date	Reclamation Period	Sell-Through Period	Weighted Avg Days to Consumption
Hospital Specialty Co	268	$49,555 16	4/1/2003	3/22/2003 to 3/31/2003	3/22/2003 to 4/1/2003	34 1

Item ID	Per Claimant Electronic Data: Purchase Order	Invoice Date	Invoice Number	Electronic Assertion Detail	Untimely Assertion Adjustment	No Purchase Order Provided	Purchase Order Not Identified	PO Receipt Date	Not Received in Valid Period	Receipts Consumed by Letter Date	Maximum Valid Reclamation Claim
15913	92-0769960	3/24/2003	BM2882	$2 554 92	$0 00	$0 00	$0 00		$0 00	$0 00	$2 554 92
15908	435404	3/18/2003	BM2671	$6 351 62	$0 00	$0 00	($6 351 62)		$0 00	$0 00	$0 00
15911	547599 MG	3/19/2003	BM2736	$15 271 72	$0 00	$0 00	($15 271 72)		$0 00	$0 00	$0 00
15909	706704	3/18/2003	BM2676	$5 225 42	$0 00	$0 00	$0 00	3/26/2003	$0 00	($1 071 59)	$4 153 83
15910	678082 TG	3/18/2003	BM2677	$10 370 92	$0 00	$0 00	$0 00	3/27/2003	$0 00	($1,822 97)	$8 547 95
15912	143094	3/19/2003	BM2725	$9 668 46	$0 00	$0 00	$0 00	3/27/2003	$0 00	($1 699 49)	$7 968 97
			Claimant Subtotal	$49 443 06	$0 00	$0 00	($21 623 34)		$0 00	($4 594 05)	$23 225 67

MAXITHINS® GARDS®
TAMPAX® SAFE & SOFT®
BEST BUY AT EASE®
PRECIOUS® SOFT & THIN®
HEALTH GARDS®
FREEDOM OF CHOICE
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HOSPITAL SPECIALTY COMPANY

670 ALPHA DRIVE HIGHLAND HTS OHIO 44143 2123
(800) 321 9832 • (440) 720 1800
FAX NO (440) 720 1801 • FEDERAL ID# 34 0664235
Web site www hospeco com E mail hospeco@hospeco com

COMMISSION

INVOICE NO BM2676
INVOICE DATE 03-18-03

CUSTOMER NUMBER 44948 FAX ORDERS TO 1-440-720-4191 DROPSHIP NUMBER 44948-0001

SOLD TO
FLEMING LA CROSSE WI GMD
VENDOR #30295
P O BOX 26680
OKLAHOMA CITY OK 73126

SHIP TO
FLEMING CO (LA CROSSE)
322 CAUSEWAY BLVD
LA CROSSE WI 54603

	CUSTOMER P.O. NUMBER	BROKER P.O. NUMBER	DROPSHIP P.O. NUMBER	SHIP DOCUMENT NUMBER
251	706704			

SHIPPED	PACKING SLIP NO	DATE ORDERED	SALES CODE	TERMS	UPS	SHIPPED FROM	SHIPPED VIA
PPD	781677	03-04-03	35	2% 30 NET 31		NICHOLASVILLE	VITRAN EXPRESS

ORDERED	SHIPPED	B/O	U/M	DESCRIPTION	UNIT PRICE	EXTENSION
48	48	0	CS	BY48054 BEST YET 4 CHANNEL SUPER 24 12/CS	21 720	1042 56
27	27	0	CS	BY40074 BEST YET CONTOURED MAXI 24 12/CS	21 720	586.44
30	30	0	CS	BY40013 BEST YET PANTILINER 22 18/CS	12.780	383 40
30	30	0	CS	BY40324 BEST YET CONTOURED PANTILINER 22 18/CS	12 780	383 40
40	40	0	CS	BY34340 BEST YET ULTRA THIN MAXI W/WINGS 18 12/CS	21 720	868.80
5	5	0	CS	BY48044 BEST YET 4 CHANNEL MAXI 24 12/CS	21 720	108 60
15	15	0	CS	BY37400 BEST YET MAXI W/WINGS 18 12/CS	21 720	325 80
20	20	0	CS	BY40064 BEST YET NITETIME MAXI 14 12/CS #60473	21 720	434 40
6	6	0	CS	BY93418 BEST YET LARGE PREMIUM PLUS ADULT BRIEF 18 4/CS	37 600	225 60
5	5	0	CS	BY94320 BEST YET EXTRA ABSORBENT BLADDER CONTROL 20 9/CS #70199	26 960	134 80
15	15	0	CS	BY94416 BEST YET EXTRA PLUS BLADDER CONTROL 16 9/CS	26 960	404 40
4	4	0	CS	BY42192 BEST YET MEDIUM DISPOSABLE PULL ON UNDERGARMENT 20 4/CS	38 000	152 00
6	6	0	CS	BY42171 BEST YET LARGE DISPOSABLE PULL ON UNDERGARMENT 18 4/CS	38 000	228 00

* SEND PAYMENT TO: HOSPITAL SPECIALTY, PO BOX 92232, CLEVELAND OHIO 44193-0003

* * * * * FAX US YOUR ORDERS DIRECTLY 1-440-720-4191 * * * * *

	MINIMUM ORDER CHARGE	FREIGHT & HANDLING	OTHER CHARGES	ALLOWANCES	MERCHANDISE TOTAL	INVOICE TOTAL
00	0 00		0.00	0.00	5278 20	~~5278 20~~

THIS INVOICE IS DUE BY 04-18-03

IF PAID BY 04-17-03 DEDUCT 105 56

(52.78) CREDIT FOR WAREHOUSE ALLOWANCE

PAY THIS AMOUNT 5225.42

ALL CLAIMS FOR LOSS OR DAMAGE MUST BE MADE WITHIN 10 DAYS NO MERCHANDISE IS TO BE RETURNED WITHOUT WRITTEN AUTHORIZATION
A RESTOCKING CHARGE OF 20 / WILL BE CHARGED ON ALL AUTHORIZED RETURNS ALL CONDOM AND ASPIRIN SALES ARE FINAL
A SERVICE CHARGE OF 1½ % PER MONTH WILL BE CHARGED ON THE UNPAID BALANCE AFTER THE DUE DATE OF THIS INVOICE
JM ORDER CHARGE OF $5 00 PER ORDER WILL BE CHARGED ON ALL ORDERS OF $100 00 OR LESS WASHROOM ACCESSORY ORDERS OF $25 00 OR LESS
UFACTURERS OF PRIVATE LABEL GENERIC CONTROL BRAND DISPOSABLE ELASTIC LEGGED BABY DIAPERS ADULT INCONTINENT PRODUCTS
TOILET SEAT COVERS OBSTETRIC PADS VENDED AND RETAIL PACK FEMININE NAPKINS AND VENDING MACHINES FOR OVER 80 YEARS
TAMPAX IS THE REG TRADE MARK OF PROCTER & GAMBLE

RPT WIRR095-14 INVOICE ADJUSTMENTS 04/01/03

FLEMING LA CROSSE #44948

LA CROSSE WI 54601

INVOICE BM2676 / P O DATE 03/03/03
P O 706704 RECEIPT 14 71458
REQUESTER OPDC

VENDOR 174684
HOSPITAL SPECIALTY
PO BOX 92232
CLEVELAND, OH
, 44193

ITEM	UPC	PACK/SIZE	DESCRIPTION		QTY	PER-UNIT	DEDUCT	PAYMENT
680743	00000001120560041	12/24CT	BY SUPER MAXI PAD	WAREHOUSE DISCO	48 0000	22	10 43	
680736	00000001120560042	12/24CT	BY CONTOURED MAXI PAD	WAREHOUSE DISCO	27 0000	22	5 86	
680756	00000001120560047	18/22CT	BY PANTY SHIELD	WAREHOUSE DISCO	30 0000	13	3 83	
680759	00000001120560048	18/22CT	BY PANTYLINERS	WAREHOUSE DISCO	30 0000	13	3 83	
680705	00000001120560051	4/18CT	BY ADULT BRIEF LARGE	WAREHOUSE DISCO	6 0000	38	2 26	
680730	00000001120560053	9/20CT	BY BLADDER CONTROL X-AB	WAREHOUSE DISCO	5 0000	27	1 35	
680719	00000001120560054	9/16CT	BY BLADDER CONTROL SUPE	WAREHOUSE DISCO	15 0000	27	4 04	
680749	00000001120560372	12/18CT	BY ULTRA THIN W/WINGS	WAREHOUSE DISCO	40 0000	22	8 69	
680734	00000001120560425	12/18CT	BY MAXI W/WINGS	WAREHOUSE DISCO	15 0000	22	3 26	
680732	00000001120560426	12/24CT	BY REG MAXI 4 CHANNEL	WAREHOUSE DISCO	5 0000	22	1 09	
680654	00000001120560467	4/18CT	BY PROTECTIVE BRIEF LAR	WAREHOUSE DISCO	6 0000	38	2 28	
680656	00000001120560468	4/20CT	BY PROTECTIVE BRF SM/ME	WAREHOUSE DISCO	4 0000	38	1 52	
680747	00000001120560473	12/14CT	BY NIGHTIME MAXI PAD	WAREHOUSE DISCO	20 0000	22	4 34	

TOTAL 52 78
AMOUNT DUE FLEMING LA CROSSE 52 78

PURCHASE ORDER NO. 706704

FLEMING LACROSSE

THE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES BILLS OF LADING LOADING SHEETS AND ALL OTHER CORRESPONDENCE

ORDER DATE 03/03/03 CANCEL DATE 00/00/00

SCHEDULE SHIPMENT TO ARRIVE ON 03/17/03

FREIGHT EXPENSE [X] PREPAID [ ] COLLECT

F O B POINT [X] OUR DOCK [ ] VENDOR S DOCK

SHIPPING POINT HIGHLAND HGTS OH 44143

HOW TO SHIP
YOU MUST FAX CONFIRMATION OF THIS ORDER TO ATTN NONFOODS DEPT @ (608) 779-3948

PLEASE CONTACT IF UNABLE TO SHIP AS SPECIFIED

VENDOR
008522
HOSPITAL SPECIALTY
670 ALPHA DRIVE

HIGHLAND HEIGHT OH 44143 0000
800-362-0073

BILL TO
FLEMING COMPANIES
A/P VENDOR NUMBER 174684
LACROSSE
P O BOX 26680
OKLAHOMA CITY OK 73126
405-951-7991

MAIL TO
X HOSPITAL SPECIALTY
670 ALPHA DRIVE
%
HIGHLAND HEIGHT OH 44143 0000
440-720-4191 CS-TINA JOHNSON

SHIP TO
FLEMING LACROSSE
322 CAUSEWAY BOULEVARD

LA CROSSE WI 54603
608-785-1330 EXCHANGE

BUYER 309 SHAKER
[ ] PHONE [ ] MAIL [ ] CONFIRMED [X] FAX [ ] EDI
PER CONTRACT [ ] TERMS

SPECIAL ALLOWANCES/MESSAGES
1 BACKORDER NOT ALLOWED
2
3
4

VENDOR ORDER QTY	VENDOR ORDER UNIT	VENDOR MFG NO	MASTER PACK/SIZE / DESCRIPTION	COLOR	OUR ITEM	COSTS EXPRESSED IN TERMS OF ORDER UNIT: LIST COST	OFF INVOICE	NET COST	DISCOUNT	OTHER UP/DN	BILL BACK
6	CASES	11205 60467	4/18CT BY PROTECTIVE BRIEF LARGE		680654	38 000	000	38 000	380	000	000
4	CASES	60468	4/20CT BY PROTECTIVE BRF SM/MED		680656	38 000	000	38 000	380	000	000
6	CASES	60051	4/18CT BY ADULT BRIEF LARGE		680705	37 600	000	37 600	376	000	000
15	CASES	60054	9/16CT BY BLADDER CONTROL SUPER		680719	26 960	000	26 960	269	000	000
5	CASES	60053	9/20CT BY BLADDER CONTROL X-ABSORB		680730	26 960	000	26 960	269	000	000
5	CASES	60426	12/24CT BY REG MAXI 4 CHANNEL		680732	21 720	000	21 720	217	000	000
15	CASES	60425	12/18CT BY MAXI W/WINGS		680734	21 720	000	21 720	217	000	000
27	CASES	60042	12/24CT BY CONTOURED MAXI PAD		680736	21 720	000	21 720	217	000	000
48	CASES	60041	12/24CT BY SUPER MAXI PAD		680743	21 720	000	21 720	217	000	000
20	CASES	60473	12/14CT BY NIGHTIME MAXI PAD		680747	21 720	000	21 720	217	000	000
40	CASES	60372	12/18CT BY ULTRA THIN W/WINGS		680749	21 720	000	21 720	217	000	000
30	CASES	60047	18/22CT BY PANTY SHIELD		680756	12 780	000	12 780	127	000	000

TOTALS UNITS _____ WEIGHT _____ CUBE _____

NOTE APPOINTMENT (608) 779-3808

TAX EXEMPT PURCHASE - This purchase is not subject to sales tax use because it is intended for resale A blanket exemption certificate from us should be in your file

Fleming Companies 3/3/2003 5 02 PAGE 1/2 RightFax

PURCHASE ORDER NO. 706704 FLEMING LACROSSE

THE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES BILLS OF LADING LOADING SHEETS AND ALL OTHER CORRESPONDENCE

ORDER DATE 03/03/03 CANCEL DATE 00/00/00

SCHEDULE SHIPMENT TO ARRIVE ON 03/17/03

FREIGHT EXPENSE [X] PREPAID [ ] COLLECT

F O B POINT [X] OUR DOCK [ ] VENDOR S DOCK

SHIPPING POINT HIGHLAND HGTS OH 44143

HOW TO SHIP
YOU MUST FAX CONFIRMATION OF THIS ORDER TO ATTN NONFOODS DEPT @ (608) 779-3948

VENDOR
008522
HOSPITAL SPECIALTY
670 ALPHA DRIVE
HIGHLAND HEIGHT OH 44143 0000
800-362-0073

BILL TO
FLEMING COMPANIES
A/P VENDOR NUMBER 174684
LACROSSE
P O BOX 26680
OKLAHOMA CITY OK 73126
405-951-7991

MAIL TO
X HOSPITAL SPECIALTY
670 ALPHA DRIVE
%
HIGHLAND HEIGHT OH 44143 0000
440-720-4191 CS-TINA JOHNSON

SHIP TO
FLEMING LACROSSE
322 CAUSEWAY BOULEVARD
LA CROSSE WI 54603
608-785-1330 EXCHANGE

PLEASE CONTACT IF UNABLE TO SHIP AS SPECIFIED

BUYER 309 SHAKER
[ ] PHONE [ ] MAIL [ ] CONFIRMED [X] FAX [ ] EDI
PER CONTRACT [ ] TERMS

SPECIAL ALLOWANCES/MESSAGES
1 BACKORDER NOT ALLOWED
2
3
4

VENDOR ORDER QTY	VENDOR ORDER UNIT	VENDOR MFG NO	MASTER PACK/SIZE / DESCRIPTION	COLOR	OUR ITEM	COSTS EXPRESSED IN TERMS OF ORDER UNIT: LIST COST	OFF INVOICE	NET COST	DISCOUNT	OTHER UP/DN	BILL BACK
30	CASES	11205 60048	18/22CT BY PANTYLINERS		680759	12 780	000	12 780	127	000	000

TOTALS UNITS 251 WEIGHT 1985 CUBE 308

* NOTE APPOINTMENT (608) 779-3808

TAX EXEMPT PURCHASE This purchase is not subject to sales tax use because it is intended for resale A blanket exemption certificate from us should be in your file

Fleming Companies 3/3/2003 5 02 PAGE 2/2 RightFax

3 04/03 HOSPITAL SPECIALTY COMPANY
7400 EUCLID AVENUE
CLEVELAND, OHIO 44103

PACKING LIST
781677

CUST#44948 PRINTED 13 11 12 07 MAR 2003 PAGE 1

SOLD TO FLEMING LA CROSSE WI GMD
VENDOR #30295
P O BOX 26680
OKLAHOMA CITY, OK 73126

SHIP TO FLEMING CO (LA CROSSE)
322 CAUSEWAY BLVD

LA CROSSE , WI 54603

CUSTOMER P O # 706704
SHIP FROM NICHOLASVILLE
SHIP VIA VITRAN EXPRESS
FRT VIA CENTRAL TRANSPORT
SALESMAN DAYMON ASSOCIATES, INC 203-352-7500

DROPSHIP P O #
FOB PPD
ORDER MUST ARRIVE ON DATE 03/17/03
ORDER TAKEN BY FX/TINA

---QUANTITY--- ORDER	SHP	B/O	STOCK#	COUNT	DESCRIPTION	FULL SKIDS	LOOSE CASES
48	48	0	BY48054	12/CS	BY48054 BEST YET 4 CHANNEL SUPER 24 12/CS	1 WEIGHT REFERENCE	12 432 00 210372
27	27	0	BY40074	12/CS	BY40074 BEST YET CONTOURED MAXI 24 12/CS	0 WEIGHT REFERENCE	27 221 40 210372
30	30	0	BY40013	18/CS	BY40013 BEST YET PANTILINER 22 18/CS	0 WEIGHT REFERENCE	30 94 50 120378
30	30	0	BY40324	18/CS	BY40324 BEST YET CONTOURED PANTILINER 22 18/CS	0 WEIGHT REFERENCE	30 106 50 120378
40	40	0	BY34340	12/CS	BY34340 BEST YET ULTRA THIN MAXI W/WINGS 18 12/CS	0 WEIGHT REFERENCE	40 164 00 210372
5	5	0	BY48044	12/CS	BY48044 BEST YET 4 CHANNEL MAXI 24 12/CS	0 WEIGHT REFERENCE	5 44 00 210372
15	15	0	BY37400	12/CS	BY37400 BEST YET MAXI W/WINGS 18 12/CS	0 WEIGHT REFERENCE	15 103 50 210372
20	20	0	BY40064	12/CS	BY40064 BEST YET NITETIME MAXI 14 12/CS #60473	0 WEIGHT REFERENCE	20 192 00 210372
6	6	0	BY93418	4/CS	BY93418 BEST YET LARGE PREMIUM PLUS ADULT BRIEF 18 4/CS	0 WEIGHT REFERENCE	6 132 60 370360
5	5	0	BY94320	9/CS	BY94320 BEST YET EXTRA ABSORBENT BLADDER CONTROL 20 9/CS #70199	0 WEIGHT REFERENCE	5 49 00 260396
15	15	0	BY94416	9/CS	BY94416 BEST YET EXTRA PLUS BLADDER CONTROL 16 9/CS	0 WEIGHT REFERENCE	15 142 50 260396

10126670

3/04/03 HOSPITAL SPECIALTY COMPANY
7400 EUCLID AVENUE
CLEVELAND, OHIO 44103

PACKING LIST #
781677

CUST#44948 PRINTED 13 11 12 07 MAR 2003 PAGE 2

OLD TO FLEMING LA CROSSE WI GMD
VENDOR #30295
P O BOX 26680
OKLAHOMA CITY, OK 73126

SHIP TO FLEMING CO (LA CROSSE)
322 CAUSEWAY BLVD

LA CROSSE , WI 54603

USTOMER P O # 706704
HIP FROM NICHOLASVILLE
HIP VIA VITRAN EXPRESS
LT VIA CENTRAL TRANSPORT
ALESMAN DAYMON ASSOCIATES, INC 203-352-7500

DROPSHIP P O #
FOB PPD
ORDER MUST ARRIVE ON DATE 03/17/03
ORDER TAKEN BY FX/TINA

----QUANTITY---- RDER	SHP	B/O	STOCK#	COUNT	DESCRIPTION	FULL SKIDS	LOOSE CASES
4	4	0	BY42192	4/CS	BY42192 BEST YET MEDIUM	0	4
					DISPOSABLE PULL ON	WEIGHT	57 20
					UNDERGARMENT 20 4/CS	REFERENCE	380300
6	6	0	BY42171	4/CS	BY42171 BEST YET LARGE	0	6
					DISPOSABLE PULL ON	WEIGHT	83 40
					UNDERGARMENT 18 4/CS	REFERENCE	380300

OTAL ORDER WEIGHT 1,822 60 TOTAL ORDER CUBE SIZE 324 19

* 251 INDIVIDUAL CASES
O NOT SHORT SHIP !
OMMENTS NO BACK ORDERS CUST WILL NOT ACCEPT
DELIVER ON MON 3/17/03
MARK BL CFDA 608/779-3808

OTAL CASES 251 DATE SHIPPED 3/18/03 WEIGHT 1824

RDER FILLED BY _____ QTY/ITEMS SHIPPED & WEIGHT VERFIED BY _____

781677

STRAIGHT BILL OF LADING—SHORT FORM—Original—Not Negotiable

SHIPPER S NO

VITRAN EXPRESS CARRIER

CARRIER S NO

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading

AT 500 MEMORIAL DR NICHOLSVL, KY 40356 3/18/2003 FROM **HOSPITAL SPECIALTY COMPANY**

The property described below in apparent good order except as noted (contents and condition of contents of packages unknown) marked consigned and destined as indicated below which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination if on its route otherwise to deliver to another carrier on the route to said destination It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all of any of said property that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date thereof if this is a rail or a rail- water shipment or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading including these on the back thereof set forth in the classification or tariff which governs the transportation of this shipment and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns (Mail or street address of consignee—For purposes of notification only)

CONSIGNED TO
DESTINATION
DELIVERY ADDRESS*
ROUTE
DELIVERING CARRIER

FLEMING CO (LA CROSSE)
322 CAUSEWAY BLVD
LA CROSSE , WI 54603

STATE

COUNTY
(*To be filled in only when shipper desires and governing tariffs provide for delivery thereat)

PO# 706704

CAR OR VEHICLE INITIALS

NO

NO PKGS	KIND OF PACKAGE DESCRIPTION OF ARTICLES SPECIAL MARKS AND EXCEPTIONS	WEIGHT (SUB TO COR)	CLASS OR RATE	CK COL
215	59230 SUB 2 SANITARY PADS EXTERNAL TYPE INDIVIDUALLY PACKAGED IN INNER CONTAINERS	1359		
36	57260 DIAPERS	465		
251		1824		

5 pallets
No split shipment
customer will refuse

0000 608 4809
Vitran Express www vitranexpress com
World Class Customer Service 800/967-3331
Drivers signature acknowledges receipt of freight only Unless otherwise agreed to under separate contract, terms and conditions of tariff VITR125 apply

NO BACK ORDERS CUST WILL REFUSE
*** NOTE: ORDER MUST ARRIVE ON DATE: ASAP ***

SIGNATURE OF CARRIER'S AGENT BELOW ACKNOWLEDGES RECEIPT OF, AGREEMENT WITH THE COUNT OF, AND RESPONSIBILITY FOR THE NUMBER OF PACKAGES SHOWN ABOVE.

Subject to Section 7 of conditions of applicable bill of lading if this statement is to be delivered to the consignee without recourse on the consignor the consignor shall sign the following statement

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

(Signature of Consignor)

If charges are to be prepaid write or stamp here To be Prepaid 2016

PREPAID

Received $ _____ to apply in prepayment of the charges on the property described hereon

Agent or Cashier

PER _____
(The signature here acknowledges only the amount prepaid)

Charges Advanced $

If the shipment moves between two ports by a carrier by water the law requires that the bill of lading shall state whether it is carrier s or shipper s weight

NOTE Where the rate is dependent on value shippers are required to state specifically in writing the agreed or declared value of the property The agreed or declared value of the property is hereby specifically stated by the Shipper to be not exceeding per

† The fibre containers used for this shipment conform to the specifications set forth in the box maker s certificate thereon and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification

†Shipper s imprint in lieu of stamp not a part of bill of lading approved by the Interstate Commerce Commission

SHORTAGES OR DAMAGE CLAIMS WILL NOT BE HONORED UNLESS REPORTED WITHIN 10 DAYS OF SHIPMENT

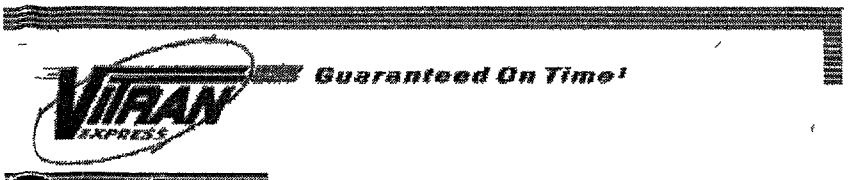
FOR CARRIER CONVENIENCE, CALL FOR DELIVERY APPT 608-799-3808, 24 HOURS IN ADVANCE.

THE HOSPITAL SPECIALTY CO SHIPPER, PER _____ AGENT, PER _____

Permanent post-office address of shipper

WE WILL NOT PAY SORT & SEGREGATE CHARGES OR SINGLE SHIPMENT CHARGES

1



Tuesday, April 01, 2003

HOME | e ALERTS

VITRAC
You are logged in as
0116599

Logout

- Update Account Info
- Service Reports
- Online Documents

TRACK SHIPMENT

PRO Number

Track It

- Advanced Tracking

TRANSIT TIMES

origin zip

destination zip

Get Time

QUOTE / PICKUP

- Get Rate Quote
- Request Pick-Up

SITE LINKS

- Services
- Customer Service
- Service Maps
- Contact Us
- About Us
- Employment
- Site Map

Tracing

Traced On	4/1/03 2 49 PM
Pro Number	00006084809
Shipper	HOSPITAL SPECIALTY
Consignee	FLEMING GATEWAY
Bill To	
Shipment Status	Delivered
Pickup Date	03/18/03
Appointment Status	Appointment Set
Scheduled Delivery Date	03/26/03
Appointment Time	10 00
Actual Delivery Date	03/26/03
Actual Delivery Time	10 16
Total Freight Charges	$197 78

EXCEPTIONS*

Type	# of Pieces	Package Type	Description
TRAILER NOT CHECKED			NCNT/LEFT ON AS HEADER
* Damage notations on delivery receipts do not always indicate damage to contents			

ON-LINE DOCUMENT RETRIEVAL

Please Click on PRO number below to view scanned documents
The first image may take up to two minutes while viewer loads

ProNumber	DocType
00006084809	BL
00006084809	DR

VITRAN EXPRESS

GUARANTEED ON TIME
P O Box 7004
Indianapolis, IN 46207 7004

QUESTIONS? PLEASE CALL 800 967-3331 OR VISIT www.vitranexpress.com

STANDARD CARRIER CODE: VITR

PRO NUMBER

DELIVERY RECEIPT

DATE

SN

3-26 10:00 TERRI

BL#

PO#

ORIGIN

DEST

BILLFR

RATER

TH

TOTAL CHARGES DUE

Freight

COD

COD FEE

PAYOR OF FREIGHT CHARGES

BILL TO

ADV PRO	ADV DATE	BYD	BYD PRO	BYD DATE	ADV	VITR	BYD

PCS	HM	DESCRIPTION	CLASS	LBS	RATE	AMOUNT
		25 cs				

RECEIVED THE ABOVE DESCRIBED SHIPMENT IN GOOD CONDITION EXCEPT AS NOTED

Flemina Allen Walleser 3-26-03 DATE DRIVER 3-26-03 DATE 1016 1052 TIME 0544 #PCS

SHRINK WRAPPED ___YES ___NO

MAXI THINS® GARDS®
TAMPAX® SAFE & SOFT®
BEST BUY AT EASE®
PRECIOUS® SOFT & THIN®
HEALTH GARDS®
FREEDOM OF CHOICE
HOSPECO® WASHROOM ACCESSORIES
GLOBAL CLEAN™

HOSPITAL SPECIALTY COMPANY

670 ALPHA DRIVE HIGHLAND HTS , OHIO 44143 2123
(800) 321 9832 • (440) 720 1800
FAX NO (440) 720 1801 • FEDERAL ID# 34 0664235
Web site www hospeco com E mail hospeco@hospeco com

COMMISSION

INVOICE NO BM2677
INVOICE DATE 03-18-03

CUSTOMER NUMBER 45118 FAX ORDERS TO 1-440-720-4191 DROPSHIP NUMBER 45118-0001

SOLD TO
PLEMING TOPEKA KS GMD
VENDOR #30295
P O BOX 268862
OKLAHOMA CITY OK 73126-8862

SHIP TO
FLEMING (TOPEKA GM DIV)
7215 S TOPEKA BLVD
TOPEKA KS 66601

	CUSTOMER P.O. NUMBER	BROKER P.O. NUMBER	DROPSHIP P.O. NUMBER	SHIP DOCUMENT NUMBER
485	678082 TG			

SHIPPED	PACKING SLIP NO	DATE ORDERED	SALES CODE	TERMS	UPS	SHIPPED FROM	SHIPPED VIA
PPD	781269	02-28-03	35	2% 30 NET 31		NICHOLASVILLE	YELLOW FREIGHT

ORDERED	SHIPPED	B/O	U/M	DESCRIPTION	UNIT PRICE	EXTENSION
97	97	0	CS	BY48054 BEST YET 4 CHANNEL SUPER 24 12/CS	21 720	2106 84
26	26	0	CS	BY40074 BEST YET CONTOURED MAXI 24 12/CS	21 720	564.72
91	91	0	CS	BY58044 BEST YET 4 CHANNEL MAXI 24 DEODORANT 12/CS	21 720	1976 52
65	65	0	CS	BY40013 BEST YET PANTILINER 22 18/CS	12.780	830 70
17	17	0	CS	BY40324 BEST YET CONTOURED PANTILINER 22 18/CS	12.780	217 26
58	58	0	CS	BY38816 BEST YET LONG SUPER W/WINGS 16 12/CS	21 720	1259.76
39	39	0	CS	BY34340 BEST YET ULTRA THIN MAXI W/WINGS 18 12/CS	21 720	847 08
28	28	0	CS	BY48044 BEST YET 4 CHANNEL MAXI 24 12/CS	21.720	608 16
29	29	0	CS	BY40064 BEST YET NITETIME MAXI 14 12/CS #60473	21 720	629 88
12	12	0	CS	BY42192 BEST YET MEDIUM DISPOSABLE PULL ON UNDERGARMENT 20 4/CS	38.000	456 00
23	23	0	CS	BY42171 BEST YET LARGE DISPOSABLE PULL ON UNDERGARMENT 18 4/CS	38 000	874 00

**** SEND PAYMENT TO: HOSPITAL SPECIALTY, PO BOX 92232, CLEVELAND OHIO 44193-0003

* * * * * FAX US YOUR ORDERS DIRECTLY 1-440-720-4191 * * * * *

SALES TAX	MINIMUM ORDER CHARGE	FREIGHT & HANDLING	OTHER CHARGES	ALLOWANCES	MERCHANDISE TOTAL	INVOICE TOTAL
0 00	0 00		0.00	0 00	10370 92	10370 92

THIS INVOICE IS DUE BY 04-18-03

IF PAID BY 04-17-03 DEDUCT 207 42

PAY THIS AMOUNT

ALL CLAIMS FOR LOSS OR DAMAGE MUST BE MADE WITHIN 10 DAYS NO MERCHANDISE IS TO BE RETURNED WITHOUT WRITTEN AUTHORIZATION
A RESTOCKING CHARGE OF 20 % WILL BE CHARGED ON ALL AUTHORIZED RETURNS ALL CONDOM AND ASPIRIN SALES ARE FINAL
A SERVICE CHARGE OF 1½ % PER MONTH WILL BE CHARGED ON THE UNPAID BALANCE AFTER THE DUE DATE OF THIS INVOICE
A MINIMUM ORDER CHARGE OF $5 00 PER ORDER WILL BE CHARGED ON ALL ORDERS OF $100 00 OR LESS WASHROOM ACCESSORY ORDERS OF $25 00 OR LESS
MANUFACTURERS OF PRIVATE LABEL GENERIC CONTROL BRAND DISPOSABLE ELASTIC LEGGED BABY DIAPERS ADULT INCONTINENT PRODUCTS
TOILET SEAT COVERS OBSTETRIC PADS VENDED AND RETAIL PACK FEMININE NAPKINS AND VENDING MACHINES FOR OVER 80 YEARS
TAMPAX IS THE REG TRADE MARK OF PROCTER & GAMBLE

INVOICE TO
T OPEKA GM DIVISION
7 215 S TOPEKA BLVD
P O BOX 1817
T OPEKA KS 66601-1817

SHIP TO
TOPEKA GM DIVISION
7215 S TOPEKA BLVD
P O BOX 1817
TOPEKA KS 66601 1817

Fleming Companies, Inc

VENDOR
HOSPITAL SPECIALTY (BY)
ATTN ORDER ENTRY DEPT
670 ALPHA DRIVE
HIGHLAND HEIG OH 44143

SHIP 03/07/03
VENDOR NO 30295

PU RCHASE ORDER

800-321-9832

DATE ORDERED	PURCHASE ORDER NO	TERMS	PRICE PROTECTION
02/28/03	678082 TG	30 DAYS 2 00%	

SHIP VIA	FOB	FREIGHT SHIPPED PPD	COL	PAID BY FLEM	VEN
		P			V

IMPO RTANT NOTICE

NOTIFY FLEMING FOODS PURCHASING DEPARTMENT IF UNABLE TO MEET SPECIFIED ARRIVAL DATE

ADVISE FLEMING FOODS PURCHASING DEPARTMENT BY TELEGRAM TELEPHONE OR AIRMAIL THE CAR NUMBER ROUTING DATE SHIPPED AND ORIGINATING POINT OF RAIL SHIPMENTS

TERMS AND CONDITIONS

PURCHASE ORDER NUMBER MUST BE SHOWN ON ALL INVOICES SHIPPING PAPERS AND FREIGHT BILL
Seller warrants that everything to which this Purchase Order applies and everything done by Seller in connection with this Purcha e Order hall be in compliance with law The word law as used herein includes but is not limited to all federal state and local laws relating to food drug and co metic labeling environmental protection and occupational safety nd health and all regulations standards rules codes and other requirements hereunder Without prejudice to any other remedy Buyer may have Seller shall indemnify Buyer and save Buyer harmless from any and all liability and los arising out of any breach of the foregoing warranty and shall reimburse Buyer for any and all expenses incurred in connection therewith

Under the terms and conditions of this purchase order Fleming Companies holds all suppliers/manufacturer solely responsible for the contents of their products with respect to existing federal and state standards including California Health and Safety Code 25249 5 25249 13

THIS PURCHASE ORDER IS ISSUED IN COMPLIANCE WITH EXECUTIVE ORDER 1 1246 THE REHABILITATION ACT OF 1 973 AND THE VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT

Seller al o guarantees that all terms of sale covered by this purchase order are available to all other purchasers on proportionately equal terms

Bill of lading must be iteml d as to quantity size pack and description Shipment must be tendered to carrier sorted and segregated as to quantity si e pack and description and bill of lading must carry certification of the same signed by carrier representative

DELIVERY TERMS OF SALE REQUIRE DRIVER UNLOADING AT OUR DOCK

FAILURE TO COMPLY WITH ABOVE MAY RESULT IN REFUSAL OF THIS SHIPMENT

QUANTITY ORDERED	UPC CASE CODE	DESCRIPTION ITEM CODE	PACK & SIZE	TIE HIGH	COST
97	11205 60041	FC BY SUPER MAXI PAD 12CS 14341-2	12 24 CT	12 1	21 720
26	11205 60042	FC BY REG CONTOUR MAXI PD 14348-7	12 24 CT	12 1	21 720
91	11205 60043	FC BY DEOD MAXI PAD 12CS 14346-1	12 24 CT	9 3	21 720
65	11205 60047	FC BY PANTYSHIELD 18CS 14353-7	18 22 CT	21 2	12 780
17	11205 60048	FC BY PANTYLINER UNSC 14354-5	18 22 CT	18 1	12 780
5	11205 60050	FC BY ADULT BRIEFS MEDIUM 03256-5	4 22 PAIR	6 2	38 000
8	11205 60051	FC BY ADULT BRIEFS LARGE 03257-3	4 18 CT	6 2	38 000
7	11205 60052	FC BY UNDERGARMENTS BLTD 03258-1	4 30 CT	5 3	38 000
14	11205 60054	FC BY BLADR CNTRL PD XABS 15719-8	9 16 CT	1 1	27 000
58	11205 60371	FC BY LNG SUPR MAXI WING 31451-8	12 16 CT	1 1	21 720
39	11205 60372	FC BY ULTRA THIN W/WINGS 31972-3	12 18 CT	1 1	21 720
28	11205 60426	FC BY MAXI W/4 CHNL PROT 45213-6	12 24 CT	12 1	21 720

ROADWAY TRUCKLINE PREFERRED DO NOT SHIP PRICE
OVERNITE PDQ OR OLD DOMINION TRUCKLINES
FOR DELIVERY APPT CALL 785-267-8044

MERCHANDISER	TOTAL UNITS	TOTAL CUBE	TOTAL PALLETS	TOTAL WEIGHT	TOTAL EXT COST
CLIBBENS DEENA					

INVOICE TO
T OPEKA GM DIVISION
7 215 S TOPEKA BLVD
P O BOX 1817
T OPEKA KS 66601-1817

SHIP TO
TOPEKA GM DIVISION
7215 S TOPEKA BLVD
P O BOX 1817
TOPEKA KS 66601 1817

Fleming Companies, Inc

PURCHASE ORDER

800 321-9832

VENDOR
HOSPITAL SPECIALTY (BY)
ATTN ORDER ENTRY DEPT
670 ALPHA DRIVE
HIGHLAND HEIG OH 44143

SHIP 03/07/03 ARRIVE

VENDOR NO 30295

DATE ORDERED	PURCHASE ORDER NO	TERMS	PRICE PROTECTION
02/28/03	678082 TG	30 DAYS 2 00%	

SHIP VIA	FOB	FREIGHT SHIPPED PAID BY PPD	COL	FLEM	VEN
		P			V

IMPORTANT NOTICE

NOTIFY FLEMING FOODS PURCHASING DEPARTMENT IF UNABLE TO MEET SPECIFIED ARRIVAL DATE

ADVISE FLEMING FOODS PURCHASING DEPARTMENT BY TELEGRAM TELEPHONE OR AIRMAIL THE CAR NUMBER ROUTING DATE SHIPPED AND ORIGINATING POINT OF RAIL SHIPMENTS

TERMS AND CONDITIONS

PURCHASE ORDER NUMBER MUST BE SHOWN ON ALL INVOICES SHIPPING PAPERS AND FREIGHT BILL
Seller warrants that everything to which this Purchase Order applies and everything done by Seller in connection with this Purchase Order shall be in compliance with law The word law as used herein includes but is not limited to all federal state and local laws relating to food drug and cosmetic labeling environmental protection and occupational safety and health and all regulations standard rules codes and other requirements thereunder Without prejudice to any other remedy Buyer may have Seller shall indemnify Buyer and save Buyer harmless from any and all liability and loss arising out of any breach of the foregoing warranty and shall reimburse Buyer for any and all expenses incurred in connection therewith

Under the terms and conditions of this purchase order Fleming Companies holds all supplier /manufacturers solely responsible for the contents of their products with respect to existing federal and state standards including California Health and Safety Code 25249 5 25249 13

THIS PURCHASE ORDER IS ISSUED IN COMPLIANCE WITH EXECUTIVE ORDER 11246 THE REHABILITATION ACT OF 1973 AND THE VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT

Seller also guarantees that all terms of sale covered by this purchase order are available to all other purchasers on proportionately equal term

Bill of lading must be itemized as to quantity size pack and description Shipment must be tendered to carrier sorted and segregated as to quantity size pack and description and bill of lading must carry certification of the same signed by carrier representative

DELIVERY TERMS OF SALE REQUIRE DRIVER UNLOADING AT OUR DOCK

FAILURE TO COMPLY WITH ABOVE MAY RESULT IN REFUSAL OF THIS SHIPMENT

QUANTITY ORDERED	UPC CASE CODE	DESCRIPTION ITEM CODE	PACK & SIZE	TIE HIGH	COST
23	11205 60467	FC BY PRTCTV UNDWR LARGE 13845-3	4 18 CT	5 5	38 000
12	11205 60468	FC BY PRTCTV UNDWR SM/MD 13847-9	4 20 CT	6 2	38 000
29	11205 60473	FC BY NITETIME MAXI 34518-1	12 14 CT	8 2	21 720

ROADWAY TRUCKLINE PREFERRED DO NOT SHIP PRICE
OVERNITE PDQ OR OLD DOMINION TRUCKLINES
FOR DELIVERY APPT CALL 785-267-8044

MERCHANDISER	TOTAL UNITS	TOTAL CUBE	TOTAL PALLETS	TOTAL WEIGHT	TOTAL EXT COST
CLIBBENS DEENA	519	892	140	5231	11508

02/28/03 HOSPITAL SPECIALTY COMPANY PACKING LIST
7400 EUCLID AVENUE 781249
CLEVELAND OHIO 44107
CUST#45118 PRINTED 09 23 18 04 MAR 2003 PAGE 1

SOLD TO FLEMING TOPEKA KS GMD
VENDOR #30295
P O BOX 268862
OKLAHOMA CITY, OK 73126-8862

SHIP TO FLEMING (TOPEKA GM DIV)
7215 S TOPEKA BLVD
TOPEKA KS 66601

CUSTOMER P O # 678082 TG
SHIP FROM NICHOLASVILLE
SHIP VIA YELLOW FREIGHT SYSTEM
ALT VIA
SALESMAN DAYMON ASSOCIATES, INC 203-352-7500

DROPSHIP P O #
FOB PPD
SHIP TO ARRIVE BY OR SOONER 03/21/03
ORDER TAKEN BY KRISTINA

QUANTITY ORDER	QUANTITY SHP	QUANTITY B/O	STOCK#	COUNT	DESCRIPTION	FULL SKIDS	LOOSE CASES
97	97	0	BY48054	12/CS	BY48054 BEST ET 4 CHANNEL SUPER 24 12/CS	2 WEIGHT REFERENCE	25 873 07 210272
26	26	0	BY40074	12/CS	BY40074 BEST /ET CONTOURED MAXI 24 12 CS	0 WEIGHT REFERENCE	26 213 20 210372
91	91	0	BY58044	12/CS	BY58044 BEST YET 4 CHANNEL MAXI 24 DEODORANT 12 CS	2 WEIGHT REFERENCE	19 819 00 210372
65	65	0	BY40013	18/CS	BY40013 BEST YET FANTILINER 22 18/CS	0 WEIGHT REFERENCE	65 204 75 120378
17	17	0	BY40324	18/CS	BY40324 BEST YET CONTOURED PANTILINER 22 18/CS	0 WEIGHT REFERENCE	17 60 35 120379
39	58	0	BY38816	12/CS	BY38816 BEST /ET LONG SUPER W/WINGS 16 12 CS	1 WEIGHT REFERENCE	13 437 50 210272
39	39	0	BY34340	12/CS	BY34340 BEST YET ULTRA THIN MAXI W/WINGS 16 12/CS	0 WEIGHT REFERENCE	39 159 90 210272
28	28	0	BY45044	12/CS	BY45044 BEST YET 4 CHANNEL MAXI 24 12/CS	0 WEIGHT REFERENCE	28 246 40 210272
29	29	0	BY40064	12/CS	BY40064 BEST YET WHITETIME C MAXI 14 12/CS #60473	0 WEIGHT REFERENCE	29 278 40 210372
12	12	0	BY42192	4/CS	BY-2192 BEST /ET MEDIUM DISPOSABLE PULL ON UNDERGARMENT 20 4/CS	0 WEIGHT REFERENCE	12 171 60 380300
23	23	0	BY42171	4/CS	BY42171 BEST YET LARGE DISPOSABLE PULL ON UNDERGARMENT 18 4/CS	0 WEIGHT REFERENCE	23 219 70 380300

TOTAL ORDER WEIGHT 3,784 20 TOTAL ORDER CUBE SIZE 717 58

02/28/03 HOSPITAL SPECIALTY COMPANY PACKING LIST #
7400 EUCLID AVENUE 78129
CLEVELAND OHIO 44103

CUST#45118 PRINTED: 09 23 18 04 MAR 2003 PAGE 2

SOLD TO FLEMING TOPEKA KS GMD
VENDOR #30295
P O BOX 268862
OKLAHOMA CITY, OK 73126-8862

SHIP TO FLEMING (TOPEKA GM DIV)
7215 S TOPEKA BLVD
TOPEKA, KS 66601

CUSTOMER P O # 678082 TG
SHIP FROM NICHOLASVILLE
SHIP VIA YELLOW FREIGHT SYSTEM
ALT VIA
SALESMAN DAYMON ASSOCIATES, INC 203-352-7507

DROPSHIP P O #
FOB PPD
SHIP TO ARRIVE BY OR SOONER 03/21/03
ORDER TAKEN BY CATINA

-----QUANTITY-----					FULL	LOOSE
ORDER	SHP	B/O	STOCK#	COUNT	DESCRIPTION	SKIDS	CASES

** 485 INDIVIDUAL CASES
DO NOT SHORT SHIP !
COMMENTS DO NOT BACK ORDER CUST DOES NOT ACCEPT BACK ORDERS
DELIVER BY 3/21/03

COUNTED BY AM RE-COUNTED BY MJ 3/18/03 PHOTO OF LOAD ON FILE _____
DATE

TOTAL CASES 485 DATE SHIPPED 3/18/03 WEIGHT 3784

STRAIGHT BILL OF LADING—SHORT FORM—Original—Not Negotiable

SHIPPER S NO 781269

YELLOW FREIGHT SYSTEM

CARRIER

CARRIER S NO

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading

AT 500 MEMORIAL DR NICHOLSVL, KY 40356 3/18/2003 FROM **HOSPITAL SPECIALTY COMPANY**

The property described below in apparent good order except as noted (contents and condition of contents of packages unknown) marked consigned and destined as indicated below which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination if on its route otherwise to deliver to another carrier on the route to said destination It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all of any of said property that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date thereof if this is a rail or a rail-water shipment or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading including those on the back thereof set forth in the classification or tariff which governs the transportation of this shipment and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns (Mail or street address of consignee—For purposes of notification only)

CONSIGNED TO
DESTINATION
DELIVERY ADDRESS*
ROUTE
DELIVERING CARRIER

FLEMING (TOPEKA GM DIV)
7215 S TOPEKA BLVD
TOPEKA, KS 66601

STATE

COUNTY
(*To be filled in only when shipper desires and governing tariffs provide for delivery thereat)

PO# 678082 TG

CAR OR VEHICLE INITIALS

NO

NO PKGS	KIND OF PACKAGE DESCRIPTION OF ARTICLES SPECIAL MARKS AND EXCEPTIONS	WEIGHT (SUB TO COR)	CLASS OR RATE	CK COL
450	59230 SUB E SANITARY PADS EXTERNAL TYPE INDIVIDUALLY PACKAGED IN INNER CONTAINERS	3232		
35	57260 DIAPERS	492		
	TARIFF # 675H 8317-7136			
485	13 pallets NO split shipments customer will refuse	3784		

YELLOW SHIPPERS COPY
202 LXK 254 249624 X
THANK YOU FOR SHIPPING YELLOW
1-800-610-6500
SINGLE SHIPMENT
This shipment is bound by the terms and conditions of the Uniform Straight Bill of Lading included in the NMFC 100 series.

NO BACKORDERS CUST DOES NOT ACCEPT
DO NOT USE OLD DOMINION
*** NOTE: ORDER MUST ARRIVE ON DATE: 03/14/03 ***

SIGNATURE OF CARRIER'S AGENT BELOW ACKNOWLEDGES RECEIPT OF, AGREEMENT WITH THE COUNT OF, AND RESPONSIBILITY FOR THE NUMBER OF PACKAGES SHOWN ABOVE.

Subject to Section 7 of conditions of applicable bill of lading if this statement is to be delivered to the consignee without recourse on the consignor the consignor shall sign the following statement

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

(Signature of Consignor)

2677

If charges are to be prepaid write or stamp here To be Prepaid

PREPAID

Received $ _____ to apply in prepayment of the charges on the property described hereon

Agent or Cashier

PER _____
(The signature here acknowledges only the amount prepaid)

Charges Advanced $ W/485 cts

If the shipment moves between two ports by a carrier by water the law requires that the bill of lading shall state whether it is carrier s or shipper s weight

NOTE Where the rate is dependent on value shippers are required to state specifically in writing the agreed or declared value of the property The agreed or declared value of the property is hereby specifically stated by the Shipper to be not exceeding _____ per _____

† The tariffs or carriers used to this shipment conform to the specifications set forth in the box maker s certificate thereon and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification

‡Shipper s imprint in lieu of stamp not a part of bill of lading approved by the Interstate Commerce Commission

SHORTAGES OR DAMAGE CLAIMS WILL NOT BE HONORED UNLESS REPORTED WITHIN 10 DAYS OF SHIPMENT.

13 pts

FOR CARRIER CONVENIENCE, CALL FOR DELIVERY APPT 785-862-2266.

THE HOSPITAL SPECIALTY CO SHIPPER PER _____ AGENT, PER _____ 3-18-03

Permanent post-office address of shipper ITS INC., 10235 BRECKSVILLE RD., CLEVELAND, OH 44141

WE WILL NOT PAY SORT & SEGREGATE CHARGES OR SINGLE SHIPMENT CHARGES

*** SEND FREIGHT BILL WITH A COPY OF THIS BILL OF LADING TO ITS, INC. ***

TRACKING REQUEST RESULTS

Freight Bill Number	254249624
Status	At delivery terminal
Status Date	March 27, 2003
Shipment Date	March 18, 2003
Current Terminal	Topeka, KS
Destination Terminal	Topeka, KS

Reconsign

You can also track using

- Bill of Lading Number
- Freight Bill Number
- CO/PO Number
- Yellow Global

[redacted] YELLOW TRANSPORTATION (YFSY)
FED I.D #44-0594706

1 ORIGINAL DELIVERY RECEIPT

DO NOT WRITE OR STAMP ON BAR CODE

03/21/03
13:10 080

AUTOCODE
GMD

APP 03/27 0600-

FREIGHT BILL NUMBER
254-249624
BILL DATE 03/18/03
DEST/ORIG TPK/LXK
X CHECK DIGIT

I/B TRLR# 0120802
CHG# 1 PCS 13 DATE 3/26
CITY TRLR# DOCK LOC
LBK# PCS 13 DATE 3/26

CONSIGNEE
FLEMING CO
7215 S TOPEKA BLVD
TOPEKA KS 66619
*** CONSIGNEE PHN **785-267-8044

QUESTIONS? CONTACT CUSTOMER SERVICE 24 HOURS A DAY AT
1-800-610-6500
YOU MAY REQUEST PICKUPS, TRACE SHIPMENTS OR LEARN MORE ABOUT OUR OTHER SERVICES AT www.myyellow.com

SPECIAL INSTRUCTIONS

SHIPPER
HOSPITAL SPECIALTY
500 MEMORIAL DR
NICHOLASVILLE KY 40356

DELIVERED BY
PCS DATE

PO # 678082 TG
SHIPPER # 781949

PIECES	PKG	DESCRIPTION	CLASS	WEIGHT LBS	RATE	EXTENSION
13		SHRINKWRAP PALLET(S) (35 CTNS) 1/57260 (DIAPERS) (450 CTNS) SANITARY PADS EXTERNAL TYPE INDIVID PKGD IN INNER CONT IT 59230-2 FUEL SURCHARGE //NO SPLIT SHIPMENTS		3292		

Rec'd 440 492 cases
45 refused 600435
sent wrong item

*** AUTHORIZATION FOR SORT AND SEGREGATE SERVICE ***
*** REQUIRED PRIOR TO DELIVERY. ***

3-27-03

TTL PCS	RECEIVED IN GOOD CONDITION EXCEPT AS NOTED BY	COMPANY NAME	C.O.D AMT	TTL WEIGHT LBS.	PPD/COLL	TTL FREIGHT CHARGES
13	X Aimee Carlson	Fleming		3784	PPD	

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FAX

Exact Express | Definite Delivery | Standard Ground

DATE 4-8-03

 # OF PAGES 2
INCLUDING COVER SHEET

TO: LUCIA S JANOCH
COMPANY: HOSPITALITY SPECIALTY
FAX #: 440-446-1425

FROM: PAT, TPK
COMPANY: YELLOW FREIGHT SYSTEM INC
FAX #: 785-357-1504

TELE # 785-357-5241

COMMENTS

LUCIA,
Is forwd is a copy of the supplemental D. R. covering pro 254-249624 consigned to G.M.D, Topeka, Ks.. Originally customer had indicated return 45 ctns to our company, when actually they had taken them in. These were Beotzet made w/wings - P2pack.

Pat

YELLOW

1.800.610.6500

www.yellowfreight.com

[redacted] (YFGY) FED I.D #44-0594706

ORIGINAL DELIVERY RECEIPT

04/03/03
11:39

FREIGHT BILL NUMBER 254-249624-A
BILL DATE 04/03/03
DEST/ORIG TPK/LXK
CHECK DIGIT X

I/B TRLR# TPK#9995
CHKR | PCS
CITY TRLR#
LDR | PCS
DELIVERED BY
PCS | DATE

CONSIGNEE
FLEMING CO
7215 S TOPEKA BLVD
TOPEKA KS 66619

QUESTIONS? CONTACT CUSTOMER SERVICE 24 HOURS A DAY AT
1-800-610-6500
YOU MAY REQUEST PICKUPS, TRACE SHIPMENTS OR LEARN MORE ABOUT OUR OTHER SERVICES AT www.myyellow.com

SPECIAL INSTRUCTIONS

SHIPPER
HOSPITAL SPECIALTY
1500 MEMORIAL DR
NICHOLASVILLE KY 40356

PO # 620452
SHIPPER # 781249

PIECES	PKG	DESCRIPTION	CLASS	WEIGHT LBS	RATE	EXT

45		CTN #60~~1~~25
		//ORIG PO 678082
		//SLE CHERYL LAMBERT
		//APPLY COMPLETE DESCRIPTION
				315		

Beef yesh Mexi w/ wings
12 pack

3/31/03

TTL PCS	RECEIVED IN GOOD CONDITION EXCEPT AS NOTED BY	COMPANY NAME	C.O.D AMT	TTL WEIGHT LBS	PPD/COLL	TTL FREIG
45	X Cheryl Lambert	Fleming		315	D/H	

shippers items # & disc. of prod. EMB

** TOTAL PAGE 02 **

MAXITHINS® GARDS®
TAMPAX® SAFE & SOFT®
BEST BUY AT EASE®
PRECIOUS® SOFT & THIN®
HEALTH GARDS®
FREEDOM OF CHOICE
HOSPECO® WASHROOM ACCESSORIES
GLOBAL CLEAN™

HOSPITAL SPECIALTY COMPANY

670 ALPHA DRIVE HIGHLAND HTS OHIO 44143-2123
(800) 321 9832 • (440) 720 1800
FAX NO (440) 720 1801 • FEDERAL ID# 34 0664235
Web site www.hospeco.com E mail hospeco@hospeco.com

COMMISSION

INVOICE NO BM2725
INVOICE DATE 03-19-03

CUSTOMER NUMBER 45125 FAX ORDERS TO 1-440-720-4191 DROPSHIP NUMBER 45125-0001

SOLD TO
FLEMING KING OF PRUSSIA PA GMD
VENDOR #30295
P O BOX 268863
OKLAHOMA CITY OK 73126-8863

SHIP TO
FLEMING (KOP GM DIVISION)
201 W CHURCH ROAD
KING OF PRUSSIA PA 19406

450

CUSTOMER P.O. NUMBER	BROKER P.O. NUMBER	DROPSHIP P.O. NUMBER	SHIP DOCUMENT NUMBER
143094			

SHIPPED	PACKING SLIP NO	DATE ORDERED	SALES CODE	TERMS	UPS	SHIPPED FROM	SHIPPED VIA
PPD	781276	02-28-03	35	2% 30 NET 31		NICHOLASVILLE	JEVIC

ORDERED	SHIPPED	B/O	U/M	DESCRIPTION	UNIT PRICE	EXTENSION
74	74	0	CS	BY48054 BEST YET 4 CHANNEL SUPER 24 12/CS	21.720	1607 28
74	74	0	CS	BY40074 BEST YET CONTOURED MAXI 24 12/CS	21 720	1607 28
86	86	0	CS	BY58044 BEST YET 4 CHANNEL MAXI 24 DEODORANT 12/CS	21 720	1867 92
5	5	0	CS	BY40013 BEST YET PANTILINER 22 18/CS	12 780	63 90
28	28	0	CS	BY40324 BEST YET CONTOURED PANTILINER 22 18/CS	12 780	357 84
31	31	0	CS	BY38816 BEST YET LONG SUPER W/WINGS 16 12/CS	21 720	673 32
25	25	0	CS	BY34340 BEST YET ULTRA THIN MAXI W/WINGS 18 12/CS	21 720	543 00
45	45	0	CS	BY48044 BEST YET 4 CHANNEL MAXI 24 12/CS	21 720	977 40
31	31	0	CS	BY37400 BEST YET MAXI W/WINGS 18 12/CS	21 720	673 32
30	30	0	CS	BY40064 BEST YET NITETIME MAXI 14 12/CS #60473	21 720	651 60
9	~~9~~ 8	0	CS	BY93418 BEST YET LARGE PREMIUM PLUS ADULT BRIEF 18 4/CS	37 600	338 40
2	2	0	CS	BY95430 BEST YET EXTRA ABSORBENT UNDERGARMENT 30 4/CS ITEM #70210	37 600	75 20
10	10	0	CS	BY94416 BEST YET EXTRA PLUS BLADDER CONTROL 16 9/CS	26 960	269 60

AS PART OF YOUR STATE'S SALES TAX AUDIT IT IS NECESSARY FOR US TO UPDATE OUR SALES TAX EXEMPTION FILES PLEASE INDICATE YOUR SALES TAX EXEMPTION NUMBER ON THE LINE BELOW, HAVE IT SIGNED AND RETURNED WITH YOUR REMITTANCE

SALES TAX EXEMPTION NUMBER SIGNATURE AND DATE

**** SEND PAYMENT TO: HOSPITAL SPECIALTY, PO BOX 92232, CLEVELAND OHIO 44193-0003

* * * * * FAX US YOUR ORDERS DIRECTLY 1-440-720-4191 * * * * *

SALES TAX	MINIMUM ORDER CHARGE	FREIGHT & HANDLING	OTHER CHARGES	ALLOWANCES	MERCHANDISE TOTAL	INVOICE TOTAL
0 00	0 00		0 00	0 00	9706 06	~~9706 06~~ 9668.46

THIS INVOICE IS DUE BY 04-19-03

IF PAID BY 04-18-03 DEDUCT 194 12

PAY THIS AMOUNT

<37.60> credit for 1 cs short

ALL CLAIMS FOR LOSS OR DAMAGE MUST BE MADE WITHIN 10 DAYS NO MERCHANDISE IS TO BE RETURNED WITHOUT WRITTEN AUTHORIZATION
A RESTOCKING CHARGE OF 20 / WILL BE CHARGED ON ALL AUTHORIZED RETURNS ALL CONDOM AND ASPIRIN SALES ARE FINAL
A SERVICE CHARGE OF 1½% PER MONTH WILL BE CHARGED ON THE UNPAID BALANCE AFTER THE DUE DATE OF THIS INVOICE
A MINIMUM ORDER CHARGE OF $5 00 PER ORDER WILL BE CHARGED ON ALL ORDERS OF $100 00 OR LESS WASHROOM ACCESSORY ORDERS OF $25 00 OR LESS
MANUFACTURERS OF PRIVATE LABEL GENERIC CONTROL BRAND DISPOSABLE ELASTIC-LEGGED BABY DIAPERS ADULT INCONTINENT PRODUCTS
TOILET SEAT COVERS OBSTETRIC PADS VENDED AND RETAIL PACK FEMININE NAPKINS AND VENDING MACHINES FOR OVER 80 YEARS
TAMPAX IS THE REG TRADE MARK OF PROCTER & GAMBLE

INVOICE TO
K OP GM DIVISION
2 01 CHURCH ROAD
R O BOX 1526
K ING OF PRUSSIA PA 19406-1526

SHIP TO
KOP GM DIVISION
201 W CHRUCH RD
KING OF PRUSSIA PA 19406

Fleming Companies, Inc

VENDOR
HOSPITAL SPECIALTY (BY)
ATTN ORDER ENTRY DEPT
670 ALPHA DRIVE
HIGHLAND HEIG OH 44143

SHIP 03/21/03
VENDOR NO 30295

PU RCHASE ORDER

800-321-9832

DATE ORDERED	PURCHASE ORDER NO	TERMS	PRICE PROTECTION
02/28/03	143094	30 DAYS 2 00%	

SHIP VIA	FOB	FREIGHT SHIPPED PAID BY PPD	COL	FLEM	VEN
		P			V

IMPORTANT NOTICE

NOTIFY FLEMING FOODS PURCHASING DEPARTMENT IF UNABLE TO MEET SPECIFIED ARRIVAL DATE

ADVISE FLEMING FOODS PURCHASING DEPARTMENT BY TELEGRAM TELEPHONE OR AIRMAIL THE CAR NUMBER ROUTING DATE SHIPPED AND ORIGINATING POINT OF RAIL SHIPMENTS

TERMS AND CONDITIONS

PURCHASE ORDER NUMBER MUST BE SHOWN ON ALL INVOICES SHIPPING PAPERS AND FREIGHT BILL
Seller warrants that everything to which this Purchase Order applies and everything done by Seller in connection with this Purchase Order shall be in compliance with law The word law as used herein includes but is not limited to all federal state and local laws relating to food drug and cosmetic labeling environmental protection and occupational safety and health and all regulations standards rules codes and other requirements thereunder Without prejudice to any other remedy Buyer may have Seller shall indemnify Buyer and save Buyer harmless from any and all liability and loss arising out of any breach of the foregoing warranty and shall reimburse Buyer for any and all expenses incurred in connection therewith

Under the terms and conditions of this purchase order Fleming Companie holds all suppliers/manufacturers solely responsible for the contents of their product with respect to existing federal and state standards including California Health and Safety Code 25249 5 25249 13

THIS PURCHASE ORDER IS ISSUED IN COMPLIANCE WITH EXECUTIVE ORDER 11246 THE REHABILITATION ACT OF 1973 AND THE VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT

Seller also guarantees that all terms of sale covered by this purchase order are available to all other purchasers on proportionately equal terms

Bill of lading must be itemized as to quantity size pack and description Shipment must be tendered to carrier sorted and segregated as to quantity size pack and description and bill of lading must carry certification of the same signed by carrier representative

DELIVERY TERMS OF SALE REQUIRE DRIVER UNLOADING AT OUR DOCK

FAILURE TO COMPLY WITH ABOVE MAY RESULT IN REFUSAL OF THIS SHIPMENT

QUANTITY ORDERED	UPC CASE CODE	DESCRIPTION ITEM CODE	PACK & SIZE	TIE HIGH	COST
74	11205 60041	FC BY SUPER MAXI PAD 12CS 14341-2	12 24 CT	8 1	21 720
74	11205 60042	FC BY REG CONTOUR MAXI PD 14348-7	12 24 CT	9 1	21 720
86	11205 60043	FC BY DEOD MAXI PAD 12CS 14346-1	12 24 CT	9 1	21 720
5	11205 60047	FC BY PANTYSHIELD 18CS 14353-7	18 22 CT	16 1	12 780
28	11205 60048	FC BY PANTYLINER UNSC 14354-5	18 22 CT	15 1	12 780
9	11205 60051	FC BY ADULT BRIEFS LARGE 03257-3	4 18 CT	1 1	38 000
2	11205 60052	FC BY UNDERGARMENTS BLTD 03258-1	4 30 CT	1 1	38 000
10	11205 60054	FC BY BLADR CNTRL PD XABS 15719-8	9 16 CT	1 99	27 000
31	11205 60371	FC BY LNG SUPR MAXI WING 31451-8	12 16 CT	1 99	21 720
25	11205 60372	FC BY ULTRA THIN W/WINGS 31972-3	12 18 CT	1 99	21 720
31	11205 60425	FC BY MAXI WITH WINGS 45174-0	12 18 CT	10 3	21 720
45	11205 60426	FC BY MAXI W/4 CHNL PROT 45213-6	12 24 CT	10 3	21 720

MUST CALL FOR APPT 72 HRS PRIOR TO ARRIVAL DATE
SEPARATE B/L FOR EACH PO A HANDLING CHARGE WILL
BE ASSESSED FOR OTHER THAN GOOD 40X48 PALLETS

MERCHANDISER	TOTAL UNITS	TOTAL CUBE	TOTAL PALLETS	TOTAL WEIGHT	TOTAL EXT COST
CLIBBENS DEENA					

INVOICE TO
KOP GM DIVISION
201 CHURCH ROAD
P O BOX 1526
KING OF PRUSSIA PA 19406-1526

SHIP TO
KOP GM DIVISION
201 W CHRUCH RD
KING OF PRUSSIA PA 19406

Fleming Companies, Inc

VENDOR
HOSPITAL SPECIALTY (BY)
ATTN ORDER ENTRY DEPT
670 ALPHA DRIVE
HIGHLAND HEIG OH 44143

SHIP 03/21/03
VENDOR NO 30295

PURCHASE ORDER

800-321-9832

DATE ORDERED	PURCHASE ORDER NO	TERMS	PRICE PROTECTION
02/28/03	43094	30 DAYS 2 00%	

SHIP VIA	FOB	FREIGHT SHIPPED / PAID BY PPD	COL	FLEM	VEN
		P			V

IMPORTANT NOTICE

NOTIFY FLEMING FOODS PURCHASING DEPARTMENT IF UNABLE TO MEET SPECIFIED ARRIVAL DATE

ADVISE FLEMING FOODS PURCHASING DEPARTMENT BY TELEGRAM TELEPHONE OR AIRMAIL THE CAR NUMBER ROUTING DATE SHIPPED AND ORIGINATING POINT OF RAIL SHIPMENTS

TERMS AND CONDITIONS

PURCHASE ORDER NUMBER MUST BE SHOWN ON ALL INVOICES SHIPPING PAPERS AND FREIGHT BILL
Seller warrants that everything to which this Purchase Order applies and everything done by Seller in connection with this Purchase Order shall be in compliance with law The word "law" as used herein includes but is not limited to all federal state and local laws relating to food drug and cosmetic labeling environmental protection and occupational safety and health and all regulations standards rules codes and other requirements thereunder Without prejudice to any other remedy Buyer may have Seller shall indemnify Buyer and save Buyer harmless from any and all liability and loss arising out of any breach of the foregoing warranty and shall reimburse Buyer for any and all expenses incurred in connection therewith

Under the terms and conditions of this purchase order Fleming Companies holds all suppliers/manufacturers solely responsible for the contents of their products with respect to existing federal and state standard including California Health and Safety Code 25249 5 25249 13

THIS PURCHASE ORDER IS ISSUED IN COMPLIANCE WITH EXECUTIVE ORDER 11246 THE REHABILITATION ACT OF 1973 AND THE VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT

Seller also guarantees that all terms of sale covered by this purchase order are available to all other purchasers on proportionately equal terms

Bill of lading must be itemized as to quantity size pack and description Shipment must be tendered to carrier sorted and segregated as to quantity size pack and description and bill of lading must carry certification of the same signed by carrier representative

DELIVERY TERMS OF SALE REQUIRE DRIVER UNLOADING AT OUR DOCK

FAILURE TO COMPLY WITH ABOVE MAY RESULT IN REFUSAL OF THIS SHIPMENT

QUANTITY ORDERED	UPC CASE CODE	DESCRIPTION ITEM CODE	PACK & SIZE	TIE HIGH	COST
30	11205 60473	FC BY NITETIME MAXI 34518-1	12 14 CT	8 5	21 720

MUST CALL FOR APPT 72 HRS PRIOR TO ARRIVAL DATE
SEPARATE B/L FOR EACH PO A HANDLING CHARGE WILL BE ASSESSED FOR OTHER THAN GOOD 40X48 PALLETS

MERCHANDISER	TOTAL UNITS	TOTAL CUBE	TOTAL PALLETS	TOTAL WEIGHT	TOTAL EXT COST
CLIBBENS DEENA	450	806	51	4183	9710

14 30 APR 01, 2003 #47270 PAGE 2/2

JEVIC®
P.O. Box 5157, Delanco, NJ 08075
PHONE (800) 257-0427

SYSTEM DATE	BILLED BY	TOTAL
03/19/03	lallonel	PREPA

DRIVER	TRAILER	
THOMAS LEAHY	256012	4

	PICKUP DATE	BOL #	PO #	REF #	PG
08840620	03/19/03	781276	143094		1 OF 1

CONSIGNEE FLEMING KING OF PRUSSIA/FOOD
201 W CHURCH ROAD
KING OF PRUSSIA, PA 19406
(610)768-8200

CALL FOR APPOINTMENT
Phone # 610-768-8200
****

T-150111
YARD - O
Del: 03-27-03 0800AM
PCR: Dolly
WH

2103

SHIPPER HOSPITAL SPECIALTY
500 MEMORIAL DRIVE
NICHOLASVILLE, KY 40356
( ) -
NUSE

HANDLING UNIT		DESCRIPTION	WGT IN LBS	ADDITIONAL INFORMATION
13	SKID(S)	SANITARY PADS EXTERNAL TYPE INDIVIDUALLY_PACKAGED IN INNER CONTAINERS NMFC 59230-2 429 CASE(S)	3397	*PRO : 108840620
		DIAPERS #57260 21 CASE(S)	329	
		MUST CALL FOR DELV APPTS ON ALL SHIPMENTTS 0.		
13	<< - - - -	T O T A L S - - - - - - - - - - >>	3726	

450

Short 1 ctn 60057
OSD# 10385584

2003 MAR 27 AM 7:47

SIGNATURE 449 DRIVERS NAME Rich Yumin 4078
PRINT NAME C O M A I L
DELIVERY RECEIPT DATE 3-27-03