UNITED STATES BANKRUPTCY COURT **PROOF OF CLAIM** FOR THE DISTRICT OF DELAWARE Bar Date Ref # 2 NVM-79458 Case Number In re 03-10945 Fleming Companies, Inc. NOTE This form should not be used to make a claim for an administrative Check box if you are expense arising after the commencement of the case. A request' for payment aware that anyone else has of an administrative expense may be filed pursuant to 11 U S C § 503 filed a proof of claim relating to your claim. Attach copy of Name of Creditor and Address statement giving particulars Check box if you have never received any notices 0354653613591 from the bankruptcy court in Sweetwater Farms this case 158 Chisolm Rd Inman KS 67546 Check box if this address differs from the address on the envelope sent to you by the If you have already filed a proof of claim with the Creditor Telephone Number (Bankruptcy Court or BMC you do not need to file again CREDITOR TAX I D # ACCOUNT OR OTHER NUMBER BY WHICH replaces CREDITOR IDENTIFIES DEBTOR Check here a previously filed claim dated if this claim 48-1189840 amends 1 BASIS FOR CLAIM X. Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U S C § 1114(a) Services performed Wages salaries and compensation (Fill out below) Money loaned Other (describe briefly) Your social security number Unpaid compensation for services performed from to (date) (date) 2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED TOTAL AMOUNT OF CLAIM \$ 5,369.40 \$5,369.40 AS OF PETITION DATE (unsecured) (secured) (unsecured pnority) 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 6 UNSECURED PRIORITY CLAIM Check this box if your claim is secured by collateral (including a Check this box if you have an unsecured priority claim right of setoff) Specify the priority of the claim Brief description of collateral Wages salaries or commissions (up to \$4 650*) earned within 90 days Real Estate before filing of the bankruptcy petition or cessation of the Debtor's business whichever is earlier 11 U S C § 507(a)(3) Motor Vehicle Contributions to an employee benefit plan 11 U S C § 507(a)(4) Other Up to \$2 100 of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(6) Alimony maintenance or support owed to a spouse former spouse or Value of collateral chila 11 USC § 507(a)(7) Amount of arrearage and other charges at time case filed Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) included in secured claim above if any \$ 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 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 THIS SPACE FOR COURT The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) **USE ONLY** so that it is received on or before 4 00 p m , September 15, 2003, Pacific Daylight Time BY MAIL TO BY HAND OR OVERNIGHT DELIVERY TO

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 357

file this claim (attach copy of power of attorney if any)

SIGN and print the name and title if any of the creditor or other person authorized to

Bankruptcy Management Corporation

El Segundo, CA 90245-0900

PO BOX 900

Hershberger, Membert Fleming

See Other Side For Instructions

OVN

Bankruptcy Management Corporation

1330 East Franklin Avenue

El Segundo CA 90245

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