UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

655386

In re Fleming Companies, Inc. Topeka General Merchandise Divn

Case Number (jointly administered) 03-10945 (MFW)

Claim # 2-NVM 123422

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

☐ 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

Name of Creditor and Address

0354653655386

E kan Inc
PO Box 1496
Topeka KS 66601

Creditor Telephone Number ( )

CREDITOR TAX I D #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated

1 BASIS FOR CLAIM

- [X] Goods sold
- [X] Services performed
- [ ] Money loaned
- [ ] Personal injury/wrongful death
- [ ] Taxes
- [ ] Other (describe briefly)
- [ ] Retiree benefits as defined in 11 U S C § 1114(a)
- [ ] Wages salaries and compensation (Fill out below)
  - Your social security number
  - Unpaid compensation for services performed from (date) to (date)

2 DATE DEBT WAS INCURRED 3-24-03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 36.18 (unsecured)	$ (secured)	$ (unsecured priority)	$ (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

- ☐ Real Estate
- ☐ Motor Vehicle
- ☐ Other

Value of collateral $

Amount of arrearage and other charges at time case filed included in secured claim above if any $

6 UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured priority claim

Specify the priority of the claim

- ☐ Wages salaries or commissions (up to $4 650*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor s business whichever is earlier 11 U S C § 507(a)(3)
- ☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)
- ☐ Up to $2 100 of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
- ☐ Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)
- ☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
- ☐ Other Specify applicable paragraph of 11 U S C § 507(a)

Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 SUPPORTING DOCUMENTS *Attach copies of supporting documents,* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self addressed stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4 00 p m , September 15, 2003, Pacific Daylight Time

BY MAIL TO
Bankruptcy Management Corporation
P O BOX 900
El Segundo CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO
Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo CA 90245

THIS SPACE FOR COURT USE ONLY

FILED

SEP 11 2003

BMC

Fleming Companies Claim

10001

DATE SIGNED	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
9-9-03	Darrell Carr DARRELL CARR ACCOUNT REC CLERK

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

E-KAN, INC.

PO BOX 1496
TOPEKA, KANSAS 66601
(785) 357 6291
1-800-432 0578
(785) 357-4100 FAX

EQUIPMENT

STATE LICENSE SN XB T 001

☐ NEW CUSTOMER
☒ ANNUAL SERVICE
☐ SEMI ANNUAL SERVICE
☐ ROUTE STOP
☐ BAR CODING
☐ SALES CALL
☐ CUSTOMER CALL IN

INVOICE NUMBER 96015

☐ WORK TAKEN TO SHOP QTY ____
☐ LOANERS LEFT QTY ____
☐ LOANERS PICKED UP QTY ____
☐ LOANER # S ____ ____ L
____ ____ ____ C
FULL NAME ____ D

BILL TO: Fleming Co.
6525 N Meridian
Oklahoma City, OK 73116-1419

SHIP TO: Fleming GMD
7215 S Topeka
Topeka, KS Serv 66619 Total
TCM 1685 1306

DATE	CUSTOMER NO	CUSTOMER PO NO		SALESPERSON	CASH	CREDIT CARD	CHARGE
32403	311613		*	BT	1690	1812	X

NEW	RECHG	SERV	DESCRIPTION	UNIT PRICE	AMOUNT
	1		DRY CHEM 10 LBS ☒ EXT ☐ SYS ☒ PRESS ☐ CART ☐ BC ☐ PK ☒ ABC ☒ 6 Yr		17 00
			DRY CHEM ____ LBS ☐ EXT ☐ SYS ☐ PRESS ☐ CART ☐ BC ☐ PK ☐ ABC ☐ 6 Yr		
			DRY CHEM ____ LBS ☐ EXT ☐ SYS ☐ PRESS ☐ CART ☐ BC ☐ PK ☐ ABC ☐ 6 Yr		
			DRY CHEM ____ LBS ☐ EXT ☐ SYS ☐ PRESS ☐ CART ☐ BC ☐ PK ☐ ABC ☐ 6 Yr		
			DRY CHEM ____ LBS ☐ EXT ☐ SYS ☐ PRESS ☐ CART ☐ BC ☐ PK ☐ ABC ☐ 6 Yr		
			DRY CHEM ____ LBS ☐ EXT ☐ WHEELED ☐ PRESS ☐ CART ☐ BC ☐ PK ☐ ABC ☐ 6 Yr		
			(CO^2) ☐ EXT ☐ SYS ☐ WHEELED ☐ COMM ☐ 2½ # ☐ 5# ☐ 10# ☐ 15# ☐ 20 # ☐ 50# ☐ 75# ☐ 100#		
			(CO^2) ☐ EXT ☐ SYS ☐ WHEELED ☐ COMM ☐ 2 ' # ☐ 5# ☐ 10# ☐ 15# ☐ 20 # ☐ 50# ☐ 75# ☐ 100#		
			PRESSURIZED WATER ☐ 5 YR HYDRO TEST		
			CLEAN AGENT ☐ FE 36 ☐ HALON 1211 ☐ HALOTRON ____ # AGENT ☐ 6 YR		
			CLEAN AGENT ☐ FE 36 ☐ HALON 1211 ☐ HALOTRON ____ # AGENT ☐ 6 YR		
			CLEAN AGENT ☐ FE 36 ☐ HALON 1211 ☐ HALOTRON ____ # AGENT ☐ 6 YR		
			K CLASS ☐ 1 5 ☐ 2 5 ☐ 6 YR		
			LIQUID AGENT SYSTEM BRAND # TANKS AGENT QTY		
			LIQUID AGENT SYSTEM BRAND # TANKS AGENT QTY		
			LIQUID AGENT SYSTEM BRAND # TANKS AGENT QTY		
			CLEAR AND PURGE DISTRIBUTION PIPING		
			LINKS LINKS # CART # CART EXCH		
			ANNUAL FIRE SPRINKLER INSPECTION ☐ WET ☐ DRY		
			ANNUAL FIRE ALARM INSPECTION		
			☐ BULB(S) ☐ BATTERIES		
1			☒ GASKET ☐ VALVE STEM ☐ PULL PIN ☐ GAUGE ☐ BAND & CLIP ☐ LEVER ☐ NOZZLE ☐ HOSE ☐ HORN		2 50
1			☐ GASKET ☒ VALVE STEM ☐ PULL PIN ☐ GAUGE ☐ BAND & CLIP ☐ LEVER ☐ NOZZLE ☐ HOSE ☐ HORN		6 25
1			☐ GASKET ☐ VALVE STEM ☐ PULL PIN ☒ GAUGE ☐ BAND & CLIP ☐ LEVER ☐ NOZZLE ☐ HOSE ☐ HORN		5 50
			☐ GASKET ☐ VALVE STEM ☐ PULL PIN ☐ GAUGE ☐ BAND & CLIP ☐ LEVER ☐ NOZZLE ☐ HOSE ☐ HORN		
Hydro Test			☐ HIGH PRESS ☐ LOW PRESS ☐ DISC ASSY		
Hydro Test			☐ HIGH PRESS ☐ LOW PRESS ☐ DISC ASSY		
	1		SERVICE CHARGE Excl- Truck Charge		2 50

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT

SALES

Thanks

TOTAL SERVICE	33 75
TOTAL SALES	—
SUB TOTAL	—
FREIGHT	—
SALES TAX	2 43
GRAND TOTAL INVOICE	36 18

ALL ACCOUNTS DUE IN 30 DAYS 1 / / SERVICE CHARGE WILL BE ADDED ON UNPAID BALANCE EACH 30 DAYS WHICH IS EQUAL TO 18 / A YEAR
15 00 CHARGE ON RETURNED CHECKS

☐ NON PROFIT ☐ GOVT ☐ RESALE

TIME IN ____ AM/PM
TIME OUT ____ AM/PM

CUST PHONE NUMBER ____
X ____
RECEIVED BY

SEE REVERSE FOR TERMS & CONDITIONS

PLEASE PAY FROM THIS INVOICE

NO STATEMENT WILL FOLLOW

This invoice represents the actual number of units serviced
WE ASSUME NO RESPONSIBILITY FOR WORK DONE IF UNITS SHOW SIGNS OF TAMPERING OR MISUSE

VISA MasterCard

WELCOME

ORIGINAL INVOICE