

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

**PROOF OF CLAIM**



613869

Bar Date Ref # 2 NVM 79738

In re Fleming Companies, Inc Case Number 03-10945 (MFW)

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**

Berry Material Handling  
PO Box 934944  
Kansas City MO 64193

0354653613869

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if this address differs from the address on the envelope sent to you by the court.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number (316) 265-3294

CREDITOR TAX ID #

48-0797941

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

30790

Check here  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 briefly)
- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (Fill out below)

Your social security number \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

**2 DATE DEBT WAS INCURRED** 3/18/03

**3 IF COURT JUDGMENT, DATE OBTAINED**

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

\$ 901.00 (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (unsecured priority) \$ 901.00 (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



10190

DATE SIGNED

9/10/03

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)

Katrina Hunnison, Katrina Hunnison, Credit Analyst

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**

ORDER INVOICE  
 ORDER NO.  
 DATE  
 LEVEL

GENERAL MERCHANDISE  
 ORDER NO. 1000  
 DATE 10/15/80

GENERAL MERCHANDISE  
 ORDER NO. 1000  
 DATE 10/15/80  
 ORDER TOTAL \$100.00

ORDER TOTAL \$100.00

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TERMS: NET 30  
 ORDER TOTAL \$100.00

INVOICE 542854 2\*

INVOICE 542858

IMAGE

DATE 02/19/00

CREDIT CARD

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STATE DEPT OF COMMERCE  
UNITED STATES DEPARTMENT OF COMMERCE  
WASHINGTON DC 20540  
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CARD NO. 542854 2\*  
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CARD BALANCE \$40.00  
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DEPT OF COMMERCE  
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**COPY**

ONE PART FOR CUSTOMER ONE PART FOR

UNITED STATES

2000

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UNITED STATES DEPARTMENT OF COMMERCE  
WASHINGTON DC 20540  
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UNITED STATES

2000

STATE DEPT

2000

UNITED STATES

2000

UNITED STATES

2000

UNITED STATES DEPARTMENT OF COMMERCE  
WASHINGTON DC 20540  
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UNITED STATES

2000

INQ 11008423SEP100300309 INQ \*\* CUSTOMER OPEN ITEMS \*\*  
COMPANY 6 CUSTOMER 30790 INVOICE OPTIONAL MMDDYY 9999999  
FLEMING COMPANIES

TYPE INVOICE	CHECK#	DATE	CURRENT	30-DAYS	60-DAYS	90-DAYS
ISB 1704949	12303P			289 63-	<i>- Partial cred + remaining from overpayment on check # 25721068 dated 7-15-02</i>	
CM 5423854	31903			32 16-		
IN 5537614	31803			1222 79+		