| UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE | PROOF OF CLAIM |
|---|---|
| In re<br>Fleming Companies, Inc | Case Number<br>03-10945 |

s131572

Scheduled Claim Ref # 2-F2-19198

**YOUR CLAIM IS SCHEDULED AS**

$141 270 16 UNSECURED

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 o an administrative expense may be filed pursuant to 11 U S C § 503

**Name of Creditor and Address**

0354429379322

AUTHENTIC SPECIALTY FOODS
PO BOX 30358
LOS ANGELES CA 90030

Creditor Telephone Number ( ) 909-631-2021

☐ 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

The amounts reflected above constitute your claim as scheduled by the Debtor If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below

**If the amounts shown above are listed as Contingent Unliquidated or Disputed a proof of claim must be filed**

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 # 75-1782453

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR SLH527105

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 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 IF COURT JUDGMENT, DATE OBTAINED**

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

| $ 800 00 | $ | $ | $ 800 00 |
|---|---|---|---|
| (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 1 2 2003

BMC

Fleming Companies Claim

11342

DATE SIGNED 9/11/03

**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)

EARTHA P KING, CR & COLLECTION SUPERVISOR

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 SALT LAKE CITY 151640 AUTHENTIC SPECIALTY FOODS DEDUCT # SLH527105
08019735500 9095900968

REF INV INV DATE 12/31/2002 DEPT
REF PO DED DATE 01/01/2003 BROKER
M-VEND ORD DATE 12/31/2002 MDSR

| RC | UPC | ITEM | DESCRIPTION/COMMENT | WEIGHT | QTY | AMOUNT | EXT AMOUNT |
|---|---|---|---|---|---|---|---|
| L7 | | | e 801-969-8261 with any questions | | | 0 000 | 0 00 |
| L7 | | | Contact Mike Omori ad Harmons Offic | | | 0 000 | 0 00 |
| L7 | | | Ad Date May 1 | | 1 | 0 000 | 0 00 |
| L7 | | | Invoice 62800 and 65136 | | 1 | 0 000 | 0 00 |
| L7 | | | La Victoria Salsa | | 1 | 800 000 | 800 00 |
| L7 | | | Retailer | | | 0 000 | 0 00 |
| L7 | | | Self Negotiating Retailer | | 1 | 0 000 | 0 00 |
| | | CONTACT | Kris Gunter | ** TOTAL AMOUNT DEDUCTED ** $ | | | 800 00 |

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

**AUTHENTIC SPECIALTY FOODS, INC.**

La Victoria

Embasa

January 16, 2003

Fleming Companies
Box 26647
Oklahoma City, OK 73126

Attention Accounts Payable

RE Authentic Specialty Foods
Vendor #151640
**Claim #SLH527105**

A deduction in the amount of $800 000 was taken from Authentic Specialty Foods on Fleming check number 23538244, dated 01/06/03 referencing claim number SLH527105 This deduction covers allowance due for the May 1, 2002 Harmon's ad ASF's broker was unable to obtain a copy of the ad, therefore, ASF has no proof the ad ran and is denying this claim

I have attached a copy of claim number SLH527105 and the check remittance for your review

Based upon the above, please process your approval for repayment to Authentic Specialty Foods in the amount of $800 000 Please direct any correspondence to my attention at the address below, or contact me at (909) 631-2020

Thank you,

Lisa Anderson

Lisa Anderson

4340 EUCALYPTUS AVENUE • CHINO CA 91710-9705 (909) 631 2000 • (888) 236-2272

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 23538244

| Date | LC Amount |
|---|---|
| 01/06/03 | $*****28,161 70* |

Pay
TWENTY EIGHT THOUSAND ONE HUNDRED SIXTY ONE DOLLARS AND 70/100

Pay To The Order Of

AUTHENTIC SPECIALTY FOODS
PO BOX 30358
LOS ANGELES, CA 90030

Unique Character Facsimile Signature

UNION BANK OF CALIFORNIA.

14 30964
8

⑈23538244⑈ ⑆111300880⑆06300036160⑈

| LOCKBOX | BATCH | ITEM | IMAGE | DATE | AMOUNT |
|---|---|---|---|---|---|
| 30358 | 2 | 8 | 8 | January 09, 2003 | $ 28,161.70 |

**Fleming** 151640 0075 When corresponding refer to ===> 23538244

| Division | | Invoice Date | Receipt Date | Inv No /Credit Request | Amount | Discount |
|---|---|---|---|---|---|---|
| NORTHERN CALIFORNIA | | 12/31/02 | 12/31/02 | NCP351112 | -503.58 | 0 00 |
| FRESNO | | 12/31/02 | 12/31/02 | FSP998286 | -78.12 | 0 00 |
| SALT LAKE CITY | | 12/31/02 | 12/31/02 | SLH527185 | -800.00 | 0 00 |
| SALT LAKE CITY | | 12/31/02 | 12/31/02 | SLH527187 | -500.00 | |
| GMD - KING OF PRUSSI | | 12/31/02 | 12/31/02 | KGX805053 | -20.00 | |
| RETAIL SERVICE (COUPONS) | | 12/09/02 | 01/01/03 | CP0712368 | -23 86 | 0 00 |
| GMD - KING OF PRUSSIA | CTP | 12/12/02 | 12/15/02 | 0090078385 | 1,479 81 | -32 15 |
| FRESNO | CTP | 12/20/02 | 12/24/02 | 0090079079 | 12,209 24 | -244 17 |
| GMD WEST 9661930 | | 12/20/02 | 12/23/02 | 0090079078 | 17,035 24 | |

DATE OF CHECK 01/06/03 AMOUNT OF CHECK $28,161.70