

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

PROOF OF CLAIM



s138814

Scheduled Claim Ref # 2-F2 26440

YOUR CLAIM IS SCHEDULED AS

\$515 47 UNSECURED

In re
Fleming Companies, Inc

Case Number
03-10945

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.

Name of Creditor and Address

0354429421882

PC/NAMETAG
124 HORIZON DRIVE
VERONA WI 59593

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 Telephone Number **608-845-1870**

CREDITOR TAX ID #
39-1363853

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
404366

Check here replaces or amends a previously filed claim dated _____

1 BASIS FOR CLAIM
 Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Services performed Taxes 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 **5-13-2003**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ **515.47** (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ **515.47** (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

Fleming Companies Claim
 11824

DATE SIGNED: **9-12-03**
 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):
Laura Paré, Accounting Mgr.

**FILED
SEP 12 2003
BMC**



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 L PO Box 490
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Past Due Balances
 Subject to 1.5% per
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Pg #	Date	Invoice #
1	03/13/03	271787A

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Customer #	Sales ID	Purchase Order #	Media Code	Terms/Credit Card #				
464366	BK /BK	DW031203-K	B /602XORDER	NET 15, DUE 03/28/03				
Sold To		Type	App Code	Phone #	Total Wt	Zone	# Packages	Ship Via
				(715) 486-2756	0 0 Lbs		0	UGC

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Qty	B/O	Shipped	Item #	Description	Unit Price	Disc	Extension
1500	0	1500	NDPIN *SHEET	Tab Inserts 4 x 3/4 Inserts on Uncut Full Sheet	0 050	--	75 00
200	0	200	NSTNB BEIGE	Stock Title/Color Bar Nametags Beige Bar	0 060	--	12 00
200	0	200	NSTNB BLACK BAR	Stock Title/Color Bar Nametags Black Bar	0 060	--	12 00
300	0	300	NSTNB PURPLE BAR	Stock Title/Color Bar Nametags Purple Bar	0 060	--	18 00
400	0	400	NSTNB RED BAR	Stock Title/Color Bar Nametags Red Bar	0 060	--	24 00
					MERCHANDISE INVOICE TOTAL \$		141 00
					SHIPPING & HANDLING \$		7 53
					STATE SALES TAX \$		7 43
					INVOICE TOTAL \$		155 96
					BALANCE \$		155 96
					PAYMENT DUE ON		03/28/03



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Qty	B/O	Shipped	Item #	Description	Unit Price	Disc	Extension	
700	0	700	HVBDP	Double Pouch Vnyl Combo Holder	0 470	--	329 00	
							MERCHANDISE INVOICE TOTAL \$	329 00
							SHIPPING & HANDLING \$	13 39
							STATE SALES TAX \$	17 12
							INVOICE TOTAL \$	359 51
							BALANCE \$	359 51
							PAYMENT DUE ON	03/28/03