

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

PROOF OF CLAIM



s134702

Scheduled Claim Ref # 2-F2-22328
YOUR CLAIM IS SCHEDULED AS

In re
Fleming Companies, Inc

Case Number
03-10945

\$763 00 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 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

0354429408951
KRIS PREMIUM PRODUCTS INC
PO BOX 443
CHAMPLIN MN 55316
*3400 East 42nd Street
Minneapolis MN
55406*

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 (612) *722-8485*

CREDITOR TAX ID #
41-1480575

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
FLEMING

Check here replaces or amends a previously filed claim dated _____ if this claim _____

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 *3/27/03*

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ *763.00* (unsecured) \$ (secured) \$ *763.00* (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

FILED
SEP 12 2003
BMC

DATE SIGNED
9-8-03

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).

James M. F. Jim Fazzone CFO

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

INVOICE

KRISS PREMIUM PRODUCTS, INC

P O BOX 17280
MINNEAPOLIS MN 55417
Phone (612)-722-8485

Invoice Number 72110

Invoice Date 3/27/03

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SOLD ACCOUNTS PAYABLE
TO FLEMING COMPANY, INC
P O BOX 1389
MINNEAPOLIS, MN 55440

SHIP FLEMING COMPANY INC
TO 3501 MARSHALL STREET N E
MPLS MN 55440

ORDER DATE	3/4/03	TERMS	NET 30 DAYS	SHIP DATE	3/27/03
ORDER NUMBER	72200				
PO NUMBER				SHIP VIA	OUR TRUCK
CUSTOMER ID	FLEMING	SALESPERSON1	1H	SALESPERSON2	

ITEM	ORDERED	SHIPPED	UOM	DESCRIPTION	PRICE	AMOUNT	TAX
fa 55	110 0000	110 0000	GAL	KP1102L FOAM AWAY	6 3500	698 50	N
1590	3 0000	3 0000	EA	1590 CHEMICAL INJECTOR	16 5000	49 50	N

REMIT TO P O BOX 17280
MINNEAPOLIS MN 55417

Thank you for for order

TAXABLE	NONTAXABLE	FREIGHT	SALES TAX	MISC	TOTAL
00	748 00	15 00	00	00	763 00
	00		NET DUE		763 00