

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

**PROOF OF CLAIM**



s131391

Scheduled Claim Ref # 2-F2-19017

**YOUR CLAIM IS SCHEDULED AS**

\$3 682 25 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**  
  
AN HUA CHEN  
PO BOX 1518  
WAIANAE HI 96792

0354429378103

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 (808) 696-8133

CREDITOR TAX ID #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

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** MARCH, 2003

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ 3652.25 (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**

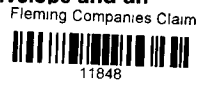
Check this box if you have an unsecured priority claim.  
Specify the priority of the claim:  
 Wages, salaries or commissions (up to \$4,650) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(3)  
 Contributions 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.



11848

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  
09 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).  
An Hua Chen

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**

Anhua Chen

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2050X 1518 WAIANAHE HI 96792

Waianae, HI 96792,

CUSTOMER'S ORDER NO	DEPT	DATE 05 03 03
NAME: 716019		
ADDRESS: FLEMING		
CITY, STATE, ZIP		

SOLD BY	CASH	C.O.D	CHARGE	ON ACCT	MDSE RTD	PAID OUT
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QUANTITY	DESCRIPTION	PRICE	AMOUNT
75 ✓	1 G. onion 3x25	90	67.50
30 ✓	3 c parsley	70	21.00
50 ✓	5 g parsley	50	25.00
300 ✓	3 anchovy 10 x 24 bch = x 12 bch	75	22.50
60 ✓	6 G. 2 x 30 clis	40	24.00
		\$	362.50

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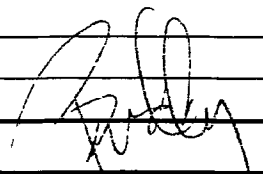
9655

Alhwa Chem A/c # 626918  
PO Box 1518  
Wardar, HI 96792

CUSTOMER'S ORDER NO POX 383 567	DEPT	DATE 3.7.03
NAME Fleming		
ADDRESS		
CITY, STATE, ZIP		

SOLD BY	CASH	C O D	CHARGE	ON ACCT	MDSE RTD	PAID OUT
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QUANTITY		DESCRIPTION	PRICE	AMOUNT
75	1	G <del>...</del> 20x3	904	67 50
	2			
	3			
30	4	CH P 30x1	70	21 00
	5			
	6	on chaf 24x8	75	225 00
300	7	12x9		
	8			
20 #	9	30x1	60	18 00
	10			
60	11			
	12	o G 30x2	40	24 00
	13			
	14			
	15			
				355 50

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Anhua Chem  
 PO Box 1518  
 Waiānae, HI 96792

9656

CUSTOMER'S ORDER NO PC 467-322	DEPT	DATE 03 10 03
NAME Fleming		
ADDRESS		
CITY, STATE, ZIP		

SOLD BY	CASH	C O D	CHARGE	ON ACCT	MDSE RTD	PAID OUT
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QUANTITY		DESCRIPTION	PRICE	AMOUNT
5 case	1	4 on 1100 (7-6ch)	70	67.50
	2			
10 case	3	C 1100 (1205ch)	75	90.00
	4			
10 case	5	C 1100 (746ch)	75	150.00
	6			
1 case	7	C 1100 (746ch)	70	21.00
	8			
1 case	9	ECG PLAT #1 (30.00)	60	
	10			
1 case	11	C 1100 (746ch)	40	12.00
	12			
1 case	13	C 1100 (746ch)	70	
	14			
	15		B	24.00

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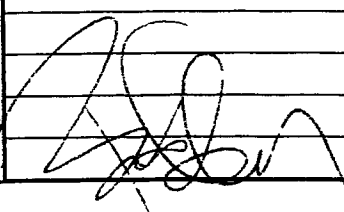
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Anhua Chen Apr 6 2003  
 PO Box 1518  
 Wahiawa, HI 96792

9657

CUSTOMER'S ORDER NO PO Box 1518 703614	DEPT	DATE 3 13 03
NAME Fleming		
ADDRESS		
CITY, STATE, ZIP		

SOLD BY	CASH	C O D	CHARGE	ON ACCT	MDSE RTD	PAID OUT
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QUANTITY	DESCRIPTION	PRICE	AMOUNT
75	chop 25x3	64	48.00
75	G 0 1/2 25x3	90	67.50
30 #10	2 9/16 20x1	60	18.00
312 #	one chop 24x8 12x10	75	234.00
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PO Box 1518

Waianae HI 96792

CUSTOMER'S ORDER NO PO 703 637 ✓	DEPT	DATE 03 7 03
NAME Fleming		
ADDRESS		
CITY, STATE, ZIP		

SOLD BY	CASH	C O D	CHARGE	ON ACCT	MDSE RTD	PAID OUT
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QUANTITY		DESCRIPTION	PRICE	AMOUNT
3 case	1	G onion (75 lbs)	90	67.50
	2			
1 case	3	onion (120 lbs)	75	75.00
	4			
1 case	5	onion (240 lbs)	75	180.00
	6			
2 case	7	EGGPLANT #1 (60 lbs)	60	20.00
	8			
	9			
	10			
	11			
	12			
	13			
	14			
	15			

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*[Handwritten signature]*

An Wheel Crew

9659

Pomox 1508

Warren, NJ 06792.

CUSTOMER'S ORDER NO. PO-FOX 378 227 ✓	DEPT	DATE. 3.20.03
NAME Fleming		
ADDRESS /		
CITY, STATE, ZIP		

SOLD BY	CASH	C.O.D	CHARGE	ON ACCT	MDSE RTD	PAID OUT
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QUANTITY		DESCRIPTION	PRICE	AMOUNT
75	1	G en. 15x3	90	67.50
	2			
	3			
30	4	CHI P 30x1	70	21.00
	5			
	6			
360	7	en smaj 24x10 12x10	75	270.00
	8			
	9			
	10			
	11			
	12			
	13			
	14			358.50
	15			

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Fin hys Chen  
PO box 1518  
Waianae, HI 96792

CUSTOMER'S ORDER NO. Po # 378-244	DEPT	DATE 3-24-0
NAME: Fleming		
ADDRESS:		
CITY, STATE, ZIP		

SOLD BY	CASH	C.O.D	CHARGE	ON ACCT	MDSE RTD	PAID OUT
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QUANTITY	DESCRIPTION	PRICE	AMOUNT
3 case	1 Green onion (75 lbs)	90	67 50
	2		
10 case	3 onion (240 lbs)	75	180 00
	4		
10 case	5 onion (20 lbs)	75	90 00
	6		
1 case	7 (parsley (30 lbs))	70	21 00
	8		
5 case	9 O G FERTILIZANT (50 lbs)	40	200 00
	10		
	11		
	12		
	13		
	14		
	15		
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Anhua Chen  
P.O. Box 1518  
Worcester, MA 01679-2

CUSTOMER'S ORDER NO. PO 383-620 ✓	DEPT	DATE 03 27 03
NAME. Fleming		
ADDRESS.		
CITY, STATE, ZIP		

SOLD BY	CASH	C.O.D	CHARGE	ON ACCT	MDSE RTD	PAID OUT
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QUANTITY	DESCRIPTION	PRICE	AMOUNT
300 ✓	Green onion (7" ch)	90	67 50
100 ✓	onion (7" ch)	75	90 00
600 ✓	onion (14" ch)	75	165 00
			\$ 265 50
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

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Anhua Chem  
P.O. Box 1518  
Wendover, UT 84792

CUSTOMER'S ORDER NO. PO# 338775	DEPT	DATE 03 31 03
NAME Flaming		
ADDRESS		
CITY, STATE, ZIP		

SOLD BY	CASH	C O D	CHARGE	ON ACCT	MDSE RTD	PAID OUT
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QUANTITY	DESCRIPTION	PRICE	AMOUNT
3 case	G Orion (7.1.05)	50	67.50
6 case	G Orion (7.1.05)	75	54.00
6 case	G Orion (11.1.1)	75	108.00
3 bag	G Orion (11.1.1)	50	75.00
			267.50

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