

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PROOF OF CLAIM
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618414

Bar Date Ref # 2-NVM-84848

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

0354653618414

Lido Italian Ristorante / Lido Saucery Revue
~~2801 N Snelling~~ **1712 Tatum Street**
~~Roseville MN 55443~~ **St. Paul, MN 55113**

☐ 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 **(651) 207-5824**

CREDITOR TAX ID # 41-0785775	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here ☐ replaces or amends a previously filed claim dated _____ if this claim
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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 **2-26-03**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ **2537.67** (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ **2537.67** (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

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).

John A. Labalestra President

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

THIS SPACE FOR COURT USE ONLY

FILED

SEP 13 2003

Fleming Companies Claim



12098

See Other Side For Instructions

Division	Invoice Date	Receipt Date	Inv No /Credit Request	Amount	Discount
LACROSSE	01/31/03	02/19/03	LCR010288	-63 45	0 00
GMD - LACROSSE	02/26/03	02/26/03	010204	2,654 20	-53 08
DATE OF CHECK 03/18/03	AMOUNT OF CHECK	\$2,537 67			

SEE INFORMATION ON BACK

VENDOR INVOICE**BILLABLE ONLY****Fleming LaCrosse****1637 St James Street****PO Box 1957****LaCrosse WI 54602-1957****Bill To:**LIDO ITALIAN RISTORANTE
LIDO ITALIAN RISTORANTE
ATT ORDER DEPARTMENT
2801 NORTH SNELLING AVENUE

ROSEVILLE, MN 55113

Remit To:Fleming LaCrosse
1637 St James Street
PO Box 1957
LaCrosse WI 54602-1957

Invoice #	Invoice Date	Vendor #	Due Date	AP / AR #	Terms
010288	01/31/2003	00002664	02/28/2003	0231562	JIR

UPC	SKU/ ITEM #	DESCRIPTION	QTY	COST	DPC	EXTENDED COST
07793201081	7339820	LIDO MEATLESS PASTA 26 OZ	25	1 92	0 0800	50 00
07793201091	7339810	LIDO MEAT FLAVORED S26 OZ	2	1 92	0 0800	4 00

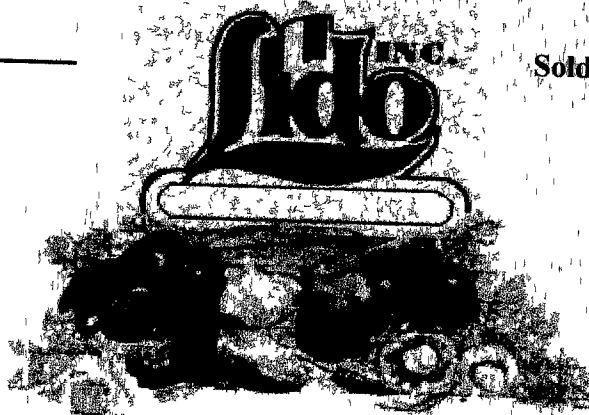
Invoice Summary

TOTAL QUANTITY	27		
TOTAL COST	51 84		
TOTAL EXTENDED COST			54 00
POST DAMAGE HANDLING		0 128	3 46
RECLAMATION CENTER OPERATIONS THRU SCAN		0 222	
TOTAL RECLAMATION CENTER COST			5 99
TOTAL AMOUNT DUE			63 45

THIS IS A LISTING OF ITEMS THAT WERE PROCESSED DURING 12/29/2002 01/25/2003 IF YOU HAVE BEEN REVIEWING YOUR PRODUCTS EVERY FOUR WEEKS THE PRODUCT WILL BE HELD UNTIL 02/22/03 OTHERWISE THE PRODUCT WILL BE DISPOSED OF IMMEDIATELY IF YOU WISH TO REVIEW YOUR PRODUCT IN THE FUTURE PLEASE CONTACT DATA SERVICES COORDINATOR AT 100 Lake Street West Wayzata MN 55391, 952 225 4700 IF PAYMENT IS NOT RECEIVED BY 02/28/03 DEDUCTION FROM INVOICE WILL BE MADE DIRECT ANY QUESTIONS TO DICK LUICK

Statement Date 2-26-03

010204



Sold To: Fleming Companies
LaCrosse
P.O. Box 26680
Oklahoma City,
Oklahoma 73126

Pd 3-21-03
\$ 2537.67
CH# 23567503

Make Checks Payable To.

Lido Saucey Revue & Italian Food Company
2801 North Snelling Avenue
Roseville, Minnesota 55113

Phone: 651-636-9721
Fax: 651-636-7411

PO Number		Invoice Date	Invoice Number	Shipped Via		
998742		2-26-03	10204	Lawrence Transportation		
Cases	Sizes	Pack	UPC No	Description	Unit Price	Gross Amount
40	26 oz	12/cs	01091	Meat Flavored Pasta Sc	23.08	923.20
75	26 oz	12/cs	01081	Meatless Pasta Sauce	23.08	1731.00

NORTHSTAR BANK
ROSEVILLE, MN

We this date charged your account and returned unpaid the following items endorsed by you

1 Insufficient funds 2 Endorsement missing 3 Endorsement not as drawn 4 Stop payment 5 Account closed 6 Forgery 7 No account 8 Other reason (specify)	Key	Drawn By	Drawn On	Amount	
	8	Fleming		2,537.67	

Charge To

LIDO SAUCEY REVUE

TOTAL 2,537.67
Acct No 4039201

Date 04/04/03

Terms: 2% 10 Days/Net

⑆096000959⑆

Total Cases	Total				
115					
Gross Amount	Subtract Promo Disc.	Subtract Plant Pick Up Discount	Add Delivery Charge	Invoice Net 30 Days	
2654.20	\$	\$	\$	2654.20	\$ 2654.20

Deduct A Cash Discount of \$ 53.08 If Paid By 3-8-03

Interest of 1 5% Per Month Will Be Charged On All Unpaid Invoices Extending Beyond 30 Days

Net 10 Days
2-2503
Customer Signature

UNIFORM STRAIGHT BILL OF LADING Original—Not Negotiable—Domestic

Carrier

Shipper's #

P.O.# 998742

Agent's No

RECEIVED subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading

at Lido Saucery Revue 2-25-03 from Roseville, MN

the or party below appearing do not represent the carrier or the shipper. The carrier and shipper are not responsible for the loss of or damage to the property of the shipper or consignee. The carrier and shipper are not responsible for the loss of or damage to the property of the shipper or consignee. The carrier and shipper are not responsible for the loss of or damage to the property of the shipper or consignee.

(Mail or street address of consignee—For purposes of notification only)

Consigned to Fleming Companies La Crosse

Destination 1637 James Street

State of WI

Zip Code 54601

County of _____

Routing _____ Delivering Carrier _____

Vehicle _____ or Car Initial _____ No _____

Collect On Delivery

\$ _____ and remit to _____

C O D charge
to be paid by

Shipper ☐
Consignee ☐

Subject to Section 7 of conditions if this shipment is to be delivered to the consignee without recourse on the consignor the consignor shall sign the following statements

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

(Signature of Consignor)

If charges are to be prepaid write or stamp here **TO BE PREPAID**

Received \$ _____ to apply to prepayment of the charges on the property described hereon

Agent or Cashier

Per _____
(the signature here acknowledges only the amount Prepaid)

Charges Advanced

If the shipment moves between two ports by a carrier by water the law requires that the bill of lading shall state whether it is carrier's or shipper's weight. NOTE—Where the rate is dependent on value shippers are required to state specifically in writing the agreed or declared value of the property

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

115 Total Cases picked up 2-25-03 by Lawrence Transportation

No shortages/No damage

Shipper, Per _____

LT F Beck

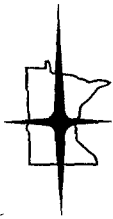
Agent, Per _____

Permanent post office address of shipper

(This Bill of Lading is to be signed by the shipper and agent of the carrier issuing same)

Bill of Lading

PAY TO THE ORDER OF
NORTH TA STATE BANK
ROSEVILLE, MN
ABA 090000859
FOR DEPOSIT ONLY
LIDO SAUCEY REVUE AND
ITALIAN FOOD COMPANY
A SUBSIDIARY OF LIDO CAFE, INC
40 39 201



North Star Bank

1820 North Lexington Avenue
Roseville, MN 55113
(651) 489-8811



LIDO SAUCEY REVUE
2801 NO SNELLING AVE
ROSEVILLE, MN 55113

Page 1 of 2
STATEMENT PERIOD (313)
Mar 1 2003 THRU Mar 31 2003

Looking for some COLD CASH?
We have great rates
and terms on all our loans!
Call us!

SUMMARY OF ACCOUNTS

ACCOUNT NUMBER	BEGINNING BALANCE	DEBITS	CREDITS	ENDING BALANCE	INTEREST YTD
4039201	19,381 86	2,740 39	1,404 55	24,046 02	0 00

Account 4039201 Business CKG- No Interest Number of Enclosures 8
& ITALIAN FOOD CO INC

Date	Description	Debits(-)	Credits(+)
03/04/2003	Deposit		1,159 93
03/27/2003	Deposit		976 76
03/27/2003	Deposit		1,159 93
03/27/2003	Deposit		1,570 26
03/27/2003	Deposit		2,537 67 ✓
03/31/2003	Account Handling Chg	14 22	

Average Current Balance	19,207
Average Collected Balance	18,641

Account Handling Charge Breakdown	
Earnings Credit	-3 83
Account Handling Charge Breakdown	
Transaction Chg	1 20
Account Handling Charge Breakdown	
Transaction Chg	1 25
Account Handling Charge Breakdown	
Maintenance Fee	15 00
Account Handling Charge Breakdown	
Deposited Items	0 60

CHECK SEQUENCE RECAP

Sequence	Date	Amount	Sequence	Date	Amount
11474	(03/10)	123 05	11484*	(03/05)	1,654 20
11477*	(03/10)	111 88	11485	(03/05)	322 89
11480*	(03/10)	114 15	11486	(03/11)	150 00
11481	(03/04)	150 00	11487	(03/25)	100 00

* indicates a gap in the check number sequence

Continued on the next page

Serial 0, Amount \$1,159 93, Date 3/4/2003

Serial 0, Amount \$976 76, Date 3/27/2003

Serial 0, Amount \$1,159 93, Date 3/27/2003

Serial 0, Amount \$1,570 26, Date 3/27/2003

Serial 0, Amount \$2,537 67, Date 3/27/2003

Serial 11474, Amount \$123 05, Date 3/10/2003

Serial 11477, Amount \$111 88, Date 3/10/2003

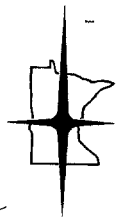
Serial 11480, Amount \$114 15, Date 3/10/2003

Serial 11481, Amount \$150 00, Date 3/4/2003

Serial 11484, Amount \$1,654 20, Date 3/5/2003

Serial 11485, Amount \$322.89, Date 3/5/2003

Serial 11486, Amount \$150 00, Date 3/11/2003



North Star Bank

1820 North Lexington Avenue
Roseville, MN 55113
(651) 489-8811



LIDO SAUCEY REVUE
2801 NO SNELLING AVE
ROSEVILLE, MN 55113

OUR HOME LOANS COME IN
ALL SHAPES AND SIZES
CALL US FOR MORE
INFORMATION!

Page 1 of 2
STATEMENT PERIOD (313)
Apr 1 2003 THRU Apr 30 2003

SUMMARY OF ACCOUNTS

ACCOUNT NUMBER	BEGINNING BALANCE	DEBITS	CREDITS	ENDING BALANCE	INTEREST YTD
4039201	24,046 02	20,041 44-	10,224 93	14,229 51	0 00

Account 4039201 Business CKG- No Interest Number of Enclosures 4
& ITALIAN FOOD CO INC

Date	Description	Debits (-)	Credits (+)
04/04/2003	Return Deposited Item	2,537 67	
04/04/2003	DE Returned Deposit Item F	4 00	
04/11/2003	Deposit		46 41
04/11/2003	Deposit		1,536 87
04/22/2003	wire in 04/21/03 fee	10 00	
04/22/2003	wire in 04/21/03		5,539 20
04/23/2003	Deposit		1,472 57
04/23/2003	Deposit		1,629 88
04/30/2003	Account Handling Chg	13 58	

Average Current Balance	18,607
Average Collected Balance	18,342

Account Handling Charge Breakdown	
Earnings Credit	-3 65
Account Handling Charge Breakdown	
Transaction Chg	0 75
Account Handling Charge Breakdown	
Transaction Chg	1 00
Account Handling Charge Breakdown	
Maintenance Fee	15 00
Account Handling Charge Breakdown	
Deposited Items	0 48

CHECK SEQUENCE RECAP

Sequence	Date	Amount	Sequence	Date	Amount
11488	(04/03)	6,486 17	11490	(04/30)	425 76
11489	(04/03)	303 57	11491	(04/30)	10,260 69

* indicates a gap in the check number sequence

Continued on the next page

NORTHSTAR BANK
ROSEVILLE MN

We this date charged your account and returned unpaid the following items endorsed by you

	Key	Drawn By	Drawn On	Amount	
1 Insufficient funds					
2 Endorsement missing					
3 Endorsement not as drawn					
4 Stop payment					
5 Account closed					
6 Forgery					
7 No account					
8 Other reason (specify)	8	Fleming		2,537.67	
Charge To			TOTAL 2,537.67 Acct No 4039201		

LIDO SAUCEY REVUE

Date 04/04/03

⑈096000959⑈

N 95609C B 565566S01