

Bi0 (Official Form 10) (Rev. 02/01)

UNITED STATES BANKRUPTCY COURT <i>For the District of Delaware</i>		PROOF OF CLAIM
In re: <u>Fleming Companies, Inc.</u>		Case Number <u>03-10945</u>
NOTICE: This claim should not be filed 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. § 507.		
Creditor Name (Person or entity debtor owes)	<u>Kent Wuehrich</u>	<input type="checkbox"/> Check box if you are aware that someone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Address Line 1	<u>57 E. Tioga St., Apt. 2</u>	
Address Line 2		
Address Line 3		
City, ST ZIP	<u>Tunkhannock, PA 18657</u>	

REC'D SEP 17 2003

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: _____

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

1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Personal injury/tort/delict <input type="checkbox"/> Repro benefits as defined in 11 U.S.C. § 3114(a) <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and commissions (fill out below) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (Describe briefly) _____ Your social security no. _____ Unpaid commissions for services performed from _____ to _____ (date) (date)		2. Date Debt Incurred (MMDDYY) <table border="1"> <tr><td>0</td><td>4</td><td>2</td><td>5</td><td>0</td><td>0</td></tr> </table>	0	4	2	5	0	0
0	4	2	5	0	0			
		3. If Court Judgment Date Obtained <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>						

4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT THIS CASE FILING.

SECURED CLAIM
 Attach evidence of perfection of security interest (Brief Description of Collateral)
 Real Estate Motor Vehicle Insurance
 Amount of advance and other charges at time same filed (included in secured claim above, if any) _____

UNSECURED NONPRIORITY CLAIM
 A claim is unsecured if there is no collateral or (even property of the debtor securing the claim or so the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM - Specify the priority of the claim.
 Wages, salaries, or commissions (up to \$4,630), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(2)
 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 equipment for personal, family, or household use - 11 U.S.C. § 507(a)(6)
 Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7)
 Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____

5. AMOUNT OF CLAIM AT THIS CASE FILING:

5	0	0	0	0	0	0	0	+									=								
(Secured)									(Unsecured Nonpriority)								(Unsecured Priority)								

Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

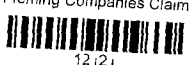
6. CREDITS AND SETOFFS The amount of all payments to this claimant has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has indicated all amounts this claimant owes to debtor.

7. SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim enclosed a stamped, self-addressed envelope and copy of this proof of claim.

Date: 9/15/03
 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of proof of authority, if any):
Raymond A. Gurek, Esq. Counsel to Kent Wuehrich

Fleming Companies Claim



12/21

SEP 15 PM 3:50
 COURT
 WUEHRICH

Pendency for predatory fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 11 U.S.C. §§ 132 and 1371.

B16 (Official Form 10) (Rev. 04/01)

UNITED STATES BANKRUPTCY COURT
For the District of Delaware

PROOF OF CLAIM

REC'D SEP 17 2003

In re: Fleming Companies, Inc. Case Number 03-16945

NOTE: This claim 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.

Creditor Name
(Person or entity
debtor owes) Kent Wuehrich

Address
Line 1 57 E. Tioga St., Apt. 2

Address
Line 2 _____

Address
Line 3 _____

City,
ST ZIP Tunkhannock, PA 18657

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 notice from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR.

Check here if this claim represents a previously filed claim dated _____ amends

1. BASIS FOR CLAIM

Goods sold

Services performed

Money loaned

Personal injury/ wrongful death

Taxes

Other (Describe briefly)

Return benefits as defined in 11 U.S.C. § 511(a)

Wages, salaries, and compensation (fill out below)

Your usual weekly pay _____
Unpaid compensation for services performed from _____ to _____ (date) (date)

2. Date Debt Incurred. (MMDDYY)

0	4	2	5	0	0
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3. If Cover Judgment Date Obtained

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4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT THE TIME CASE FILED.

SECURED CLAIM
Attach evidence of perfection of security interest. Brief Description of Collateral:

Real Estate Motor Vehicle Insurance Other (Describe briefly)

Amount of advance and other charges at time case filed (included in collateral claim above, if any) \$ _____

UNSECURED NONPRIORITY CLAIM
A claim is unsecured if there is no collateral or if the property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM - Specify the priority of the claim.

Wages, salaries, or compensation (up to \$4,630), earned not more than 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)(5)

Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7)

Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____

5. AMOUNT OF CLAIM AT TIME CASE FILED:

5	0	0	0	0	0	0	0	0	0
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(Secured) + (Unsecured Nonpriority) (Unsecured Priority)

Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND SETOFFS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7. SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of account, payment court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim enclosed a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

Date 9/15/03 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)
Raymond H. Burch, Esq. Counsel to Kent Wuehrich

Penalty for fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 11 U.S.C. §§ 132 and 1371.

SEP 17 2003
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VANCE