

<b>UNITED STATES BANKRUPTCY COURT</b> For the District of Delaware	<b>PROOF OF CLAIM</b>
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In re <b>Food 4 Less Beverage Company, Inc</b>	Case Number <b>03-10959</b>
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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) <b>American Bottling Company</b>	<input type="checkbox"/> 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.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Address Line 1 <b>400 N. Wolf Road, Suite A</b>	
Address Line 2	
Address Line 3	
City <b>ST ZIP Northlake, IL 60164</b>	

**THIS SPACE IS FOR COURT USE ONLY**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	<input type="checkbox"/> replaces <input type="checkbox"/> amends
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Check here if this claim is a previously filed claim dated \_\_\_\_\_

<b>1 BASIS FOR CLAIM</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(f) <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (Describe Briefly)	<b>2 Date Debt Incurred (MMDDYY)</b> <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:20px;">0</td> <td style="width:20px;">2</td> <td style="width:20px;">2</td> <td style="width:20px;">5</td> <td style="width:20px;">0</td> <td style="width:20px;">3</td> </tr> </table>	0	2	2	5	0	3
0	2	2	5	0	3		
Your social security No _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	<b>3 If Court Judgment, Date Obtained</b> <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:20px;"> </td> <td style="width:20px;"> </td> <td style="width:20px;"> </td> <td style="width:20px;"> </td> <td style="width:20px;"> </td> <td style="width:20px;"> </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 TIME CASE FILED.

<input type="checkbox"/> <b>SECURED CLAIM</b> Attach evidence of perfection of security interest Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly)  Amount of arrearage and other charges at time case filed included in secured claim above if any \$ _____	<input type="checkbox"/> <b>UNSECURED PRIORITY CLAIM</b> Specify the priority of the claim. <input type="checkbox"/> Wages, salaries or commissions (up to \$4,650), 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) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Taxes or penalties of governmental units 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) _____
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**5 AMOUNT OF CLAIM AT TIME CASE FILED**

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		2	9	9	0	1	2	9																															

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 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 TIMP 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.

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**FILED**

SEP 12 2003

**BMC**

Filing Companies Claim



12520

Date **09/11/2003** 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)  
**David Franck - Director of Credit**

American Bottling Company - Northlake, IL  
Dr Pepper/Seven Up Bottling Broup, Inc (Midwest Division)  
Federal Tax ID #38-3246978  
Food 4 Less Beverage Company Open Items at 4-1-03

<u>Cust #</u>	<u>Store #</u>	<u>Invoice Date</u>	<u>Invoice Number</u>	<u>Amount</u>
15180	08277	20030225	5420560012	1,931 98
15180	08277	20030227	5420580007	1,675 20
15180	08277	20030228	5420590008	434 33
15180	08277	20030304	5420630007	1,731 19
15180	08277	20030306	5420650009	2,654 00
15180	08277	20030307	5420660006	181 02
15180	08277	20030311	5420700007	1,305 60
15180	08277	20030313	5420720008	1,896 93
15180	08277	20030314	5420730005	1,561 80
15180	08277	20030318	5420770009	970 78
15180	08277	20030320	5420790008	1,762 63
15180	08277	20030321	5420800005	2,539 56
15180	08277	20030325	5420840008	3,569 14
15180	08277	20030327	5420860010	2,982 59
15180	08277	20030328	5420870006	3,975 44
15180	08277	20030401	5420910010	729 10
			<b>Total</b>	<b><u><u>29,901 29</u></u></b>