

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

**PROOF OF CLAIM**



s132803

Scheduled Claim Ref # 2-F2-20429  
**YOUR CLAIM IS SCHEDULED AS**

In re  
**Fleming Companies, Inc**

Case Number  
**03-10945**

\$25 404 37 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.

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.

**Name of Creditor and Address**  
  
0354429391212  
  
DEPT OF HEALTH STATE OF HI  
OFFICE OF SOLID WASTE MGT  
919 ALA MOANA BLVD RM 212  
HONOLULU HI 96814

Creditor Telephone Number (808) **586-4226**

CREDITOR TAX I.D. #  
**99-6000449**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

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 \_\_\_\_\_  
**Beverage Container Deposit Prog - Container Fee**      paid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
**Glass Advice Disposal Fee**      (date)      (date)

**2 DATE DEBT WAS INCURRED**      **3 IF COURT JUDGMENT DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE**      \$ 24,166.28      \$ \_\_\_\_\_      \$ 24,166.28  
(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.  
 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

THIS SPACE FOR COURT  
**FILED**  
**SEP 15 2003**  
**BMC**  
 Fleming Companies Claim  
 12643

DATE SIGNED  
9/11/03

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).

**Hawaii Department of Health**  
**Office of Solid Waste Management**  
**Case Number 03-10945**  
**Fleming Companies, Inc Bankruptcy**

**Beverage Container Deposit Program (Container Fee)**

Begin	End	Owe	Paid	Date	Unpaid Balance
2/23/03	3/22/03	\$3,217 66	\$0 00	4/16/03	\$3,217 66
3/23/03	4/19/03	\$3,377 87	\$2,364 51	7/1/03	\$1,013 36
				sub-total	<b>\$4,231.02</b>

**Glass Advance Disposal Fee Program**

1/1/03	3/31/03	\$18,114 73	\$0 00		\$18,114 73
4/1/03	6/30/03	\$16,145 90	\$14,325 37	7/18/03	\$1,820 53
				sub-total	<b>\$19,935.26</b>

**Total: \$24,166 28**