

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

PROOF OF CLAIM



s133632

Scheduled Claim Ref # 2-F2-21258

YOUR CLAIM IS SCHEDULED AS

\$125.42 UNSECURED
FILED

SEP 15 2003

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.

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 constitute your claim as scheduled by the Debtor. 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

0354429397265

GASCARD/BC STOCKING
C/O ACCOUNTING DEPT
PO BOX 225
SANTA CLARA CA 95052

Creditor Telephone Number () **707-448-2313 ext 358**

CREDITOR TAX ID #
94-2348544

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
01136

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 _____
 Unpaid compensation for services performed from _____ to _____
 (date) (date)

2 DATE DEBT WAS INCURRED **2/28/03, 4/13/03**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ **212.96** (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ **212.96** (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 USE ONLY
FILED
SEP 15 2003

DATE SIGNED **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).
Joe Trigueiro, Credit Manager

Fleming Companies Claim
12729

Date 01/01/1950 - 12/31/2049

Customer 1136 - 1136

Licensee 21035

Licensee 21035

Cust#	Customer Name / Account Activity	Debit	Credit	Bal Fwd
01136	FLEMING COMPANY INC GMD WEST	(916) 381-9254	A/R-JOHN,FLT-RON	
11/06/2001	Debit	59 22		59 22
11/13/2001	B1 - Cycle1 Billing			59 22
11/28/2001	B2 - Cycle2 Billing			59 22
12/11/2001	Check payment		59 22	0 00
12/13/2001	B1 - Cycle1 Billing			0 00
01/28/2002	B2 - Cycle2 Billing	33 82		33 82
02/13/2002	B1 - Cycle1 Billing			33 82
02/15/2002	Check payment		33 82	0 00
02/28/2002	B2 - Cycle2 Billing	51 73		51 73
03/13/2002	B1 - Cycle1 Billing			51 73
03/25/2002	Check payment		51 73	0 00
03/28/2002	B2 - Cycle2 Billing	59 68		59 68
04/13/2002	B1 - Cycle1 Billing	45 97		105 65
04/15/2002	Check payment		59 68	45 97
04/28/2002	Membership Fee			45 97
04/28/2002	B2 - Cycle2 Billing			45 97
04/29/2002	Check payment		45 97	0 00
05/13/2002	B1 - Cycle1 Billing	54 24		54 24
05/28/2002	B2 - Cycle2 Billing			54 24
06/03/2002	Check payment		54 23	0 01
06/06/2002	Credit		0 01	0 00
06/13/2002	B1 - Cycle1 Billing	85 75		85 75
06/28/2002	B2 - Cycle2 Billing	87 61		173 36
07/08/2002	Check payment		85 75	87 61
07/13/2002	B1 - Cycle1 Billing	49 12		136 73
07/15/2002	Check payment		87 61	49 12
07/28/2002	B2 - Cycle2 Billing	84 68		133 80
08/13/2002	Finance Charge	1 00		133 80
08/13/2002	B1 - Cycle1 Billing	87 42		221 22
08/27/2002	Check payment		88 42	133 80
08/28/2002	B2 - Cycle2 Billing	45 53		179 33
09/13/2002	Finance Charge	1 99		179 33
09/13/2002	B1 - Cycle1 Billing			179 33
09/28/2002	B2 - Cycle2 Billing	73 81		253 14
10/13/2002	Finance Charge	1 90		253 14
10/13/2002	B1 - Cycle1 Billing			253 14
10/28/2002	Check payment		255 13	1 90
10/28/2002	Finance Charge	1 00		1 90
10/28/2002	B2 - Cycle2 Billing	70 02		71 92
11/13/2002	Finance Charge	1 00		71 92
11/13/2002	B1 - Cycle1 Billing			71 92
11/27/2002	Check payment		72 92	1 00
11/28/2002	B2 - Cycle2 Billing	43 53		44 53

Date 01/01/1950 - 12/31/2049

Customer 1136 - 1136

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Cust#	Customer Name / Account Activity	Debit	Credit	Bal Fwd
12/13/2002	Finance Charge	1 00		44 53
12/13/2002	B1 - Cycle1 Billing			44 53
12/18/2002	Check payment		44 53	1 00
12/23/2002	Credit		1 00	0 00
12/28/2002	B2 - Cycle2 Billing	40 40		40 40
12/30/2002	Year to Date Finance Charges			40 40
01/13/2003	Check payment		40 40	0 00
01/13/2003	B1 - Cycle1 Billing			0 00
01/28/2003	B2 - Cycle2 Billing	70 04		70 04
02/13/2003	B1 - Cycle1 Billing			70 04
02/19/2003	Check payment		70 04	0 00
02/28/2003	B2 - Cycle2 Billing	52 45		52 45
03/13/2003	B1 - Cycle1 Billing			52 45
03/28/2003	Check payment		52 45	0 00
03/28/2003	B2 - Cycle2 Billing	72 97		72 97
04/11/2003	Reverse payment	52 45		125 42
04/13/2003	B1 - Cycle1 Billing	87 54		212 96
04/28/2003	B2 - Cycle2 Billing			212 96
05/13/2003	B1 - Cycle1 Billing			212 96
05/28/2003	B2 - Cycle2 Billing			212 96
06/13/2003	B1 - Cycle1 Billing			212 96
06/28/2003	B2 - Cycle2 Billing			212 96
07/13/2003	B1 - Cycle1 Billing			212 96
07/28/2003	B2 - Cycle2 Billing			212 96
08/13/2003	B1 - Cycle1 Billing			212 96
TOTALS		<u>1315 87</u>	<u>1102 91</u>	<u>212 96</u>

Date 01/01/1950 - 12/31/2049

Customer 1136 - 1136

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Report Totals

Current Purchases	0 00	
Total Billing (B1, B2)	1,196 31	
Debit (DB)	59 22	
Finance Charge (FC)	7 89	
Membership Fee (MF)	0 00	
Reversals (RV/R3/R6/R9)	52 45	
Transaction Fees (TF)	0 00	
Service Fees (SF)	0 00	
TOTAL DEBITS		1,315 87
Customer Discount (CD)	0 00	
Check Payments (CK)	1,101 90	
Cash Payments (CA)	0 00	
Credit Card Payments (CC)	0 00	
Credit (CR)	1 01	
Reverse Finance Charges (RF)	0 00	
TOTAL CREDITS		1,102 91
Y-T-D FINANCE CHARGES (YF)	7 89	

