

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

**PROOF OF CLAIM**



549758

Bar Date Ref # 2-NVM-7977

In re	Case Number
-------	-------------

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.

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**

0354653549758

Stella Pharmaceutical  
PO Box 880168  
El Paso TX 79906

Creditor Telephone Number ( )

CREDITOR TAX I D #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> or <input type="checkbox"/> amends a previously filed claim dated _____
--------------------	---	---

**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** Feb 20, 03 April 27, 03 **3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ 5,770.80 (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.

THIS SPACE FOR COURT USE ONLY

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

**FILED**  
SEP 15 2003

DATE SIGNED August 10, 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) <i>ERWIN ORBACH</i> CREDIT MANAGER
--------------------------------	--

**BMC**  
Fleming Companies Claim  
12863

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

See Other Side For Instructions



PO BOX 895 DAYTON NJ 08810  
Tel (732) 274 1200 Fax (732) 274 1130

**INVOICE**

IN500798	1
DATE	
Feb 20 2003	

PLEASE REMIT TO  
**STELLA PHARMACEUTICAL COMPANY INC**  
PO BOX 19172A  
NEWARK, NJ 07195-0172

SOLD TO  
**FLEMING COMPANIES/LACROSSE**  
P O BOX 26680  
OKLAMOMA CITY OK 73128

SHIP TO  
**FLEMING COMPANIES/LACROSSE**  
PRIMARY WAREHOUSE  
1637 ST JAMES STREET  
LA CROSSE WI 54603

ORDERING	ORDER DATE	CUSTOMER NO	SALES PERSON	PURCHASE ORDER NO	SHIP VIA	TERMS
ORD100815	Feb 13 2003	OK5023	ELISHKR	701331	PREPAID	2% 30 Days Net 31 Days

QTY ORDERED	QTY SHIPPED	QTY B/O	ITEM NUMBER	DESCRIPTION	UNIT PRICE	U/M	EXTENDED PRICE
4	4	0	00627578994632	NUTRIBAR Singles Cuppuccino Crunch	49 68	CA	198 72
4	4	0	00627578994618	NUTRIBAR Singles Chocolate Peanut Butter	49 68	CA	198 72
4	4	0	00627578994656	NUTRIBAR Singles Chocolate Fudge	49 68	CA	198 72
				<b>Tax summary</b>			

COMMENTS	Due On 2003/02/24 Ship On	STATE	0 00	TAX	0 00
				<b>TOTAL</b>	<b>596.16</b>



PO BOX 895 DAYTON NJ 08810  
Tel (732) 274 1200 Fax (732) 274 1130

## INVOICE

NUMBER	PAGE
IN500852	1
DATE	
Apr 2 2003	

PLEASE REMIT TO  
**STELLA PHARMACEUTICAL COMPANY INC**  
**PO BOX 19172A**  
**NEWARK, NJ 07195-0172**

SOLD TO  
**FLEMING COMPANIES/LACROSSE**  
**P O BOX 26880**  
**OKLAMOMA CITY, OK 73128**

SHIP TO  
**FLEMING COMPANIES/LACROSSE**  
**PRIMARY WAREHOUSE**  
**1637 ST JAMES STREET**  
**LA CROSSE, WI 54603**

ORDERING	ORDER DATE	CUSTOMER NO	SALES PERSON	PURCHASE ORDER NO	SHIP VIA	TERMS
ORD100876	Mar 28 2003	OK5023	ELISHKR	713884	PREPAID	2% 30 Days Net 31 Days

QTY ORDERED	QTY SHIPPED	QTY B/O	ITEM NUMBER	DESCRIPTION	UNIT PRICE	U/M	EXTENDED PRICE
8	8	0	00627578994832	NUTRIBAR Singles Cuppuccino Crunch	49 68	CA	397 44
2	2	0	00627578994818	<del>NUTRIBAR Singles Chocolate Peanut Butter</del>	49 68	CA	99 36
4	4	0	00627578994856	<del>NUTRIBAR Singles Chocolate Fudge</del>	49 68	CA	198 72
<b>Tax summary.</b>							
COMMENTS				STATE	0 00	TAX	0 00
Due On 2003/04/07 Ship On						<b>TOTAL</b>	<b>695 52</b>



PO BOX 895 DAYTON NJ 08810  
Tel (732) 274 1200 Fax (732) 274 1130

**INVOICE**

NUMBER	PAGE
IN500858	1
DATE	
Apr 7 2003	

PLEASE REMIT TO  
**STELLA PHARMACEUTICAL COMPANY INC**  
PO BOX 19172A  
NEWARK, NJ 07195-0172

SOLD TO  
FLEMING COMPANIES/LACROSSE  
P O. BOX 26880  
OKLAMOMA CITY, OK 73126

SHIP TO  
FLEMING COMPANIES/LACROSSE  
PRIMARY WAREHOUSE  
1637 ST JAMES STREET  
LA CROSSE, WI 54603

ORDERING	ORDER DATE	CUSTOMER NO.	SALES PERSON	PURCHASE ORDER NO	SHIP VIA	TERMS
ORD100881	Apr 2 2003	OK5023	ELISHKR	715496	PREPAID	2% 30 Days Net 31 Days

QTY ORDERED	QTY SHIPPED	QTY B/O	ITEM NUMBER	DESCRIPTION	UNIT PRICE	U/M	EXTENDED PRICE
42	42	0	00627578994403	NUTRIBAR Deep Brownie Delight	48 00	CA	2 016 00
42	42	0	00627578994458	<del>NUTRIBAR Chocolate Fudge</del>	48 00	CA	2 016 00
3	3	0	00627578994601	<del>NUTRIBAR Singles Deep Brownie Delight</del>	49 68	CA	149 04
3	3	0	00627578994618	<del>NUTRIBAR Singles Chocolate Peanut Butter</del>	49 68	CA	149 04
3	3	0	00627578994656	NUTRIBAR Singles Chocolate Fudge	49 68	CA	149 04

Tax summary.

COMMENTS	Due On 2003/04/07 Ship On	STATE	0 00	-TAX	-	0 00
				TOTAL	▶	4 479 12