

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

PROOF OF CLAIM



s130283

Scheduled Claim Ref # 2-F7-12886

YOUR CLAIM IS SCHEDULED AS

UNKNOWN UNSECURED
DISPUTED UNLIQUIDATED

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.

Name of Creditor and Address

0354429389369

CRESPO LUZ
52 HAMPTON GATE DR
SICKLERVILLE NJ 8081
Crespo & Crespo, PA
PO Box 944
Hammeron, NJ 08037

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.

Creditor Telephone Number **(609) 520 1244**

CREDITOR TAX ID #
222003209

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces or amends a previously filed claim dated _____

1 BASIS FOR CLAIM
 Goods sold
 Services performed
 Money loaned
 Personal injury/wrongful death
 Taxes
 Other (describe briefly)

Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Wages, salaries and compensation (Fill out below)
Your social security number _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE
\$ _____ (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ **50,000.00⁺** (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.

CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of billing, accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. **DO NOT SEND ORIGINAL DOCUMENTS** if documents are not available, explain. If the documents are voluminous, attach a summary.

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) 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



FILED
SEP 15 2003

BMC

SIGNED: **-1003**
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).
[Signature] Attorney for Luz Crespo

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

CURCIO & CURCIO
A PROFESSIONAL CORPORATION
Counsellors at Law
325 BELLEVUE AVENUE
P O BOX 944
HAMMONTON NEW JERSEY 08037

SAMUEL A CURCIO JR
JAMES CURCIO *

COUNSEL TO THE FIRM
SAMUEL A CURCIO

*ALSO ADMITTED IN PENNSYLVANIA

TELEPHONE
(609) 561 1244

FACSIMILE
(609) 561 5846

September 10, 2003

Bankruptcy Management Corporation
P O Box 900
El Segundo, CA 90245-0900

RE Fleming Companies, Inc
Case No 03-10945

Dear Sir or Madam

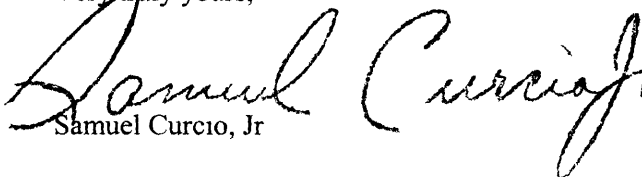
We enclose

- | | |
|---|---|
| <input type="checkbox"/> Complaint and <input type="checkbox"/> copies | <input type="checkbox"/> Order, dated |
| <input type="checkbox"/> Notice of Motion | <input type="checkbox"/> Interrogatories |
| <input type="checkbox"/> Answer and/or Counterclaim | <input type="checkbox"/> Judgment by Default |
| <input type="checkbox"/> Summons and Complaint | <input type="checkbox"/> Affidavit of Proof and of Non-Military Service |
| <input type="checkbox"/> Acknowledgment of Service | <input type="checkbox"/> Deed |
| <input type="checkbox"/> Request to Enter Default and
Certification of Default | <input type="checkbox"/> Affidavit of Consideration |
| <input type="checkbox"/> Check in the sum of \$ | <input type="checkbox"/> Proof of Mailing |
| <input type="checkbox"/> Affidavit | <input checked="" type="checkbox"/> Self-addressed envelope |
| <input type="checkbox"/> Stipulation | <input type="checkbox"/> Statement for Docketing |
| <input type="checkbox"/> Petition for Discovery | <input type="checkbox"/> Order for Discovery |
| <input type="checkbox"/> Bankruptcy Petition | <input checked="" type="checkbox"/> Proof of Claim |
| <input type="checkbox"/> | <input type="checkbox"/> |

Will you please

- | | |
|---|---|
| <input checked="" type="checkbox"/> File | <input type="checkbox"/> Return certified copy |
| <input checked="" type="checkbox"/> Return filed copy | <input type="checkbox"/> Acknowledge and return |
| <input type="checkbox"/> Record and return | <input type="checkbox"/> Charge our account |
| <input type="checkbox"/> Serve Defendant(s) at | |

Very truly yours,


Samuel Curcio, Jr

SCJ/mes
Enclosure