FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF Delaware — **PROOF OF CLAIM**

Name of Debtor: Fleming Companies

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

Name of Creditor (The person or other entity to whom the debtor owes money or property): Concentra Medical Centers

Name and address where notices should be sent:
9190 Haven Ave Suite 200
Rancho Cucamonga CA 91730
Telephone number 909-481-7377

☐ 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 the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated _____

1 Basis for Claim

☐ Goods sold
☑ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Your SS # _____ _____ _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2 Date debt was incurred 6/28/02

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 300.00
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 if any $_____

6 Unsecured Priority Claim
☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $_____
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 4/1/04 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 the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

THIS SPACE IS FOR COURT USE ONLY

FILED
SEP 15 2003
BMC
Fleming Companies Claim
12901

DATE STAMP RECEIVED 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)
Frank Ureno, Collections Rep.

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years, or both 18 U S C §§ 152 and 3571

CONCENTRA MEDICAL CENTERS

INVOICE

Remit To Concentra Medical Centers,
A Medical Corporation
PO Box 3700
Rancho Cucamonga, CA 91729-3700
(888)352-6794

Tax Id 77-0469725
Account N23-1060000361
Invoice 350350840 **Balance** $25 00

Invoice Date 06/28/2002 - 06/28/2002
Date Printed 09/09/2003

Bill To Food 4 Less
Attn Roger Brown
1370 Fitzgerald Drive
PINOLE, CA 94564

Location Food 4 Less
Attn Roger Brown
1370 Fitzgerald Drive
PINOLE, CA 94564

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

Date	Name / PO Number	SSN / Birth date	Charge Description	Charge Amount	Pmts/ Adjmnts
The Following Services Performed at CMC - BAY Richmond					
06/28/2002	Domine Leondiwa	617-96-6548 01/19/1983	Non Reg Coll UDS - Pre-Placement Quick Kit UDS 0056784275	25 00	

Balance Due $25 00

Remit To Concentra Medical Centers,
A Medical Corporation
Account N23-1060000361
Inv Date 06/28/2002 - 06/28/2002

Please help our economy and our respective organizations by paying us quickly, which will allow us to pay our vendors and suppliers quickly Please report any errors immediately

PAYMENT DUE UPON RECEIPT

CONCENTRA MEDICAL CENTERS

INVOICE

Remit To Concentra Medical Centers,
A Medical Corporation
PO Box 3700
Rancho Cucamonga, CA 91729-3700
(888)352-6794

Tax Id 77-0469725
Account N23-1060000361
Invoice 51190249 **Balance** $175 00

Invoice Date 02/28/2003 - 03/13/2003
Date Printed 09/09/2003

Bill To Food 4 Less
Attn Roger Brown
1370 Fitzgerald Drive
PINOLE, CA 94564

Location Food 4 Less
Attn Roger Brown
1370 Fitzgerald Drive
PINOLE, CA 94564

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

Date	Name / PO Number	SSN / Birth date	Charge Description	Charge Amount	Pmts/ Adjmnts
The Following Services Performed at CMC - BAY Richmond					
02/28/2003	Obregon, Eduardo	617-20-2891 12/01/1984	Non Reg Coll UDS - Pre-Placement Quick Kit UDS 0674853804	25 00	
02/28/2003	Tutwilder Nyima T	545-67-9238 05/11/1981	Non Reg Coll UDS - Pre-Placement Quick Kit UDS 06748853815	25 00	
03/04/2003	Claudino Krista R	549-91-8175 11/07/1983	Non Reg Coll UDS - Pre-Placement Quick Kit UDS 549918175	25 00	
03/04/2003	Estrada, Martin	636-12-5008 02/25/1983	Non Reg Coll UDS - Pre-Placement Quick Kit UDS 0674853793	25 00	
03/04/2003	Sandoval Mario A	570-53-1751 06/05/1978	Non Reg Coll UDS - Pre-Placement Quick Kit UDS 0674853771	25 00	
03/07/2003	Rivera Maria	605-29-4256 01/20/1977	Non Reg Coll UDS - Pre-Placement Quick Kit UDS Negati e	25 00	
03/13/2003	Arella Alex	567-71-1982 08/13/1982	Non Reg Coll UDS - Pre-Placement Quick Kit UDS 0674853911	25 00	

Balance Due $175 00

Remit To Concentra Medical Centers,
A Medical Corporation
Account N23-1060000361
Inv Date 02/28/2003 - 03/13/2003

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CONCENTRA MEDICAL CENTERS

INVOICE

Remit To Concentra Medical Centers,
A Medical Corporation
PO Box 3700
Rancho Cucamonga, CA 91729-3700
(888)352-6794

Tax Id 77-0469725
Account N23-1060000361
Invoice 51182048 **Balance** $50 00

Invoice Date 03/19/2003 - 03/20/2003
Date Printed 09/09/2003

Bill To Food 4 Less
Attn Roger Brown
1370 Fitzgerald Drive
PINOLE, CA 94564

Location Food 4 Less
Attn Roger Brown
1370 Fitzgerald Drive
PINOLE, CA 94564

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

Date	Name / PO Number	SSN / Birth date	Charge Description	Charge Amount	Prnts/ Adjmnts
The Following Services Performed at CMC - BAY Richmond					
03/19/2003	Simmons Sean D	554-77-4974 09/30/1981	Non Reg Coll UDS - Pre Placement Quick Kit UDS 554774974	25 00	
03/20/2003	Beltran Vincent J	602-07-6726 07/17/1984	Non Reg Coll UDS - Pre Placement Quick Kit UDS 602078771	25 00	

Balance Due $50 00

Remit To Concentra Medical Centers,
A Medical Corporation
Account N23-1060000361
Inv Date 03/19/2003 - 03/20/2003

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PAYMENT DUE UPON RECEIPT

CONCENTRA MEDICAL CENTERS

I N V O I C E

Remit To Concentra Medical Centers,
A Medical Corporation
PO Box 3700
Rancho Cucamonga, CA 91729-3700
(888)352-6794

Tax Id 77-0469725
Account N23-1060000361
Invoice 51194514 **Balance** $50 00

Invoice Date 03/26/2003 - 03/31/2003
Date Printed 09/09/2003

Bill To Food 4 Less
Attn Roger Brown
1370 Fitzgerald Drive
PINOLE, CA 94564

Location Food 4 Less
Attn Roger Brown
1370 Fitzgerald Drive
PINOLE, CA 94564

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

Date	Name / PO Number	SSN / Birth date	Charge Description	Charge Amount	Pmts/ Adjmnts
The Following Services Performed at CMC - BAY Richmond					
03/26/2003	Christiansen, Richard L	553-67-9365 04/11/1978	Non Reg Coll UDS - Pre-Placement Quick Kit UDS 553679365	25 00	
03/31/2003	Hampton Daniel J	569-81-3405 08/12/1984	Non Reg Coll UDS - Pre Placement Quick Kit UDS 0674853841	25 00	

Balance Due $50 00

Remit To Concentra Medical Centers,
A Medical Corporation
Account N23-1060000361
Inv Date 03/26/2003 - 03/31/2003

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PAYMENT DUE UPON RECEIPT