


UNITED STATES BANKRUPTCY COURT <u>for the</u> DISTRICT OF <u>Delaware</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>Fleming Companies, Inc.</b>		Case Number <b>03-10945</b>
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 USC § 503		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Todd Johnson 7154 Mill Road Centerville, MN 55308</b>		<input checked="" type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent <b>Thomas B. Schway 245 North Ruth Street St. Paul, MN 55119</b>  Telephone number <b>651-731-6243</b>		
Account or other number by which creditor identifies debtor		THIS SPACE IS FOR COURT USE ONLY
Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends		
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input checked="" type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # <u>468 - 98 - 7779</u> Unpaid compensation for services performed from <u>June 29, 2002</u> to <u>August 18, 2002</u> <span style="display: block; text-align: center;">(date) <span style="margin-left: 150px;">(date)</span></span>		
<b>2 Date debt was incurred</b> <u>06/29/2002</u>		<b>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <u>4,364.80</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input type="checkbox"/> 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.		
<b>5 Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral \$ _____  Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____		<b>6 Unsecured Priority Claim</b> <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>4,364.80</u> Specify the priority of the claim <input type="checkbox"/> 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 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan 11 USC § 507(a)(4) <input type="checkbox"/> Up to \$2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(6) <input type="checkbox"/> Alimony maintenance or support owed to a spouse former spouse or child 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 USC § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 USC § 507(a)(____) <small>*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</small>
<b>7 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim <b>8 Supporting Documents</b> 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. <b>9 Date-Stamped Copy</b> 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  <b>FILED</b> <b>SEP 15 2003</b> <b>BMC</b> <small>Fleming Companies Claim</small>  <small>13123</small>
Date <u>9/12/2003</u>	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) <b>Attorney for Creditor</b> <i>Thomas B. Schway</i>	
<small>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 USC §§ 152 and 3571</small>		

# Thomas B. Schway

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**Aimee Schroeder**  
Legal Secretary

**Anthony Easton**  
Law Clerk

**Jessica Vanden Berg**  
Law Clerk

September 10, 2003

Bankruptcy Management Corporation (BMC)  
1330 Franklin Avenue  
El Segundo, CA 90245

RE IN RE RAINBOW FOOD GROUP, INC (CASE NO 03-10967) &  
IN RE FLEMING COMPANIES, INC , ET AL (CASE NO 03-10945)  
Creditor Todd Johnson

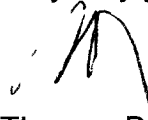
To Whom It May Concern

Please be advised that I represent Mr Todd Johnson (Creditor) This letter serves at a supplement to the Proof of Claims filed on behalf of Mr Todd Johnson for the above-referenced cases

On or about June 29, 2002, Mr Johnson, employed by Fleming Companies, Inc sustained a personal injury to his cervical spine arising out of an in the course of his employment with Fleming Companies, Inc In May of 2003, Fleming Companies stipulated to a settlement in the amount of \$4,364 80 for Mr Johnson's lost wages, permanent injury and ongoing chiropractic treatment Mr Johnson submits his Proof of Claims for this amount

Upon your request, I will provide copies of the Stipulation for the above-referenced workers' compensation settlement Please contact me if you have any questions Thank you

Very truly yours,



Thomas B Schway

TBS/jvb