

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

**PROOF OF CLAIM**



606210

Bar Date Ref # 2-NVM-71990

In re **Fleming Companies, Inc., et al.** 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.

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**  
  
0354653806210  
Brigantine Town Ctr Asso LP Law Office  
444 Park Ave South #302 Stephen C. Nudel, PC  
New York NY 10016-7321 219 Pine St.  
Harrisburg, PA 17101

Creditor Telephone Number ( 212 ) 545-1910

CREDITOR TAX ID # 22-3339947  
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       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) Post Petition Rent  
 Your social security number \_\_\_\_\_  
 Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
 (date) (date)

**2 DATE DEBT WAS INCURRED** Misc.      **3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ 34,150.33 (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) \$24,256.42  
 Other. Specify applicable paragraph of 11 U.S.C. § 507(a) Post Petition Admin. Rent  
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.

Fleming Companies Claim  
 13455

**FILED  
SEP 15 2003  
BMC**

**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

DATE SIGNED: 9/12/2003  
 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):  
 Stephen C. Nudel, Esquire, Authorized Representative

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**

LAW OFFICES  
**STEPHEN C NUDEL, PC**  
219 Pine Street  
Harrisburg Pennsylvania 17101

(717) 236-5000  
FAX (717) 236 5080

STEPHEN C NUDEL  
MARK W ALLSHOUSE

VIA OVERNIGHT COURIER

September 12, 2003

Bankruptcy Management Corporation  
1330 East Franklin Avenue  
El Segundo, CA 90245

Re Brigantine Town Center Associates, LP  
Fleming Companies, Inc , et al  
No 03-10945 (MFW), Chapter 11

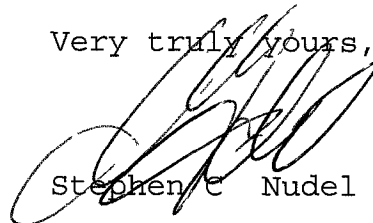
Dear Sir/Madam

Enclosed please find the original and two copies of Proof of Claim regarding the above Bankruptcy Please file the original, time-stamp the copies and return them to me in the enclosed envelope

**Please telephone my office, collect if necessary, with any questions or concerns prior to returning the document unfiled.**

Thank you for your cooperation

Very truly yours,



Stephen C Nudel

SCN/kb  
Enc