UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

374785
Bar Date Ref #

In re
Fleming Company, 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

Name of Creditor and Address

0354653374785

Oakhouse Farm Inc
2221 Mustang Way
MADISON WI 53718

Creditor Telephone Number (608) 223-9868

☒ 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

CREDITOR TAX I D #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here if this claim ☐ replaces or ☒ amends a previously filed claim dated 11/24/03
39-1428824	#524	

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 _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED 3/24/03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 2340 00	$	$	$
(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

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

THIS SPACE FOR COURT USE ONLY
FILED
SEP 16 2003
BMC

Fleming Companies Claim
13988

DATE SIGNED	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)
9 12-03	Robert L Barreau Manager Robert L Barreau

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

B10 (Official Form 10) (Rev 04/01)

UNITED STATES BANKRUPTCY COURT For the District of Delaware	PROOF OF CLAIM
In re Fleming Companies Inc.	Case Number 03-10945

NOTE This claim 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

Creditor Name (Person or entity debtor owes) Oakhouse Farm Inc.

Address Line 1 2221 Mustang Way

Address Line 2

Address Line 3

City, ST ZIP Madison WI 53716

☐ 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 ☐ 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)

Your social security No _____

☐ Money loaned ☐ Other (Describe Briefly)

Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date Debt Incurred. (MMDDYY) 03 24 03

3 If Court Judgment, Date Obtained

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following. (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED

☐ SECURED CLAIM
Attach evidence of perfection of security interest
Brief Description of Collateral

☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any $ _____

☒ UNSECURED NONPRIORITY CLAIM
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

☐ UNSECURED PRIORITY CLAIM - Specify the priority of the claim.

☐ Wages, salaries, or commissions (up to $4,650), earned not more than 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)

☐ Taxes or penalties of governmental units 11 U S C § 507 (a)(7)

☐ Other - Specify applicable paragraph of 11 U S.C. § 507(a) _____

5 AMOUNT OF CLAIM AT TIME CASE FILED

(Secured)	(Unsecured Nonpriority)	(Unsecured Priority)
	2340.00	

☐ Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges

6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim In filing this claim, claimant has deducted all amounts that claimant owes to debtor

7 SUPPORTING DOCUMENTS *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests If the documents are not available, explain If the documents are voluminous attach a summary

8 TIME-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclosed a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

FILED
SEP 16 2003
BMC

Date	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)
4-24-03	[signature] Precipe

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

OAKHOUSE FARM BAKERY

2221 Mustang Way/Madison, WI 53718-6767
Phone 608/223-9808

ROUTE NO 0009

SOLD TO
FLEMING MARSHFIELD
1700 LAEMLE

MARSHFIELD, WI 54449

SHIP TO
FLEMING MARSHFIELD / 1700 LAEMLE
DIVISON / MARSHFIELD WI 54449

ORDER NO	INVOICE NO	ACCOUNT NO	DATE	PAYMENT TERMS
50-00611o	762493	00524	03/24/03	2%-10 NET 30

QUANTITY	PROD NO	DESCRIPTION	UNIT PRICE	AMOUNT
10.00	1401	MUFFIN BANANA CASE-FRO	22.00	220.00
20.00	1402	MUFFIN BLUEBERRY CASE-PRO	22.00	440.00
5.00	1403	MUFFIN AFFLE CIN.CASE-PRO	22.00	110.00
5.00	1404	MUFFIN R.BRAN CASE-PRO.	22.00	110.00
10.00	1405	MUFFIN CRANBERRY CASE-FRO	22.00	220.00
5.00	1406	MUFFIN CHOC.CHNK.CASE-PRO	22.00	110.00
15.00	1407	MUFFIN LEM.POPPY CASE-PRO	22.00	330.00
5.00	1413	MUFFIN SNOW.CRM.CHS.CASE-	22.00	110.00
5.00	1801	WRAP.MUFFIN BANANA NUT CS	23.00	115.00
5.00	1802	WRAP.MUFFIN BLUEBERRY CS.	23.00	115.00
5.00	1805	WRAP.MUFFIN CRANBERRY CS.	23.00	115 00
15 00	1807	WRAP.MUFFIN LEMON POP CS.	23.00	345.00

Instructions/Comments:

1 5 per month INTEREST CHARGE on all accounts over 30 days ANNUAL PERCENTAGE RATE 18%

CUSTOMER SIGNATURE / DATE

$ 2340.00 TOTAL DUE