

<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE</b>		<b>PROOF OF CLAIM</b>
In re	Case Number	



613108  
Bar Date Ref # 2-NVM-78968

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**

0354653613108

Rushing Enterprises  
PO Box Pobox 220  
127 Hwy 431 N  
Headland AL 36345

Creditor Telephone Number **(324) 693-3318**

CREDITOR TAX ID # \_\_\_\_\_ 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)      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** \$ 20,092.76 (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.

<p><b>BY MAIL TO</b></p> <p>Bankruptcy Management Corporation P O BOX 900 El Segundo CA 90245-0900</p>	<p><b>BY HAND OR OVERNIGHT DELIVERY TO</b></p> <p>Bankruptcy Management Corporation 1330 East Franklin Avenue El Segundo CA 90245</p>
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**THIS SPACE FOR COURT USE ONLY**

Filing Companies Claim

14026



**FILED**

SEP 16 2003

**BMC**

**DATE SIGNED** 9-12-03 **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): Steven K Brackin ATTY FOR CREDITOR

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

Invoice                      Balance Due

37620	2077 38
38523	6808 90
38207	3624 80
38234	2013 14
38404	2826 18

Deductions taken off remittance

GET403072	290 22	deduction for price increase
INV 38177	248 62	excess discount taken
GEC2200017	1111 32	deduction for pricing
GEC2200018	926 10	deduction for pricing
GEC2200156	166 10	deduction for pricing

Total due from Fleming Foods \$20,092 76

