

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

**PROOF OF CLAIM**



559376

Bar Date Ref # 2-NVM-17927

In re  
*FLEHING COMPANIES INC*

Case Number  
*03-10945 (MFU)*

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

**Name of Creditor and Address**

Thomson Financial Corporate Group  
195 Broadway, 11th Floor  
New York, NY 10007  
*ATT ANTHONY MANZO*

0354653559376

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

Creditor Telephone Number *646-422-2559*

CREDITOR TAX ID #  
*74-2050-427*

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
*AGREEMENT # 70934*

Check here  replaces or  amends a previously filed claim dated \_\_\_\_\_ if this claim

**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** \$ *1,166.00* (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (unsecured priority) \$ *1,166.00* (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 22 2003**

**BMC**

Fleming Companies Claim

14232

DATE SIGNED *9/17/03*

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)  
*Anthony Manzo*

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**

Payment by Credit Card      Visa / Mastercard      American Express

Expiration Date      /      Signature  
 \_\_\_\_\_

Invoice #	252478
Agreement #	70934
Billing Date	05-May-2003
Orig Due Date	04-Jun-2003
Amount Enclosed	<input type="text"/>
Amount Due	\$1,219 27

**Customer**

Fleming Companies  
 Meredith Anderson  
 1945 Lakepointe Dr  
 Lewisville, TX 75057

**Remit Payment To**

Thomson Financial Corporate Group  
 Mellon Bank  
 PO Box 360315

If you have an address or contact change please send us an e mail at TFCG Billing@thomson.com Pittsburgh, PA 15251-6315

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 Please remit this portion with payment

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 Keep this portion for your records

Company Name	Contact Name	P O Number	Invoice Number	Invoice Date
Fleming Companies	Meredith Anderson		252478	05-May-2003

Qty	Description	Service Period	Amount
1	First Call - Market Source		
	Subscription Service	01-May-2003 31-May-2003	\$1,100 00
	Monthly Billing		Tax \$66 00
<b>Adjustments</b>		<b>Subtotal</b>	<b>\$1,100 00</b>
	Finance Charges \$53 27	<b>Sales Tax</b>	<b>\$66 00</b>
		<b>Shp &amp; Hdlg</b>	<b>\$0 00</b>
		<b>S&amp;H Tax</b>	<b>\$0 00</b>
		<b>Invoice Total</b>	<b>\$1,166 00</b>
		<b>Adjustments</b>	<b>\$53 27</b>
<b>Total Amount Due</b>			<b>\$1,219.27</b>

If you have any questions regarding this invoice please contact us at (866) 296 4702 (Domestic U S ) (646) 822 6428 (International) or TFCG Billing@thomson.com If you wish to Remit payment via credit card please fax details to (617) 249 1814

If payment has been sent please disregard this invoice

If payment is not received you will be billed a finance charge of 18% per YEAR

**Remittance Information**

Thomson Financial Corporate Group  
 Mellon Bank  
 PO Box 360315  
 Pittsburgh, PA 15251-6315

**Wire Transfer Information**

Account Number 0795085  
 Routing Number 043000261  
 Swift Number MELNUS2P  
 Beneficiary Bank Mellon Bank  
 Branch Address Thomson Financial Corporate Group / Mellon Bank  
 PO Box 360315  
 Pittsburgh PA 15251 6315