FORM B10 (Official Form 10) (4/01)

U S BANKRUPTCY COURT WILMINGTON DISTRICT OF DELAWARE

PROOF OF CLAIM

Name of Debtor
RICHMAR FOODS INC

03-10972

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 (The person or other entity to whom the debtor owes money or property)
STATE BOARD OF EQUALIZATION

☐ 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

Name and address where notices should be sent
STATE BOARD OF EQUALIZATION
SPECIAL PROCEDURES SECTION, MIC 55
PO BOX 942879
SACRAMENTO CA 94279-0055

Telephone (916) 445-1122 FAX (916) 327-0615

RECD OCT 0 2 2003

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor
SY OHC 28-795984

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated

1 Basis for Claim
☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☒ Taxes
☐ Other (specify)

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensation (fill out below)
Your SS # _____ _____ _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2 Date(s) debt incurred
(AS SHOWN ON DATA SUMMARY ATTACHMENT)

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ _____

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 if any $_____

6 Unsecured Priority Claim
☒ Check this box if you have an unsecured priority claim
Amount entitled to priority **$ 6,691,517 65**
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)(2)
**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*

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 judgements 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 acknowledgement 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

Date
Sept 24, 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) **State Board of Equalization, by**

D S ABEL, Authorized Representative

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 357

Fleming Companies Claim

ajp

14340

DATA SUMMARY ATTACHMENT FOR PROOF OF CLAIM OF STATE BOARD OF EQUALIZATION

Debtor		Claim Dated
RICHMAR FOODS INC	03-10972	September 24, 2003
ACCOUNT NO SR OHC 28-795984	Petition Date 04/01/03	Chapter 11

SUMMARY OF LIABILITY STATEMENT

CLAIM CLASS	TAX PROGRAM OR REASON	DEBT PERIOD	TAX	INTEREST (calculated to petition or conversion date)	PENALTY	TOTAL
P	1	07/01/00-03/31/03	655713 22	137804 43	$0 00	6,691 517 65
		See Attachment A				
TOTALS			$6,553 713 22	$137 804 43	$0 00	$6 691 517 65

LEGEND

CLAIM CLASS

S Secured
P Unsecured Priority 11 USC 507(a)(8)
G Unsecured NON priority (General)
GAP Gap Claim – 11 USC 507(a)(2)
1305 11USC 1305

TAX PROGRAM OR REASON

1 SALES & USE TAX
2
3
4
5
6

SUMMARY OF TAX LIENS

LIEN CERTIFICATE	DATE RECORDED	COUNTY OR RECORDING AUTHORITY	RECORDING INFORMATION (Document/Instrument # or Book/Page)	AMOUNT
BE				

The foregoing liens were recorded pursuant to Section 6757 of the California Revenue and Taxation Code and to the extent there is any real or personal property to which the liens created by such recording attach the amount of the claim in said certificates constitutes a secured claim

SUPPLEMENTAL CLAIM PURSUANT TO USC 11 § 726(a)(4) and (5)

In addition to the claim to which this page is attached the Board of Equalization asserts the following supplemental Chapter 7 claim, pursuant to the noted code sections

USC 11 § 726(a)(4)	$	0 00
USC 11 § 726(a)(5)		0 00
Total Supplemental Claim	$	0 00

9/23/2003

SCHEDULE OF LIABILITY

FLEMING CO BK CLAIMS xls
Case Id 13166

		Taxpayer Name	Richmar Foods Inc	Case id	13166	
		Case Number	03-10972	Petition Date	April 1, 2003	
No	Account No	Period-Item	Basis of Liability	Tax	Interest to April 1, 2003	Total
1	SR OHC 28-795984	07/01/00-03/31/00	Cal Revenue and Taxation Code Art 2 §§ 6481 et seq	$ 6,553,713 22	$ 137,804 43	$ 6,691,517 65
		Total Claim Bal		6,553,713 22	137,804 43	6,691,517 65

EXHIBIT "A"

STATE OF CALIFORNIA

STATE BOARD OF EQUALIZATION
450 N STREET MIC 55 SACRAMENTO CALIFORNIA
(P O BOX 942879 SACRAMENTO CA 94279 0055)
TELEPHONE (916) 445-1122
FAX (916) 327-0615
www boe ca gov

CAROLE MIGDEN
First District San Francisco

BILL LEONARD
Second District Ontario

CLAUDE PARRISH
Third District Long Beach

JOHN CHIANG
Fourth District Los Angeles

STEVE WESTLY
State Controller Sacramento

TIMOTHY W BOYER
Interim Executive Director

September 24, 2003

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

Account Nos SR OHC 28-795984,
Debtor(s) Richmar Foods, Inc
Chapter 11 Bankruptcy
Case No 03-10972

Dear Gentlemen

Enclosed is an original Priority Claim for Post-Petition Taxes, pursuant to Section 11 U S C § 507(a)(8) of the Bankruptcy Code Please file this claim in the proceedings described above

Please return to us the enclosed copy of this letter acknowledging receipt of the claim A self-addressed, stamped envelope is enclosed

Sincerely,

D S Abel
Tax Compliance Supervisor
Special Procedures Section

DSA ajp bk1305 dot
Enclosures

cc OUT OF STATE (OH) Compliance