

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Delaware</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <u>Fleming Companies, Inc d/b/a Rainbow Foods</u>		Case Number _____
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) <u>Brown &amp; Carlson, P A.</u>		<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> 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 <u>5411 Circle Down Avenue, #100 Minneapolis, MN 55416</u>		
Telephone number <u>763-591-9950</u>		
Account or other number by which creditor identifies debtor <u>260-7501 Geraldine Bogar v Fleming Companies, Inc</u>		Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends _____
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from <u>3/12/03</u> to <u>3/28/03</u> (date) (date)
<b>2 Date debt was incurred</b> <u>3/31/03</u>		<b>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> <u>\$ 83 37</u> If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below <input type="checkbox"/> 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.		
<b>5 Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		<b>6 Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *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.
<b>7 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8 Supporting Documents</b> 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. <b>9 Date-Stamped Copy</b> To receive an acknowledgment 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 <u>9/24/03</u>	Sign and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <u>Douglas Brown, President</u>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 11		

FILED  
OCT 06 2003  
BMC

Fleming Companies Claim  
14504

**Brown & Carlson, P. A.**  
**5411 Circle Down Avenue**  
**Suite 100**  
**Minneapolis, MN 55416**  
**(763) 591-9950**  
**41-1712681**

ESIS - Fleming Companies Dedicated Claims  
Teresa Allen  
P O Box 152035  
Irving, Texas 75015-2035

**STATEMENT**

Statement Date April 7, 2003  
Statement No 41980

Period Ending March 31, 2003

Claim Number 3931-781-967663-4  
Social Security Number 491-38-0682  
Loss Date 7/24/1999

260 07501 Bogar, Geraldine v Fleming Co , Inc

**Professional Fees**

			<u>Hours</u>	<u>Amount</u>
3/12/2003	JKH	Review fully executed general release of all claims	0 10	13 60
3/12/2003	JKH	Review plaintiff's executed stipulation for dismissal	0 10	13 60
3/12/2003	JKH	Letter to Teresa Allen re general release	0 10	13 60
3/12/2003	JKH	Letter to Hennepin County District Court Administration re stipulation for dismissal with prejudice	0 10	13 60
3/28/2003	JKH	Review notice of entry of judgment of dismissal	0 10	13 60
3/28/2003	JKH	Letter to Teresa Allen re same	0 10	13 60
			Sub-total Fees	81 60

Billing Summary

James K Helling	0 60 hours at \$136 00/hr	81 60
Total hours	0 60	

**Expenses**

	<u>Units</u>	<u>Price</u>	<u>Amount</u>
Postage	2 00	0 49	0 97
Photocopies	4 00	0 20	0 80
			Sub-total Expenses
			1 77

**Payments**

3/27/2003	Payment	2,028 63
		Sub-total Payments
		2,028 63

<b>Total Current Billing</b>	<u>83 37</u>
<b>Previous Balance Due</b>	0 00
<b>Total Now Due</b>	<b>83 37</b>