


UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Delaware</u>		PROOF OF CLAIM
Name of Debtor Fleming Companies, Inc d/b/a Rainbow Foods		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) Brown & Carlson, P A.		<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 5411 Circle Down Avenue, #100 Minneapolis, MN 55416		
Telephone number 763-591-9950		
Account or other number by which creditor identifies debtor 260-7505 Paul Tiessen v Fleming Companies, Inc		Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends
1 Basis for Claim <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>3/14/03</u> to <u>3/31/03</u> (date) (date)		
2 Date debt was incurred <u>3/31/03</u>		3 If court judgment, date obtained
4 Total Amount of Claim at Time Case Filed \$ <u>154.54</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.		
5 Secured Claim <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 \$ _____		6 Unsecured Priority Claim <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.
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 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 <div style="font-size: 2em; font-weight: bold; text-align: center;">FILED</div> <div style="font-size: 1.5em; font-weight: bold; text-align: center;">OCT 06 2003</div> <div style="font-size: 1.5em; font-weight: bold; text-align: center;">BMC</div> <div style="font-size: 0.8em; text-align: center;">Fleming Companies Claim</div>  <div style="font-size: 0.6em; text-align: center;">14507</div>
Date <u>9/24/03</u>	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). <i>Douglas Brown, President</i>	
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		

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

Fleming Company, Inc
Michael Lanzafame
P O Box 152035
Irving, Texas 75015-2035

STATEMENT

Statement Date April 7, 2003
Statement No 41981

Period Ending March 31, 2003

Claim Number 2345-38064-50-58
Social Security Number - -
Loss Date 2/3/1996

260 07505 Tiessen, Paul v Fleming Co , Inc

Professional Fees

		<u>Hours</u>	<u>Amount</u>
3/14/2003	JKH Telephone conference with Teresa Allen re status	0 10	13 60
3/17/2003	JKH Draft and dictate defendant's informational statement	0 50	68 00
3/17/2003	JKH Letter to plaintiff re serve same	0 10	13 60
3/17/2003	JKH Letter to Hennepin County District Court Administration re same	0 10	13 60
3/24/2003	JKH Review notice of case filing	0 10	13 60
3/24/2003	JKH Letter to Teresa Allen re same	0 10	13 60
3/31/2003	JKH Serve discovery on plaintiff	0 10	13 60
	Sub-total Fees		<u>149 60</u>

Billing Summary

James K Helling	1 10 hours at \$136 00/hr	149 60
Total hours	1 10	

Expenses

	<u>Units</u>	<u>Price</u>	<u>Amount</u>
Photocopies	15 00	0 20	3 00
Postage	2 00	0 97	1 94
	Sub-total Expenses		<u>4 94</u>

Payments

4/7/2003	Payment	13 97
	Sub-total Payments	<u>13 97</u>

Total Current Billing	<u>154 54</u>
Previous Balance Due	0 00
Total Now Due	154 54