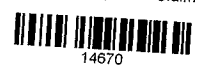


United States Bankruptcy Court		PROOF OF CLAIM	
District of <u>Delaware</u>			
In re (Name of Debtor) JENMARKETING GROUP AKA FLEMING PROP		Case Number 0310945	
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. sec 503			
Name of Creditor KeySpan Gas East Corp dba KeySpan Energy Delivery Long Island		<input type="checkbox"/> Check box if you are aware that any one 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 Elisa M. Pugliese, Esq 175 E. Old Country Road Hicksville, NY 11801			
Telephone No 718-403 6982			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 714-18-2921-0		Check box if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____	
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 (Describe briefly) <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. sec 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ 0 Unpaid compensation for services performed from _____ (date) to _____ (date)			
2 DATE DEBT WAS INCURRED <u>4/1/2003</u>		3 IF COURT JUDGMENT DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Unsecured Priority (3) Secured It is possible for part of a claim to be in one category and part in another CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED <input type="checkbox"/> SECURED CLAIM <u>\$0 00</u> Attach evidence of perfection of security interest Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at the time case filed included in secured claim above if any \$ <u>\$0 00</u> <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM <u>\$8,074 20</u> A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim <input type="checkbox"/> UNSECURED PRIORITY CLAIM <u>\$0 00</u> Specify the priority of the claim <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000) * earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. sec 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. sec 507(a)(4) <input type="checkbox"/> Up to \$1 800* of deposits toward purchase, lease, or rental property or services for personal, family, or household use 11 U.S.C. sec 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child 11 U.S.C. sec 507(a)(7) <input type="checkbox"/> Taxes or penalties of governmental units 11 U.S.C. sec 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 USC sec 507(a) _____ *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment			
2 TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED <u>\$8,074 20</u> (Unsecured)		<u>\$0 00</u> (Secured)	
		<u>\$0 00</u> (Priority)	
		\$8,074 20 (Total)	
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY Fleming Companies Claim 	
7 SUPPORTING DOCUMENTS Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8 TIME 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.			
Date <u>10/3/03</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>Patricia Massano</i> Patricia Massano, Collection Coordinator		

REC'D OCT 16 2003

THIS SPACE IS FOR COURT USE ONLY

**THE ORIGINAL OF THIS ATTACHMENT IS ILLEGIBLE.
ANYONE WISHING TO REVIEW A COPY SHOULD
CONTACT BMC FOR A PHOTOCOPY OF THIS
ATTACHMENT**

STATEMENT OF ENERGY CHARGES

For additional information contact

Your Customer Representative

Telephone Number

[Faint, illegible text, likely bleed-through from the reverse side of the page]