

Name of Debtor  
**Fleming Companies**

Bankruptcy Case No  
**03-10945**

**A. CREDITOR INFORMATION**

*(The creditor is the person or other entity to whom the debtor owes money or property)*

Name and Address of Creditor  
  
**Expanets  
9780 Mt Pyramid Ct  
Suite 400  
Englewood CO 80112**

- Check box if you 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.
- Check box and attach copy of assignment if claim has been assigned to you

REC'D NOV 13 2003

THIS SPACE IS FOR COURT USE ONLY

Number by which creditor identifies debtor

**2097983**

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

**B. CLAIM INFORMATION**

**1 BASIS FOR CLAIM**

- Goods purchased
- Services performed
- Monies loaned
- Other forms of contract (Identify)
- Personal Injury/Wrongful death/Property damage
- Other (Describe briefly)

**Wages, Salaries and Commissions (Fill out below)**

Your social security number \_\_\_\_\_  
Unpaid services performed from \_\_\_\_\_ to \_\_\_\_\_  
Nature of services (Describe briefly)

**2. DATE DEBT WAS INCURRED:**

**3 CLASSIFICATION OF CLAIM** Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority, (2) Priority, (3) Secured. It is possible for a claim to be partly in one category and partly in another—such as wage claim which may be a priority claim for the first \$2,000 and an unsecured nonpriority claim for the balance. Classify the nature of the claim by CHECKING THE APPROPRIATE BOX OR BOXES which you believe best describes the claim. STATE THE AMOUNT OF THE CLAIM

**UNSECURED NONPRIORITY CLAIM \$** \_\_\_\_\_  
For the purposes of this form, a claim is unsecured if there is no collateral, or to the extent the value of collateral is less than the amount of the debt

**SECURED CLAIM \$** \_\_\_\_\_  
Attach evidence of perfection of security  
Brief Description of Collateral  
 Real Estate  Motor Vehicle  Other

**PRIORITY CLAIM \$** \_\_\_\_\_  
Specify the priority of the claim by checking the appropriate box(es)  
 Wages, salaries or commissions (up to \$2000, 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. §507(a)(3)  
 Contributions to an employee benefit plan—11 U.S.C. §507(a)(4)  
 Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family or household use—11 U.S.C. §507(a)(6)  
 Taxes or penalties of governmental units—11 U.S.C. §507(a)(7)  
 Other specify:

**4. TOTAL AMOUNT OF CLAIM.** \$ \_\_\_\_\_ (Unsecured) + \$ \_\_\_\_\_ (Secured) + \$ \_\_\_\_\_ (Priority)

= \$ **3737.10** (Total)

**5** Attach copies of documents in support of this claim, such as 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.

**6** This form should not be used to make a claim for expenses incurred after the filing of the bankruptcy petition. Such expenses may be paid only upon proper application and notice pursuant to 11 U.S.C. §503.

**7 CREDITS AND SETOFFS** Attach an itemization of all amounts and dates of payments which have been credited against the debt. Set forth any setoff or counterclaim which the debtor may have against your claim.

**8** To receive an acknowledgment of the receipt of your claim, enclose a stamped, self-addressed envelope and a copy of your claim.

**C CERTIFICATION**

The undersigned certifies under penalty of perjury that the debtor named above is indebted to the claimant in the amount shown, that there is no security for the debt other than that stated above or in an attachment to this form, that no unmatured interest is included, and that the undersigned is authorized to make this claim.

Date: 11/5/03  
Sign and Print the Name and Title: Richard Marinaccio Divisional Vice President

Fleming Companies Claim  
14818



Experienced At Networked Solutions

P O Box 28039  
Pittsburgh PA 15236-80399

\*\*\*\*\*AUTO\*\*ALL FOR AADC 493 EX\_06.A.19.37561 1 4 0.301

FLEMING  
650 IONIA AVE SW  
GRAND RAPIDS MI 49503-5149 US

Questions about your bill or your account?

Visit [www.expanets.com](http://www.expanets.com)

Billing Support Center  
Call 1 800-247-7000 Prompt 1  
E mail [billing@expanets.com](mailto:billing@expanets.com)

Technical Assistance Center  
Call 1 866 XPANETS

Client Sales & Support Center  
Call 1 800 247 7000  
E mail [info@expanets.com](mailto:info@expanets.com)

**Your account is seriously past due Please pay immediately to avoid further collection action**

## Account Information

Account Number	Invoice Number	Amount Due
882755	14183229	\$3 737 10
Bill-To Number	Invoice Date	Due Date
2097983	03/02/2003	Upon Receipt

## ACCOUNT SUMMARY

Previous Balance	\$3 114 25	
Payments Received	\$0 00	
<b>Balance Forward</b>		<b>\$3 114 25</b>
<b>New Charges and Taxes</b>		
Service Agreements	\$622 85	
Service Agreement Taxes	\$0 00	
<b>Total New Charges and Taxes</b>		<b>\$622 85</b>

**Total Amount Due \$3,737 10**

## Message Center

It's not hype, it's VoIP

Voice over IP (VoIP), also known as IP Telephony, is the right choice in business communications if you want to

- \* Streamline voice and data over one network
  - \* Increase messaging flexibility and functionality
  - \* Unify multi-location calling and reduce toll expenses
  - \* Simplify and reduce administrative costs for moves, adds and changes
  - \* Add customer relationship management applications more cost effectively
- Expanets offers a variety of solutions to help bring your voice and data together simply and economically. You can find out more about the benefits of IP by downloading a free white paper from [www.expanets.com](http://www.expanets.com)

## Payment Due Immediately Upon Receipt of Invoice

To ensure proper credit please write your account number on your check - please detach and return with remittance

## Remittance Document

## Bill To Address

 Check here for change in billing address

FLEMING  
650 IONIA AVE SW  
GRAND RAPIDS MI 49503-5149 US

Visa  Mastercard  American Express  Discover

Card Number \_\_\_\_\_

Expires (mo/yr) \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Name (please print) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**Account Number** 882755  
**Bill-To Number** 2097983  
**Invoice Number** 14183229  
**Invoice Date** 03/02/2003  
**Total Amount Due** \$3,737 10  
**Payment Amount** \$ \_\_\_\_\_

Please make check payable to Expanets Inc and remit to

EXPANETS  
PO BOX 173868  
DENVER CO 80217-3868

0014183229 00882755 03022003 00000373710 2



Customer Name  
 Account Number  
 Bill to Number  
 Invoice Number  
 Invoice Date

Fleming  
 882755  
 2097983  
 14183229  
 03/02/2003

**Balance Forward Detail**

**Previous Balance**

<u>Date</u>	<u>Transaction Type</u>	<u>Transaction Number</u>	<u>Transaction Amount</u>	<u>Adj./Credits</u>	<u>Payments</u>	<u>Previous Balance</u>
09/28/2002	Service Agreements	4011867009	\$620 00	\$0 00	\$0 00	\$620 00
09/28/2002	Service Agreements	4011867020	\$2 85	\$0 00	\$0 00	\$2 85
10/28/2002	Service Agreements	4013455569	\$620 00	\$0 00	\$0 00	\$620 00
10/28/2002	Service Agreements	4013455680	\$2 85	\$0 00	\$0 00	\$2 85
11/28/2002	Service Agreements	4013776145	\$620 00	\$0 00	\$0 00	\$620 00
11/28/2002	Service Agreements	4013776479	\$2 85	\$0 00	\$0 00	\$2 85
12/28/2002	Service Agreements	4014092053	\$620 00	\$0 00	\$0 00	\$620 00
12/28/2002	Service Agreements	4014092270	\$2 85	\$0 00	\$0 00	\$2 85
01/28/2003	Service Agreements	4014471953	\$620 00	\$0 00	\$0 00	\$620 00
01/28/2003	Service Agreements	4014472183	\$2 85	\$0 00	\$0 00	\$2 85
<b>Totals</b>			<b>\$3 114 25</b>	<b>\$0 00</b>	<b>\$0 00</b>	<b>\$3 114 25</b>

**Previous Balance**

**\$3 114 25**



Customer Name  
 Account Number  
 Bill to Number  
 Invoice Number  
 Invoice Date

Fleming  
 882755  
 2097983  
 14183229  
 03/02/2003

**Service Agreements**

<b>Purchase Order</b>		<b>Service Agreement</b>	1570449
<b>Installation Site ID</b>	1264862	<b>Coverage Period</b>	02/28/2003-03/30/2003
<b>Installation Address</b>	650 Ionia SW GRAND RAPIDS MI 49503		

Description	Transaction Number	Transaction Date	Price	Tax	Total Price
DEF ECS MAINT PER PORT	4014857657	02/28/2003	\$620 00	\$0 00	\$620 00
<b>Total for this Agreement</b>					<b>\$620 00</b>

<b>Purchase Order</b>		<b>Service Agreement</b>	1570453
<b>Installation Site ID</b>	1264862	<b>Coverage Period</b>	02/28/2003 03/30/2003
<b>Installation Address</b>	650 Ionia SW GRAND RAPIDS MI 49503		

Description	Transaction Number	Transaction Date	Price	Tax	Total Price
DEF ECS MAINT PER PORT	4014855704	02/28/2003	\$2 85	\$0 00	\$2 85
<b>Total for this Agreement</b>					<b>\$2 85</b>

**Total for Billing Period                    \$622 85**