

Name of Debtor **FLEMING GMD,** Social Security No

Case Number 0310945 Chapter 11 Court Code DEW

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) **Citibank USA, N A.**

- 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 ne or 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 Citibank USA, N A DBA THE HOME DEPOT COMMERCIAL PO Box 9025 Des Moines, IA 50368 Telephone number 866-523-0117

REC'D NOV 20 2003

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor 6035322003698028

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

- 1 Basis for Claim
Goods sold
Services performed
Money loaned
Personal injury/wrongful death
Taxes
Other

- 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 to (date) (date)

2 Date debt was incurred 04 01 03

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed \$622 55
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 \$

7 Unsecured Priority Claim
Check this box if you have an unsecured priority claim
Specify the priority of the claim
Wages salaries or commissions (up to \$4 300)\* 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 \$1 950\* 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)( )
\*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

6 Unsecured Claim
Check this box if you have an unsecured claim

8 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim
9 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
10 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

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Date 11/04/2003

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)
Trudy Holt, Bankruptcy Representative of Citicorp Credit Services, Inc under limited power of attorney for Citibank USA, N A

Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years or both 1

Fleming Companies Claim



# CITIBANK USA, N.A.

PO Box 9025  
Des Moines, IA 50368

## STATEMENT

Account Holder

SS#  
Name , FLEMING GMD

Bankruptcy Information

Case# 0310945  
Court DEW  
Chapter 11  
File Date 04 01 03  
341A

[Account Number] 6035322003698028	
New Balance	<u>\$622 55</u>
Available Credit	\$0 00
[ENTER AMOUNT ENCLOSED]	

INCLUDE YOUR ACCOUNT NUMBER ON CHECK AND MAKE PAYABLE TO  
**Citibank USA, N A**

<b>CARDMEMBER NAME</b> FLEMING GMD,	<b>ACCOUNT NUMBER</b> 6035322003698028	<b>CREDIT LINE</b> \$0 00	<b>AVAILABLE CREDIT</b> \$0 00	<b>STATEMENT DATE</b> 05/09/2002
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DATE	DECIPTION OF TRANSACTION	AMOUNT
	TOTAL	\$622 55

### STATEMENT SUMMARY