FORM B10 (Official Form 10) (12/03)

UNITED STATES BANKRUPTCY COURT DISTRICT OF DE

PROOF OF CLAIM

Name of Debtor
FLEMING COMPANIES INC

Case Number
03-10945 DE

NOTE This form should not be used to make a claimfor 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 and address of Creditor (This person or other entity to who the debtor owes money or property)

PENNSYLVANIA DEPARTMENT OF REVENUE

Name and address where notices should be sent

Pennsylvania Department of Revenue
Commonwealth of Pennsylvania
Bankruptcy Division
Department 280946
Harrisburg PA 17128 0496

Telephone number (717) 783 8989

☐ Check box if you are aware that annyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

☐ Check box if you have never 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

THIS SPACE FOR COURT USE ONLY

Account or other number by which identifies debtor

EIN 480222760

SSN

Check here if this claim

☐ Replaces

☑ Amends a previously filed claim dated 09/08/2003

1 Basis for Claim

☐ Goods Sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☑ Taxes
☐ Other

☐ Retiree benefits a defined in 11 U S C §1114(a)
☐ Wages salaries and compensation (fill out below)

Your SS#

Unpaid compensation for services performed

From _____ (date) to _____ (date)

2 Date debt was incurred "See Attached"

3 If court judgement, date obtained See Attached '

4 Total Amount of Claim at Time Case Filed

$124 000 05	$0 00	$812 937 42	$936 937 47
(unsecured)	(secured)	(priority)	(Total)

If all or part of your claim is secured or entitled to priority also complete item 5 or 7 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 $ Unknown

Amount of arrearage and other charges at time case filed included in secred claim if any $0 00

6 Unsecured Nonpriority Claim $ 124,000 05

☐ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

7 Unsecured Priority Claim

☑ Check this box if you have an unsecured priority claim

Amount entities to priority $812 937 42

Specify the priority of the claim

☐ Wages salaries or commissions (up to $4000) * earned within 90 days before filing of the bankruptcy petition of 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 $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)(8)

☐ Alimony maintenance or support owed to a 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 4/1/04 and every 3 years thereafter with respect to cases commenced on or after date of adjustment

7 **Credits** The amount of all payments on this claim has been credited and deducted for the purpose of making this claim

8 **Supporting Documents** Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgements mortgages security aggreements 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 acknowledgement of the filing of your claim enclose a stamped, self-addressed envelope and a copy of this proof of claim

Date

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)

12/12/2003 Mary J Bart MARY J BART, SUPERVISOR

THIS SPACE FOR COURT USE ONLY

FILED

DEC 1 6 2003

BMC

Fleming Companies Claim

15168

Penalty for presenting a fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 and 3571

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF COMPLIANCE
DEPT 280946
HARRISBURG PA 17128 0946

Patricia Little

SUPPORTING DOCUMENTATION FOR TAXES DUE THE COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF REVENUE

☐ Original Claim
☑ Amended Claim

This claim supercedes all Previous claims filed

Date Amended 12/10/2003

FLEMING COMPANIES INC
BIG W OF FLORIDA INC
HEARTLAND SUPERMARKETS INC

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

Petition Filing Date 04/01/2003
Case Number 0310945 DE
Chapter 11

The undersigned is an employee of the PA Department of Revenue and is authorized to make this proof of claim on the behalf of the Commonwealth At this present time of the filing of this proof of claim the Debtor was indebted to the Commonwealth in the

SUM OF **$936,937 47** for the following

☑ **State Sales, Use and Hotel Occupancy Tax, Article II, Tax Reform Code of 1971, as amended 72 P S 7210**

☐ **Personal Income tax, Article III, Tax Reform Code of 1971, as amended, 72 P S 7301**

☑ **Employer Withholding Tax, Article IV, Tax Reform Code of 1971, as amended, 72 P S 7301**

☐ **Corporate Net Income Tax**

☑ **Capital Stock-Franchise Tax**

☐ **Corporate Loans Tax**

☑ **Other** Cigarette Tax

SECURED CLAIMS (Tax lien(s) filed before petition date)

See attached statement of account detailing the liability

Total secured claim _____

Pursuant to Section 506(b) of the Bankruptcy Code post petition Interest may be payable

ADMINISTRATIVE PRIORITY CLAIMS - Section 507(a)(1) of the Bankruptcy Code

See attached statement of account detailing the liability

Total administrative _____

UNSECURED PRIORITY CLAIMS - Section 507(a)(8) of the Bankruptcy code for unliened priority Liabilities existing before petition date.

See attached statement of account detailing the liability

Total unsecured priority **$812,937 42**

UNSECURED NON-PRIORITY CLAIMS - unliened non-priority liabilities existing before the petition filing date.

See attached statement of account detailing the liability

Total unsecured non priority claim **$124,000 05**

All payments of this claim have been credited and deducted for the purpose of making this proof of claim

_____
(Representative Bureau of Compliance)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF COMPLIANCE
DEPT 280946
HARRISBURG PA 17128-0946
Patricia Little

BANKRUPTCY STATEMENT OF ACCOUNT

Pet Date 4/1/2003
Cause Number 0310945 DE
Chapter 11

FLEMING COMPANIES INC
1945 LAKEPOINTE DRIVE

LEWISVILLE TX 75057-6424

Primary Tax Numbers

Emp Identification Number 480222760
Sales Tax License Number 80132074
Social Security Number
Corp Tax Number 2909659
Other Number

Additional Debtors and/or Names **SSN** **EIN**

BIG W OF FLORIDA INC
HEARTLAND SUPERMARKETS INC

Note

TYPE OF CLAIM UNSECURED NON-PRIORITY **Tax Number:** 0920141

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
PTA	☐	1/1/1992 12/31/ 1994	$0 00	$0 00	$0 00	$136 46	$136 46
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$0 00	$0 00	$0 00	$136 46	$136 46

TYPE OF CLAIM UNSECURED NON-PRIORITY **Tax Number:** 0937440

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
PTA	☐	1/1-12/31/ 1994	$0 00	$0 00	$0 00	$1 280 10	$1 280 10
PTA	☐	1Q 1995	$0 00	$0 00	$0 00	$320 08	$320 08
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$0 00	$0 00	$0 00	$1 600 18	$1 600 18

TYPE OF CLAIM UNSECURED NON-PRIORITY **Tax Number:** 21-547946

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
ST	☐	03M 1997	$0 00	$0 00	$0 00	$496 12	$496 12
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$0 00	$0 00	$0 00	$496 12	$496 12

TYPE OF CLAIM UNSECURED NON-PRIORITY **Tax Number:** 48-0222760

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
EMP	☐	3Q 1998	$0 00	$0 00	$0 00	$21 298 44	$21 298 44
EMP	☐	4Q 1999	$0 00	$0 00	$0 00	$2 301 98	$2 301 98
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$0 00	$0 00	$0 00	$23 600 42	$23 600 42

LEGEND

ST = Sales Use and Hotel Ocupancy Tax
CT = Corporation Tax
EMP = Employer Withholding
AN = Individual Income Tax
MT = Mass Transit
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LF = Liquid Fuels
OF = Oil Franchise
PTA = Public Transportation Assistance Act

Personal Income Tax Estimates Taxable income figures on which tax deficiency is based could be from information obtained from transcripts of filed IRS form 1040 Information can be mailed to debtor or debtor s counsel upon written request without the need for filing a formal objection An amended proof of claim may be filed upon the filing of a properly completed and signed PA 40 tax return

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF COMPLIANCE
DEPT 80946
HARRI BURG PA 17128-0946
Patricia Little

BANKRUPTCY STATEMENT OF ACCOUNT

Pet Date 4/1/2003
Cause Number 0310945 DE
Chapter 11

FLEMING COMPANIES INC
1945 LAKEPOINTE DRIVE

LEWISVILLE TX 75057-6424

Primary Tax Numbers

Emp Identification Number 480222760
Sales Tax License Number 80132074
Social Security Number
Corp Tax Number 2909659
Other Number

Additional Debtors and/or Names	SSN	EIN
BIG W OF FLORIDA INC		
HEARTLAND SUPERMARKETS INC		

Note

TYPE OF CLAIM UNSECURED NON-PRIORITY **Tax Number:** 67-415070

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
ST	☐	03M 1997	$0 00	$0 00	$0 00	$10 36	$10 36
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$0 00	$0 00	$0 00	$10 36	$10 36

TYPE OF CLAIM UNSECURED NON-PRIORITY **Tax Number:** 80-132074

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
ST	☐	12M 1999	$0 00	$0 00	$0 00	$13 14	$13 14
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$0 00	$0 00	$0 00	$13 14	$13 14

TYPE OF CLAIM UNSECURED NON-PRIORITY **Tax Number:** 80-590281

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
ST	☐	6M 1998	$0 00	$0 00	$0 00	$436 00	$436 00
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$0 00	$0 00	$0 00	$436 00	$436 00

TYPE OF CLAIM UNSECURED NON-PRIORITY **Tax Number:** CSA18

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CIG	☐	10/ 2002	$0 00	$0 00	$0 00	$448 50	$448 50
CIG	☐	OCT 2002	$0 00	$0 00	$0 00	$17 775 00	$17 775 00
CIG	☐	2/11/ 2003	$0 00	$0 00	$0 00	$8 887 50	$8 887 50
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$0 00	$0 00	$0 00	$27 111 00	$27 111 00

LEGEND

ST = Sales Use and Hotel Ocupancy Tax
CT = Corporation Tax
EMP Employer Withholding
AN = Individual Income Tax
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OF = Oil Franchise
PTA = Public Transportation Assistance Act

Personal Income Tax Estimates Taxable income figures on which tax deficiency is based could be from information obtained from transcripts of filed IRS form 1040 Information can be mailed to debtor or debtor s counsel upon written request without the need for filing a formal objection An amended proof of claim may be filed upon the filing of a properly completed and signed PA-40 tax return

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF COMPLIANCE
DEPT 280946
HARRISBURG PA 17128-0946
Patricia Little

BANKRUPTCY STATEMENT OF ACCOUNT

Pet Date 4/1/2003
Cause Number 0310945 DE
Chapter 11

FLEMING COMPANIES INC
1945 LAKEPOINTE DRIVE

LEWISVILLE TX 75057-6424

Primary Tax Numbers

Emp Identification Number 480222760
Sales Tax License Number 80132074
Social Security Number
Corp Tax Number 2909659
Other Number

Additional Debtors and/or Names	SSN	EIN
BIG W OF FLORIDA INC		
HEARTLAND SUPERMARKETS INC		

Note

TYPE OF CLAIM UNSECURED NON-PRIORITY **Tax Number:** CSA224

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CIG	☐	9/8/2001 7/14 2002	$0 00	$0 00	$0 00	$3 636 44	$3 636 44
CIG	☐	JAN 2002	$0 00	$0 00	$0 00	$9 021 00	$9 021 00
CIG	☐	3/ 2003	$0 00	$0 00	$0 00	$7 528 55	$7 528 55
CIG	☐	3/28/ 2003	$0 00	$0 00	$0 00	$48 881 25	$48 881 25
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$0 00	$0 00	$0 00	$69 067 24	$69 067 24

TYPE OF CLAIM UNSECURED NON-PRIORITY **Tax Number:** CSA35

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CIG	☐	10/ 2002	$0 00	$0 00	$0 00	$1 514 55	$1 514 55
CIG	☐	10/ 2002	$0 00	$0 00	$0 00	$14 58	$14 58
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$0 00	$0 00	$0 00	$1 529 13	$1 529 13

TYPE OF CLAIM UNSECURED PRIORITY **Tax Number:** 0920141

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
PTA	☐	1/1/1992-12/31/ 1994	$450 36	$40 89	$0 00	$0 00	$491 25
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$450 36	$40 89	$0 00	$0 00	$491 25

TYPE OF CLAIM UNSECURED PRIORITY **Tax Number:** 0937440

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
PTA	☐	1/1 12/31/ 1994	$4 266 96	$1 702 17	$0 00	$0 00	$5 969 13
PTA	☐	1Q 1995	$1 066 92	$333 63	$0 00	$0 00	$1 400 55
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$5 333 88	$2 035 80	$0 00	$0 00	$7 369 68

LEGEND

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DEPARTMENT OF REVENUE
BUREAU OF COMPLIANCE
DEPT 280946
HARRISBURG PA 17128-0946
Patricia Little

BANKRUPTCY STATEMENT OF ACCOUNT

Pet Date 4/1/2003
Cause Number 0310945 DE
Chapter 11

FLEMING COMPANIES INC
1945 LAKEPOINTE DRIVE

LEWISVILLE TX 75057-6424

Primary Tax Numbers

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Sales Tax License Number 80132074
Social Security Number
Corp Tax Number 2909659
Other Number

Additional Debtors and/or Names **SSN** **EIN**

BIG W OF FLORIDA INC
HEARTLAND SUPERMARKETS INC

Note

TYPE OF CLAIM UNSECURED PRIORITY **Tax Number:** 21-547946

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
ST	☐	07M 2000	$0 00	$183 45	$0 00	$0 00	$183 45
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$0 00	$183 45	$0 00	$0 00	$183 45

TYPE OF CLAIM UNSECURED PRIORITY **Tax Number:** 48-0222760

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
EMP	☐	3Q 1998	$40 896 69	$13 912 32	$0 00	$0 00	$54 809 01
EMP	☐	4Q 1999	$3 069 30	$723 89	$0 00	$0 00	$3 793 19
EMP	☐	3Q 2001	$0 00	$12 75	$0 00	$0 00	$12 75
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$43 965 99	$14 648 96	$0 00	$0 00	$58 614 95

TYPE OF CLAIM UNSECURED PRIORITY **Tax Number:** 6139-144

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	☒	12/31/ 2002 (02)	$20 413 00	$0 00	$0 00	$0 00	$20 413 00
CT	☒	1/1/2003-4/1/ 2003 (02)	$14 985 88	$0 00	$0 00	$0 00	$14 985 88
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$35 398 88	$0 00	$0 00	$0 00	$35 398 88

TYPE OF CLAIM UNSECURED PRIORITY **Tax Number:** 67-027016

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
ST	☐	06M 1997	$0 00	$228 53	$0 00	$0 00	$228 53
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$0 00	$228 53	$0 00	$0 00	$228 53

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PTA = Public Transportation Assistance Act

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DEPARTMENT OF REVENUE
BUREAU OF COMPLIANCE
DEPT 280946
HARRISBURG PA 17128-0946
Patricia Little

BANKRUPTCY STATEMENT OF ACCOUNT

Pet Date 4/1/2003
Cause Number 0310945 DE
Chapter 11

FLEMING COMPANIES INC
1945 LAKEPOINTE DRIVE

LEWISVILLE TX 75057-6424

Primary Tax Numbers

Emp Identification Number 480222760
Sales Tax License Number 80132074
Social Security Number
Corp Tax Number 2909659
Other Number

Additional Debtors and/or Names	SSN	EIN
BIG W OF FLORIDA INC		
HEARTLAND SUPERMARKETS INC		

Note

TYPE OF CLAIM UNSECURED PRIORITY **Tax Number:** 80-771768

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
ST	☐	12M 1997	$0 00	$168 07	$0 00	$0 00	$168 07
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$0 00	$168 07	$0 00	$0 00	$168 07

TYPE OF CLAIM UNSECURED PRIORITY **Tax Number:** CSA18

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CIG	☐	10/ 2002	$897 00	$38 61	$0 00	$0 00	$935 61
CIG	☐	OCT 2002	$0 00	$1 311 80	$0 00	$0 00	$1 311 80
CIG	☐	2/11/ 2003	$150 447 67	$170 46	$0 00	$0 00	$150 618 13
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$151 344 67	$1 520 87	$0 00	$0 00	$152 865 54

TYPE OF CLAIM UNSECURED PRIORITY **Tax Number:** CSA224

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CIG	☐	9/8/2001 7/14 2002	$6 060 74	$330 06	$0 00	$0 00	$6 390 80
CIG	☐	JAN 2002	$0 00	$207 12	$0 00	$0 00	$207 12
CIG	☐	3/ 2003	$37 642 75	$546 65	$0 00	$0 00	$38 189 40
CIG	☐	3/28/ 2003	$511 911 22	$803 61	$0 00	$0 00	$512 714 83
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$555 614 71	$1 887 44	$0 00	$0 00	$557 502 15

TYPE OF CLAIM UNSECURED PRIORITY **Tax Number:** CSA35

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CIG	☐	10/ 2002	$0 00	$114 68	$0 00	$0 00	$114 68
CIG	☐	10/ 2002	$0 00	$0 24	$0 00	$0 00	$0 24
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$0 00	$114 92	$0 00	$0 00	$114 92

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BUREAU OF COMPLIANCE
DEPT 280946
HARRISBURG PA 17128 0946

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE

December 10 2003

Bankruptcy Management Corporation
1330 East Franklin Avenue,
El Segundo, CA 90245

Case No 03-10945 DE
FLEMING COMPANIES INC
BIG W OF FLORIDA INC
HEARTLAND SUPERMARKETS INC

Dear Clerk of Courts

Enclosed is a Proof of Claim in the proceedings against the above reference bankruptcy filed on behalf of the Commonwealth of Pennsylvania, Department of Revenue, by the Bureau of Compliance This represents a claim in the sum of

$ 936,937 47

Please stamp the acknowledgement, and enter our claim number in the appropriate spaces below Return the copy of this acknowledgement to this bureau in the enclosed pre-addressed envelope

Sincerely,

Pennsylvania Department of Revenue
Bureau of Compliance
(717) 783-2318
TDD# (717) 772-2252 (Hearing Impaired Only)
Fax (717) 783-4331

Enclosures

ACKNOWLEDGEMENT

CLAIM NUMBER

BUREAU OF COMPLIANCE
DEPT 280946
HARRISBURG PA 17128 0946

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE

December 10 2003

Bankruptcy Management Corporation
1330 East Franklin Avenue,
El Segundo, CA 90245

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BIG W OF FLORIDA INC
HEARTLAND SUPERMARKETS INC

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Pennsylvania Department of Revenue
Bureau of Compliance
(717) 783-2318
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Enclosures

ACKNOWLEDGEMENT

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