

**UNITED STATES BANKRUPTCY COURT FOR THE
DISTRICT OF DELAWARE**

**ADMINISTRATIVE
CLAIM**

In re
Fleming Companies, Inc , et al †
Debtors

Chapter 11 Case Number
Case No 03 10945 (MFW)
(Jointly Administered)

NOTE This form should only be used to make a claim for an administrative expense arising on or after April 1 2003 through and including October 31 2003
IT SHOULD NOT BE USED FOR CLAIMS ARISING PRIOR TO APRIL 1, 2003

Name of Creditor and Address

Halee International, Inc
3687 Layton Ave
PO Box 878
Lake Plmo, MN 55042-0487

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach a copy of statement given particulars
- Check box if you have 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

Creditor Telephone Number (651 334-7725

CREDITOR TAX ID #
41-1959316

ACCOUNT OR OTHER NUMBER BY WHICH
CREDITOR IDENTIFIES DEBTOR

Check here
If this claim

replaces or
 amends a previously filed claim
dated _____

1 BASIS FOR ADMINISTRATIVE CLAIM

- Goods sold Personal injury/wrongful death/property damage Retiree benefits as defined in 11 USC § 1114(a)
- Services performed Taxes Wages salaries and compensation (Fill out below)
- Money loaned Other (describe briefly) Your social security number _____
- Contractual or lease obligations Unpaid compensation for services performed from _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED 03-24-03

3 IF COURT JUDGMENT DATE OBTAINED

4 TOTAL AMOUNT OF ADMINISTRATIVE CLAIM

\$2,772.50
(Total)

If all or part of your claim is secured also complete Item 5 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 set off)
Brief description of collateral _____
- Real Estate Motor Vehicle Equipment
- Other _____
- Value of collateral \$ _____

7 Offsets, Credits and Setoffs

- All payments made on this claim by the Debtors have been credited and deducted from the amount claimed herein
- This claim is not subject to any setoff or counterclaim
- This claim is subject to setoff or counter claim as follows

6 Please identify the Debtor against whom your claim is asserted †

Fleming Companies, Inc

8 This Administrative Proof of Claim

- is the first filed proof of claim evidencing the claim asserted herein
- ~~amends~~ supplements a proof of claim filed on 08-19-03 or
- replaces/suspends a proof of claim filed on _____

9 Assignment

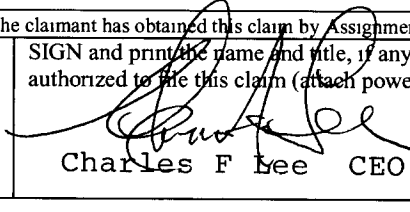
If the claimant has obtained this claim by Assignment a copy is attached hereto

THIS SPACE FOR COURT USE ONLY

DATE SIGNED

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach power of attorney, if any)

12-15-03


Charles F Lee CEO Halee Int'l

FILED

DEC 22 2003

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 USC §§ 152 and 153

BMC

† Please refer to instructions on reverse side for a complete list of debtors

Fleming Companies Claim



15328

Halee International, Inc

P O Box 878
Lake Elmo, MN 55042

PHONE # 651 334 7725 FAX 651 770 8054

Invoice

DATE INVOICE #
3/24/2003 10123

BILL TO

Heming Cos Inc
P O Box 1957
La Crosse, WI 54602

SHIP TO

TERMS	DUE DATE	SHIP DATE	P.O. NO	FOB
2% 10 Net 30	4/23/2003	3/24/2003	8088495	Delivered
DESCRIPTION	Cartons/Bags	QTY/LBS	RATE	AMOUNT
Super Kernel Basmati Rice (\$1.75 per Bag)	75/1500	3,300	0.79545	2,625.00

We appreciate your Business

Total \$ 2,625.00

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

PROOF OF CLAIM



s133919

Scheduled Claim Ref # 2 F2 21545

YOUR CLAIM IS SCHEDULED AS

\$2 772 50 UNSECURED

In re
Fleming Companies, Inc

Case Number
03-10945

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.

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.

Name of Creditor and Address

HALEE INTERNATIONAL INC
3687 LAYTON AVE
PO BOX 878
LAKE ELMO MN 55042

0354429400174

Check box if you have 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.

The amounts reflected above constitute your claim as scheduled by the Debtor. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number **(651) 770-2637**

CREDITOR TAX ID #
41-1959316

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces if this claim or amends a previously filed claim date 1 _____

1 BASIS FOR CLAIM

- Goods sold
 - Services performed
 - Money loaned
 - Personal injury/wrongful death
 - Taxes
 - Other (describe briefly)
 - Retiree benefits as defined in 11 U.S.C. § 1114(a)
 - Wages, salaries and compensation (Fill out below)
- Your social security number _____
Unpaid compensation for services performed from _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED 03-24-03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 2,772.50 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ 2,772.50 (total)

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 above if any \$ _____

6 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 \$4,650) 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)
 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)(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.

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 your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 p.m., September 15, 2003, Pacific Daylight Time.

BY MAIL TO
Bankruptcy Management Corporation
P O BOX 900
El Segundo CA 90245 0900

BY HAND OR OVERNIGHT DELIVERY TO
Bankruptcy Management Corporation
1230 East Franklin Avenue
El Segundo CA 90245

THIS SPACE FOR COURT USE ONLY

FILED

AUG 19 2003

BMC

Fleming Companies Claim



05275

DATE SIGNED
08-14-03

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).
Charles F. Lee
Charles F. Lee CEO HALEE INTERNATIONAL, INC

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 AND 3571

See Other Side For Instructions