

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		ADMINISTRATIVE CLAIM
In re <b>Fleming Companies, Inc , et al †</b> 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 <b>IT SHOULD NOT BE USED FOR CLAIMS ARISING PRIOR TO APRIL 1, 2003</b>		<input type="checkbox"/> 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 <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 this address differs from the address on the envelope sent to you by the court
Name of Creditor and Address  <b>Roto-Rooter Plumbers 195 Mason Cir Concord, CA 94520</b>		
Creditor Telephone Number <b>(925) 939-3100</b>		
CREDITOR TAX ID #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here If this claim <input type="checkbox"/> replaces or <input checked="" type="checkbox"/> amends a previously filed claim dated <b>9-11-03</b>
<b>1 BASIS FOR ADMINISTRATIVE CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death/property damage <input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages salaries and compensation (Fill out below) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly)                      Your social security number _____ <input type="checkbox"/> Contractual or lease obligations                      Unpaid compensation for services performed from _____ to _____ <div style="text-align: right;">(date)                      (date)</div>		
<b>2 DATE DEBT WAS INCURRED</b> <b>4/4/03 - 6/6/03</b>		<b>3 IF COURT JUDGMENT DATE OBTAINED</b>
<b>4 TOTAL AMOUNT OF ADMINISTRATIVE CLAIM</b>		<b>\$ 601.41</b> (Total)
If all or part of your claim is secured also complete Item 5 below <input type="checkbox"/> 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		
<b>5 SECURED CLAIM</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of set off) Brief description of collateral _____ <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Equipment <input type="checkbox"/> Other _____ Value of collateral \$ _____		<b>7 Offsets, Credits and Setoffs</b> <input type="checkbox"/> All payments made on this claim by the Debtors have been credited and deducted from the amount claimed herein <input checked="" type="checkbox"/> This claim is not subject to any setoff or counterclaim <input type="checkbox"/> This claim is subject to setoff or counter claim as follows _____ _____
<b>6 Please identify the Debtor against whom your claim is asserted†</b> <u><b>Food 4 Less</b></u>		<b>8 This Administrative Proof of Claim</b> <input type="checkbox"/> is the first filed proof of claim evidencing the claim asserted herein <input checked="" type="checkbox"/> amends/supplements a proof of claim filed on <b>9-11-03</b> or <input type="checkbox"/> replaces/suspends a proof of claim filed on _____
<b>9 Assignment</b> <input type="checkbox"/> If the claimant has obtained this claim by Assignment a copy is attached hereto		<b>THIS SPACE FOR COURT USE ONLY</b>
DATE SIGNED  <b>12/19/03</b>	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)  <b>Andie Fitch - office administrator</b>  <b>Andie Fitch</b>	<b>FILED</b>  <b>DEC 22 2003</b>  <b>BMC</b>

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

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



18  
 License #323839  
 C42 C36  
 Fed I D #94 1595617



**WORK ORDER**  
 0124139

Invoice Due Upon Presentation  
 (Save this invoice for your guarantee)  
 TERMS NET CASH

Walnut Creek 939 3100    Pittsburg 439 9100    Concord 798 2122    Pinole 758 8100  
 Danville 838 6400    Antioch 754 8866    Brentwood 634 1108

Customer Name: Food 4 less    Phone No: 243-8771    Date: 04-04-03

Billing Address: \_\_\_\_\_    Job Address: 1370 Fitzgerald DR  
Pinol

Cash     Check # \_\_\_\_\_     Purchase Order # \_\_\_\_\_  
 Charge     Credit Card \_\_\_\_\_     Auth/Release # \_\_\_\_\_

Job Description: Cleaned clogged sewer line from 4" wye go inside office at front of R/R Run 130 ft retrieved paper towel, tampons Flashed a lot water were fine by ~~mess~~ mess went got here customer is going to ~~to~~ clean

1st Man Hourly Rate	Charge
	<u>116.75</u>
2nd Man Hourly Rate	

Cause of Stoppage: Tampons, Paper towel

Materials: \_\_\_\_\_

Materials Total	
Equipment Total	
Drain Care Products Total	
Tax	
<b>TOTAL AMOUNT DUE:</b>	<u>116.75</u>

Equipment: \_\_\_\_\_

Drain Care Products: \_\_\_\_\_

Guarantee I II III IV V VI VIII IX X  
 Service Technician: Luis #12  
 Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Recommended Service: \_\_\_\_\_

Randy Schwann  
 Customer's Signature

Price Quoted: \_\_\_\_\_ I authorize the performance of recommended service \_\_\_\_\_ Initials: \_\_\_\_\_

If not paid by the 10th of the month following date as indicated above, a service charge of 1 1/2% per month will be charged on overdue accounts which is 18% annually. In case suit be commenced to enforce payment of any sum due under said invoice purchaser agrees to pay reasonable attorney fees to be fixed by court.

**We would appreciate your calling us in the event of further drainage problems.**

37 20

License #323839  
C42 C36  
Fed ID #94 1595617



195 Mason Circle  
Concord CA 94520  
Fax (925) 798 1852

**WORK ORDER**  
1130035

Invoice Due Upon Presentation  
(Save this invoice for your guarantee)

**TERMS NET CASH**

Walnut Creek 939 3100 Pittsburg 439 9100 Concord 798 2122 Pinole 758 8100  
Danville 838 6400 Antioch 754 8866 Brentwood 624 1108

*Gilbert*

Customer Name Food 4 Less Phone No 778 2701 Date 6-5-03

Billing Address

Job Address  
2950 DELIA FAIR BLVD  
ANTIOCH

Cash  Check #  Purchase Order #  Charge  Credit Card  Auth/Release #

Job Description  
① Womens restroom had cap toilet, supply and install new TANK TO Bowl KIT w/ Donut (ALSO white handle, American Standard Toilet)  
② Mens restroom supply and install new LAV FAUCET w/ 2 3/8 X 1/8 supply lines. LAV sink on Right hand side.

1st Man Hourly Rate	Charge <u>75</u>
2nd Man Hourly Rate	<u>1 1/2 HR 58</u> <u>38</u>
<del><u>1 1/2 HR 75</u> <u>13</u></del>	

Materials  
2 - 3/8 X 1/8 X 1/8 supply lines \$18.00 1 LAV FAUCET  
\$115.50 1- Toilet handle \$10.50 1-TANK TO Bowl gcu

Materials Total	<u>\$153.00</u>
Equipment Total	
Drain Care Products Total	
Tax	
<b>TOTAL AMOUNT DUE:</b>	<u>\$328.13</u>

Equipment  
Drain Care Products

Guarantee I II III IV V VI VIII IX X  
Service Technician Luis #12 / JASON R  
Time In \_\_\_\_\_ Time Out \_\_\_\_\_

Recommended Service  
Price Quoted \_\_\_\_\_  
I authorize the performance of recommended service \_\_\_\_\_  
Initials \_\_\_\_\_

J. M. Snell  
Customer's Signature

If not paid by the 10th of the month following date as indicated above a service charge of 1 1/2% per month will be charged on overdue accounts which is 18% annually. In case suit be commenced to enforce payment of any sum due under said invoice purchaser agrees to pay reasonable attorney fees to be fixed by court.

**We would appreciate your calling us in the event of further drainage problems.**

For dishonored checks per civil code 1719 shall not be less than \$100.00 and a maximum of \$1500.00

OFFICE COPY

25 20

License #323839  
C42 C36  
Fed I D #94 1595617



195 Mason Circle  
Concord CA 94520  
Fax (925) 798 1852

WORK ORDER  
1130039

Invoice Due Upon Presentation  
(Save this invoice for your guarantee)

TERMS NET CASH

Walnut Creek 939 3100    Pittsburg 439 9100    Concord 798 2122    Pinole 758 8100  
Danville 838 6400    Antioch 754 8866    Brentwood 634 1108

Customer Name: Food 4 Less    Phone No: LuS    Date: 6-6-05

Billing Address

Job Address  
2950 Delta Fair Blvd  
Antio

Cash     Check # \_\_\_\_\_     Purchase Order # \_\_\_\_\_  
 Charge     Credit Card \_\_\_\_\_     Auth/Release # \_\_\_\_\_

Job Description: Empty out G/T and run out  
going line out  
also get ~~water~~ FOR chemical from  
Carmen

Cause of Stoppage

1st Man Hourly Rate	Charge
	<u>116.75</u>
2nd Man Hourly Rate	

Materials: ① Gallon chemical \$ 39.78/

Equipment

Drain Care Products

Materials Total	
Equipment Total	
Drain Care Products Total	<u>39.78</u>
Tax	
<b>TOTAL AMOUNT DUE:</b>	<u>156.53</u>

Guarantee I II III IV V VI VIII IX X  
Service Technician: Cuis #12  
Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Customer's Signature: [Signature]

Recommended Service

Price Quoted: \_\_\_\_\_  
I authorize the performance of recommended service \_\_\_\_\_  
Initials: \_\_\_\_\_

If not paid by the 10th of the month following date as indicated above a service charge of 1 1/2% per month will be charged on overdue accounts which is 18% annually. In case suit be commenced to enforce payment of any sum due under said invoice purchaser agrees to pay reasonable attorney fees to be fixed by court.

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