

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>Lucky Sales, Inc</b> <b>5 Craftsman Court</b> <b>Greer, SC 29650</b>			
Creditor Telephone Number <b>(866) 585-5858</b>			
CREDITOR TAX ID # <b>57-1002255</b>	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here If this claim	<input type="checkbox"/> replaces or amends a previously filed claim dated _____ <input type="checkbox"/> amends a previously filed claim dated _____
<b>1 BASIS FOR ADMINISTRATIVE CLAIM</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death/property damage <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input 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 _____ <span style="float: right;">(date)                      (date)</span>			
<b>2 DATE DEBT WAS INCURRED</b> <b>4/16/2003</b>		<b>3 IF COURT JUDGMENT, DATE OBTAINED</b>	
<b>4 TOTAL AMOUNT OF ADMINISTRATIVE CLAIM</b>		<b>\$ 9,614</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>Fleming Novelty</u>		<b>8 This Administrative Proof of Claim</b> <input checked="" type="checkbox"/> is the first filed proof of claim evidencing the claim asserted here r <input type="checkbox"/> amends/supplements a proof of claim filed on _____ 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>12-16-03</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>M. M. Lin, MEI MEI LIN</b>		<b>FILED</b> <b>DEC 22 2003</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 157. **BMC**

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

Fleming Companies Claim



15394

LUCKY SALES, INC

PO BOX 872  
 GREER, SC 29652  
 TEL 864-801-0825  
 FAX 864-334-0041

# Invoice

Date	Invoice #
3/17/2003	23930

<b>Bill To</b>
FLEMING NOVELTY 800 842 1867 270 782 1559(F) MARK LEWIS 270 259 9341-michelle -ap

<b>Ship To</b>
FLEMING NOVELTY 851 LOVERS LANE BOWLING GREEN KY 42101


P O No	Terms	Due Date	Rep	Ship Date	Ship Via	FOB	Sales
2272	Net 30	4/16/2003		3/17/2003	ABF		KATHY

Item	Description	Qty	DP or CTN	Rate	Amount
17300-C	Dolphin pen (pc) 24pc/dp=288/ctn 3 40lb/dp=411b/ctn UPC#652369173002	1 728	6 CTN	1 00	1 728 00
17211 V	V-troch hour glass shape (pc)18/dp=216 1 75/DP=22 lbs/ctn UPC#652369072114	1 296	6	1 25	1 620 00
17315	3 way lite round shape (pc)24pc/dp=288pc/ctn=3 45lb/dp=43lb/ctn UPC#652369172227	1 728	6	1 30	2 246 40
17214	Child resistant jet torch canteen lighter (pc) 12pc/dp=144/ctn 2 5lb/dp 30lb/ctn UPC#652369072145	720	5	1 35	972 00
17210	Child-resistant "Camping" lighter w/ compass (pc) 8pc/dp=96/ctn=1 35lb=16lb/ctn UPC#652369072107	576	6	1 35	777 60
17281-B	US \$100 regular flame (pc) 24/dp=288/ctn 2 85/dp=36lbs UPC#652369272811	1 728	6	0 75	1 296 00
17291	Pipe flame lighter (pc)24pc/dp=288/ctn 1 20lb/dp=16lb/ctn UPC#652369072916	1 728	6	0 50	864 00
CA	CATALOG			0 00	0 00
Shipping fee	PI US Shipping fee IMS(COLLECTION) 561 720 2531 (F) ABC BORN AMERICAN-KIM ASK FOR 20 % GIVE HIM 20 DAYS TO COLLECT 9-26 03 FAXED INV TO ADMINISTRATIVE CLAIM FILED 12 16 2003-DON			110 00	110 00

Thank you for your business	<b>Total</b>	\$9 614 00
	<b>Balance Due</b>	\$9 614 00

**ABF Pro# 055014390**

YOUR SHIPMENT WAS DELIVERED ON 03/20/03

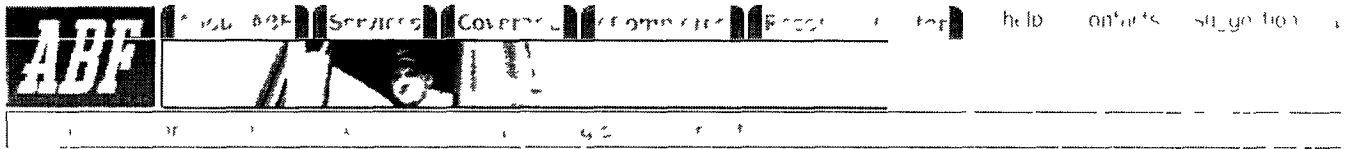
**Origin [055]** 

**Destination [251]** 

**Pickup** 17 Mar-2003, MON

**Pieces** 1

**Weight** 1312



Home > All Tools > **ABF Service Center BOWLING GREEN, KY (BOW/251)**

**Station Address**

Contiguous U.S.

Address 495 N GRAHAM ST  
BOWLING GREEN, KY 42101  
United States

Mailing Address 495 N GRAHAM ST  
BOWLING GREEN, KY 42101  
United States

Alaska

Canada

Hawaii

Mexico

Puerto Rico & U.S. Virgin Islands

International

**Phone Numbers**

Customer Service (800) 626-7699 Fax (270) 842 8427

**Sales Contacts**

Name	Title
PINAIRE, DANIEL	SALES REPRESENTATIVE

**Department E-mail**

- Department
- Cashier
- Customer Service
- Operations
- Sales
- Tracing
- Transportation
- General Office Departments

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**December 16, 2003**

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