

UNITED STATES BANKRUPTCY COURT OFFICE OF THE CLERK
DISTRICT OF NEW MEXICO

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SUPERIOR COURT
ALBUQUERQUE, N.M.

In re:

FURR'S SUPERMARKETS, INC.,

Case No. 7-01-10779-SA
Chapter 7

Debtor.

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the attached Notice of New Extended Deadline For Current and Former Employees of Debtor to File Administrative Claims was served on or before December 5, 2001 by United States mail, first class postage pre-paid, on the persons set forth on the lists contained in the CR-ROM filed herewith.

JACOBVITZ, THUMA & WALKER, P.C.

By: 

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UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW MEXICO

In re:
FURR'S SUPERMARKETS, INC.,
Debtor.

Case No. 11-01-10779
Chapter 11

**NOTICE OF NEW EXTENDED DEADLINE FOR CURRENT AND FORMER
EMPLOYEES OF DEBTOR TO FILE ADMINISTRATIVE CLAIMS**

1. Administrative Claims Must be Filed by January 20, 2002. The United States Bankruptcy Court in this chapter 11 case has entered an order requiring that, except as set forth below, all administrative claims of current and former employees of Furr's Supermarkets, Inc. ("Furr's") must be filed by January 20, 2002 (the "Admin. Claim Filing Deadline"), or the claims will be disallowed and barred. Any claim arising on or after February 8, 2001, may be an administrative claim. Examples of administrative claims include claims for severance benefits, vacation pay, wages, medical expenses, personal injury, and other torts. Such claims may or may not be entitled to an administrative priority. **IF YOU ALREADY FILED AN ADMINISTRATIVE CLAIM, DO NOT FILE THE SAME CLAIM AGAIN.**

2. Claims for Medical Expenses Must Be Filed. Claims of current and former Furr's Local 540 employees and nonunion employees for unpaid medical bills under Furr's self-insured medical plan may be administrative claims. All current and former employees of Furr's must file a claim by January 20, 2002, if they have unpaid medical bills under Furr's self-insured medical plan, or the claims will be disallowed and barred. If you have such a claim, complete items 1, 2, 3 and 7 of the form below. You need not attach copies of bills you have.

3. Exception For Union Employee severance, vacation, and wage claims. United Food and Commercial Workers Union, Locals 540 and Local 1564 (the "Union") already has filed administrative claims for its members for severance benefits, vacation pay, and wages. No former employee of Furr's need file an administrative claim by the Admin. Claim Filing Deadline for severance benefits, vacation pay, or wages if (a) the former employee was represented by the Union, and (b) the former employee agrees to be bound by the outcome of any litigation or settlement by the Union with respect to such claim. This exception does not apply to claims for medical expenses. *Former Union employees have the right to file their own claims and retain their own counsel.*

4. Exception for New Mexico Workers' Compensation Claims. The Admin. Claim Filing Deadline does not apply to workers' compensation claims of current or former Furr's employees who worked in New Mexico when the claim arose.

5. Claims Must Be Received by the Bar Date. All administrative claims required to be filed by the Admin. Claim Filing Deadline must

be actually received by the Clerk of this Court on or before that date. The address for filing is:

United States Bankruptcy Court Clerk
421 Gold Avenue SW, Third Floor
PO Box 546
Albuquerque, NM 87103-0546

You should use the claim form attached below. You may submit this entire page when you file your claim.

6. Inquiries About This Notice. Former Union employees who have questions about this notice may call Greg Frazier (Local 1564) 505-262-1986 or Felipe Mendez (Local 540) 214-328-3515.

JACOBVITZ, THUMA & WALKER P.C.
Attorneys for the Debtor in Possession

APPLICATION FOR ALLOWANCE OF ADMINISTRATIVE CLAIM

I am a current or former employee of Furr's and claim that Furr's owes me for labor I provided to Furr's on or after February 8, 2001, or assert another post-petition claim for which I request an administrative priority as follows (please print or type; attach supporting documents if the claim is other than for severance pay, vacation pay, wages, or medical expenses; and attach additional sheets if necessary):

1. Legal Name of Claimant (PRINT) _____

2. Address (street, city, state, zip) _____

3. Telephone number: _____

4. Describe the claim: _____

5. Date(s) claim arose: _____

6. Total amount claimed: \$ _____

7. Check here, if you make a claim for payment of medical expenses covered under Furr's self-insured medical plan, and list the members of your family who have unpaid medical bills under such plan _____

Signature
(See Instructions on Other Side of Page)

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