B10 (Official Form 10) (Rev 04/01)

UNITED STATES BANKRUPTCY COURT
For the District of Delaware

PROOF OF CLAIM

In re CORE-MARK INTERNATIONAL, INC

Case Number 03-10944-MFW

NOTE This claim 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

Creditor Name (Person or entity debtor owes) PFIZER CONSUMER HEALTHCARE DIVISION OF PFIZER CANADA INC

Address Line 1 P.O. BOX 423

Address Line 2 POSTAL STATION F

Address Line 3

City, ST ZIP TORONTO, ON, CANADA M4Y 2Z8

☐ 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.

☑ 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

REC'D MAY 23 2003

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
987200

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated: _____

1 BASIS FOR CLAIM

☑ Goods sold ☐ Personal injury/wrongful death ☐ Retiree benefits as defined in 11 U S C § 1114(a)

☐ Services performed ☐ Taxes ☐ Wages salaries, and compensation (Fill out below)

Your social security No._____

☐ Money loaned ☐ Other (Describe Briefly)

Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date Debt Incurred (MMDDYY) 01, 04 03

3 If Court Judgment, Date Obtained

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority (2) Unsecured Priority, (3) Secured It is possible for part of a claim to be in one category and part in another CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

☐ SECURED CLAIM
Attach evidence of perfection of security interest
Brief Description of Collateral.
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any $ _____

☑ UNSECURED NONPRIORITY CLAIM
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM - Specify the priority of the claim.

☐ Wages, salaries, or commissions (up to $4,650), earned not more than 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)

☐ Taxes or penalties of governmental units - 11 U S.C § 507 (a)(7)

☐ Other - Specify applicable paragraph of 11 U.S C. § 507(a) _____.

5 AMOUNT OF CLAIM AT TIME CASE FILED CANADIAN FUNDS

(Secured)	(Unsecured Nonpriority)	(Unsecured Priority)
	158,287.77	

☐ Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges

6. CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim In filing this claim, claimant has deducted all amounts that claimant owes to debtor

7 SUPPORTING DOCUMENTS *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests If the documents are not available, explain If the documents are voluminous, attach a summary

8 TIME-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

Date 04/04/03

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)

Margaret Wells, Business Manager, Credit Services

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

Fleming Companies Claim
00257

Invoice owed to Creditor

Pfizer Consumer Healthcare, Division of Pfizer Canada Inc
P O Box 423
Postal Station F
Toronto On M4Y 2L8

Debtor

Core-Mark International Inc **Account # 987200**
7800 Riverfront Gate
Burnaby, BC V5J5L3

DATE	INVOICE #	CLAIMS #	CHEQUE #	AMOUNT	REMARK
01/04/03	1110414			$ 279 91	
01/23/03	1114568			$ 391 88	
01/23/03	1114574			$ 9,538 07	
02/12/03	1118662			$ 3,307 96	
02/11/03	1118663			$ 214 43	
03/12/03	1125363			$ 2,096 52	
			TOTAL	$ 15,828 77	

Pfizer Consumer Healthcare
a division of/de Pfizer Canada Inc
2200 Eglinton Avenue East Toronto Ontario M1L 2N3
GST REGISTRATION NO /N INSCRIPT POUR TPS 14109 0688 RT0002
QST REGISTRATION NO /N INSCRIPT POUR TVQ 101858 8567 TQ0002
Customer Service Telephone/Tel serv clientele 1 800 387-6577 / (416) 288 2321
Customer Service Fax/Telec serv clientele 1 800 563 2013 / (416) 288 2283
Cust Serv Acct Mgr /Dir client serv clientele Nicole Archambault
Telephone No /N telephone (416) 288-2011 ARCHAMN

----COPY / COPIE----

----- INVOICE -----

REFERENCE NO N DE REFERENCE	INVOICE NO N DE LA FACTURE	INVOICE DATE DATE DE LA FACTURE
		MM DD/JJ YY/AA
348045	**1110414**	01/03/03

PLEASE REMIT TO
PRIERE DE PAYER

Pfizer Consumer Healthcare
P O Box 423
Postal Station F
Toronto ON
M4Y 2L8

NOTE
REMARQUE

SOLD TO/VENDU A	SHIPPED TO/EXPEDIE À
CORE-MARK INTERNATIONAL INC 7800 RIVERFRONT GATE BURNABY BC V5J 5L3	CORE-MARK INTERNATIONAL INC 7800 RIVERFRONT GATE BURNABY BC V5J 5L3

ACCOUNT NO N DE COMPTE	CUSTOMER P O NO N COMMANDE DU CLIENT	TERMS-CONDITIONS CONDITIONS TERMES	DUNS NO N DUNS
987200	201215711	1% 75 Net 90	
TERR NO N TERR	**CARRIER TRANSPORTATION TRANSPORTEUR**	**TOTAL PIECES NBRE TOTAL DE PIECES**	**SHIPMENT NO N DE LIVRAISON**
186	A L S (WESTERN CANADA)	42	05013268

QUANTITY QUANTITÉ	U/M UNITE	QTY PER U/M QTÉ PAR UNITÉ	ITEM NUMBER N D ARTICLE	DESCRIPTION	U/M PRICE PRIX UNIT	ALLOWANCES ALLOCATIONS	EXTENDED NET AMT MONT NET CONSENTI	TAXES GST/TPS	ITEM NET PRICE PRIX NET DE L ARTICLE
5	SP	12 TB	44011	POLYSPORIN OINTMENT 15 G	54 12	1 80	261 60	18 31	4 67/EA
				******** Allowance Summary ********	Total	9 00			

ALL CLAIMS MUST BE MADE WITHIN 14 DAYS TOUTE RECLAMATION DOIT ETRE FAITE DANS LES 14 JOURS QUI SUIVENT LA RECEPTION	SUB TOTAL TOTAL PARTIEL	TOTAL GST TOTAL TPS	TOTAL PST/QST TOTAL TVP/TVQ	TOTAL INVOICE TOTAL FACTURE	DATE DUE DATE D ÉCHEANCE
	261 60	18 31		279 91	MM DD/JJ YY/AA 04/03/03
SUBJECT TO PROVINCIAL SALES TAX SUJET A LA TAXE PROVINCIALE	**PAGE**	**TOTAL CREDIT CREDIT TOTAL**		NET AMOUNT AFTER DISCOUNT MONTANT NET APRÈS ESCOMPTE *IF/SI*	PAYMENT RECEIVED BY THIS DATE PAIEMENT REÇU AVANT LE
	1			277 11	MM DD/JJ YY/AA 03/19/03

FORM NO /FORMULAIRE N 68-050L/0601

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ANDLAUER TRANSPORTATION SERVICES INC

Shipment Details

Shipment	Weight	Service	Account	Pieces	Ship Date
76960798	500LB	Regular Ground (by 5 00pm)	2329971	1	2003/01/03

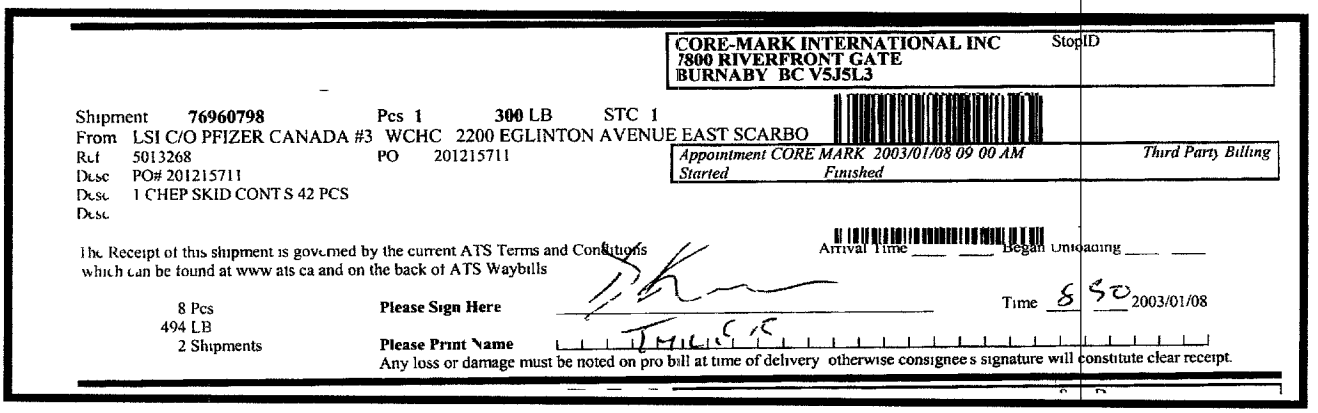
Reference Numbers	Purchase Orders
5013268	201215711

Consignee	Shipper
CORE-MARK INTERNATIONAL INC 7800 RIVERFRONT GATE BURNABY BC CANADA V5J 5L3	LSI C/O PFIZER CANADA #3- WCHC 2200 EGLINTON AVENUE EAST SCARBOROUGH ON CANADA M1L 2N3

Appointment Date/Time	2003/01/08 09 00
Appointment Confirmation	CORE MARK
Appointment Made On	2003/01/06 15 12

Proof of Delivery

POD Date	POD Time	Signature	Status
2003/01/08	08 50	TYLER	Delivered, Vancouver, 2003/01/08 08 50 00



CORE-MARK INTERNATIONAL INC
7800 RIVERFRONT GATE
BURNABY BC V5J5L3
Stop ID

Shipment 76960798 Pcs 1 300 LB STC 1
From LSI C/O PFIZER CANADA #3 WCHC 2200 EGLINTON AVENUE EAST SCARBO
Ref 5013268 PO 201215711
Desc PO# 201215711
Desc 1 CHEP SKID CONT S 42 PCS
Desc

Appointment CORE MARK 2003/01/08 09 00 AM
Started Finished
Third Party Billing

The Receipt of this shipment is governed by the current ATS Terms and Conditions which can be found at www ats ca and on the back of ATS Waybills

Arrival Time ___ ___ Began Unloading ___ ___

8 Pcs
494 LB
2 Shipments

Please Sign Here

Time 8 50 2003/01/08

Please Print Name TYLER

Any loss or damage must be noted on pro bill at time of delivery otherwise consignee s signature will constitute clear receipt.

Pfizer Consumer Healthcare
a division of/de Pfizer Canada Inc
2200 Eglinton Avenue East Toronto Ontario M1L 2N3
GST REGISTRATION NO /N INSCRIPT POUR TPS 14109 0688 RT0002
QST REGISTRATION NO /N INSCRIPT POUR TVQ 101858 8567 TQ0002
Customer Service Telephone/Tel serv clientele 1 800 387-6577 / (416) 288 2321
Customer Service Fax/Telec serv clientele 1 800 563 2013 / (416) 288 2283
Cust Serv Acct Mgr /Dir client serv clientele Nicole Archambault
Telephone No /N telephone (416) 288-2011 ARCHAMN

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----- INVOICE -----

REFERENCE NO / N DE REFERENCE	INVOICE NO / N DE LA FACTURE	INVOICE DATE / DATE DE LA FACTURE (MM DD/JJ YY/AA)
351389	**1114568**	01/22/03

PLEASE REMIT TO / PRIERE DE PAYER

Pfizer Consumer Healthcare
P O Box 423
Postal Station F
Toronto ON
M4Y 2L8

NOTE / REMARQUE

SOLD TO/VENDU A	SHIPPED TO/EXPEDIE A
CORE-MARK INTERNATIONAL INC 7800 RIVERFRONT GATE BURNABY BC V5J 5L3	CORE-MARK INTERNATIONAL INC 7800 RIVERFRONT GATE BURNABY BC V5J 5L3

ACCOUNT NO / N DE COMPTE	CUSTOMER P O NO / N COMMANDE DU CLIENT	TERMS-CONDITIONS / CONDITIONS-TERMES	DUNS NO / N DUNS
987200	201219571	1% 75 Net 90	
TERR NO / N TERR	**CARRIER TRANSPORTATION / TRANSPORTEUR**	**TOTAL PIECES / NBRE TOTAL DE PIECES**	**SHIPMENT NO / N DE LIVRAISON**
186	A L S (WESTERN CANADA)	209	05016242

QUANTITY / QUANTITÉ	U/M / UNITE	QTY PER U/M / QTÉ PAR UNITÉ	ITEM NUMBER / N D ARTICLE	DESCRIPTION	U/M PRICE / PRIX UNIT	ALLOWANCES / ALLOCATIONS	EXTENDED NET AMT / MONT NET CONSENTI	TAXES / GST/TPS	ITEM NET PRICE / PRIX NET DE L ARTICLE
7	SP	12 TB	44011	POLYSPORIN OINTMENT 15 G	54 12				
				Display Allowance		1 80	366 24	25 64	4 67/EA
				******** Allowance Summary ********					
				Display Allowance	Total	12 60			

ALL CLAIMS MUST BE MADE WITHIN 14 DAYS TOUTE RECLAMATION DOIT ETRE FAITE DANS LES 14 JOURS QUI SUIVENT LA RECEPTION	SUB TOTAL / TOTAL PARTIEL	TOTAL GST / TOTAL TPS	TOTAL PST/QST / TOTAL TVP/TVQ	TOTAL INVOICE / TOTAL FACTURE	DATE DUE / DATE D ECHEANCE (MM DD/JJ YY/AA)
	366 24	25 64		391 88	04/22/03
SUBJECT TO PROVINCIAL SALES TAX SUJET A LA TAXE PROVINCIALE	**PAGE**	**TOTAL CREDIT / CREDIT TOTAL**		NET AMOUNT AFTER DISCOUNT / MONTANT NET APRES ESCOMPTE *IF/SI*	PAYMENT RECEIVED BY THIS DATE / PAIEMENT REÇU AVANT LE (MM DD/JJ YY/AA)
	1			387 96	04/07/03

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ANDLAUER TRANSPORTATION SERVICES INC

Shipment Details

Shipment	Weight	Service	Account	Pieces	Ship Date
76962958	1909LB	Regular Ground (by 5 00pm)	2329971	2	2003/01/22

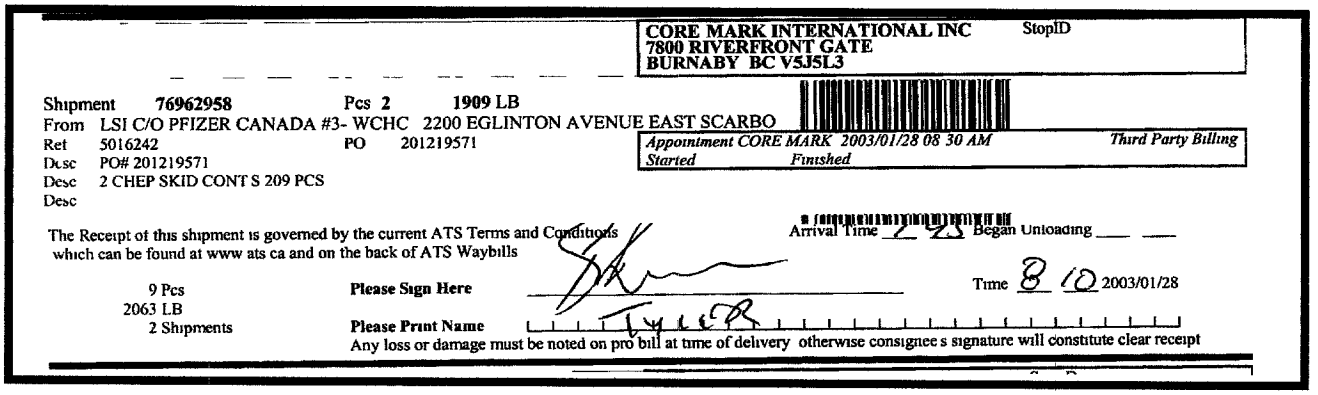
Reference Numbers	Purchase Orders
5016242	201219571

Consignee	Shipper
CORE-MARK INTERNATIONAL INC 7800 RIVERFRONT GATE BURNABY BC CANADA V5J 5L3	LSI C/O PFIZER CANADA #3- WCHC 2200 EGLINTON AVENUE EAST SCARBOROUGH ON CANADA M1L 2N3

Appointment Date/Time	2003/01/28 08 30
Appointment Confirmation	CORE MARK
Appointment Made On	2003/01/23 13 25

Proof of Delivery

POD Date	POD Time	Signature	Status
2003/01/28	08 08	TYLER	Delivered, Vancouver, 2003/01/28 08 08 00



CORE MARK INTERNATIONAL INC StopID
7800 RIVERFRONT GATE
BURNABY BC V5J5L3

Shipment 76962958 Pcs 2 1909 LB
From LSI C/O PFIZER CANADA #3- WCHC 2200 EGLINTON AVENUE EAST SCARBO
Ref 5016242 PO 201219571
Desc PO# 201219571
Desc 2 CHEP SKID CONT S 209 PCS
Desc

Appointment CORE MARK 2003/01/28 08 30 AM Third Party Billing
Started Finished

The Receipt of this shipment is governed by the current ATS Terms and Conditions which can be found at www ats ca and on the back of ATS Waybills

Arrival Time 2 23 Began Unloading

9 Pcs
2063 LB
2 Shipments

Please Sign Here

Time 8 10 2003/01/28

Please Print Name Tyler

Any loss or damage must be noted on pro bill at time of delivery otherwise consignee s signature will constitute clear receipt

Pfizer Consumer Healthcare
a division of/de Pfizer Canada Inc
2200 Eglinton Avenue East Toronto Ontario M1L 2N3
GST REGISTRATION NO /N INSCRIPT POUR TPS 14109 0688 RT0002
QST REGISTRATION NO /N INSCRIPT POUR TVQ 101858 8567 TQ0002
Customer Service Telephone/Tel serv clientele 1-800 387-6577 / (416) 288 2321
Customer Service Fax/Telec serv clientele 1-800 563 2013 / (416) 288 2283
Cust Serv Acct Mgr /Dir client serv clientele Nicole Archambault
Telephone No /N telephone (416) 288-2011 ARCHAMN

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REFERENCE NO N DE REFERENCE	INVOICE NO N DE LA FACTURE	INVOICE DATE DATE DE LA FACTURE
		MM DD/JJ YY/AA
351399	**1114574**	01/22/03

PLEASE REMIT TO
PRIERE DE PAYER

Pfizer Consumer Healthcare
P O Box 423
Postal Station F
Toronto ON
M4Y 2L8

NOTE
REMARQUE

SOLD TO/VENDU A	SHIPPED TO/EXPEDIE À
CORE-MARK INTERNATIONAL INC 7800 RIVERFRONT GATE BURNABY BC V5J 5L3	CORE-MARK INTERNATIONAL INC 7800 RIVERFRONT GATE BURNABY BC V5J 5L3

ACCOUNT NO N DE COMPTE	CUSTOMER P O NO N COMMANDE DU CLIENT	TERMS-CONDITIONS CONDITIONS TERMES	DUNS NO N DUNS
987200	201219581	1% 75 Net 90	
TERR NO N TERR	**CARRIER TRANSPORTATION TRANSPORTEUR**	**TOTAL PIECES NBRE TOTAL DE PIECES**	**SHIPMENT NO N DE LIVRAISON**
186	A L S (WESTERN CANADA)	7	05016247

QUANTITY QUANTITÉ	U/M UNITE	QTY PER U/M QTÉ PAR UNITÉ	ITEM NUMBER N D ARTICLE	DESCRIPTION	U/M PRICE PRIX UNIT	ALLOWANCES ALLOCATIONS	EXTENDED NET AMT MONT NET CONSENTI	TAXES GST/TPS	ITEM NET PRICE PRIX NET DE L ARTICLE
7	SP	12 BT	40540	VISINE EYE DROPS -ALLERGY 15ml	46 80				
				Display Allowance		1 32	318 36	22 29	4 06/EA
165	SP	12 BT	40535	VISINE EYE DROPS-ORIGINAL 15ml	46 80				
				Display Allowance		1 32	7504 20	525 29	4 06/EA
24	SP	12 BT	40560	VISINE COOL, 15ML	46 80				
				Display Allowance		1 32	1091 52	76 41	4 06/EA
				******** Allowance Summary **********					
				Display Allowance	Total	258 72			

ALL CLAIMS MUST BE MADE WITHIN 14 DAYS TOUTE RECLAMATION DOIT ETRE FAITE DANS LES 14 JOURS QUI SUIVENT LA RECEPTION	SUB TOTAL TOTAL PARTIEL	TOTAL GST TOTAL TPS	TOTAL PST/QST TOTAL TVP/TVQ	TOTAL INVOICE TOTAL FACTURE	DATE DUE DATE D ÉCHEANCE
	8 914 08	623 99		9 538 07	MM DD/JJ YY/AA 04/22/03
SUBJECT TO PROVINCIAL SALES TAX SUJET A LA TAXE PROVINCIALE	**PAGE**	**TOTAL CREDIT CREDIT TOTAL**		NET AMOUNT AFTER DISCOUNT MONTANT NET APRES ESCOMPTE *IF/SI*	PAYMENT RECEIVED BY THIS DATE PAIEMENT REÇU AVANT LE
	1			9 442 69	MM DD/JJ YY/AA 04/07/03

FORM NO /FORMULAIRE N 68-050L/0601

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ANDLAUER TRANSPORTATION SERVICES INC

Shipment Details

Shipment	Weight	Service	Account	Pieces	Ship Date
76962985	154LB	Regular Ground (by 5 00pm)	2329971	7	2003/01/22

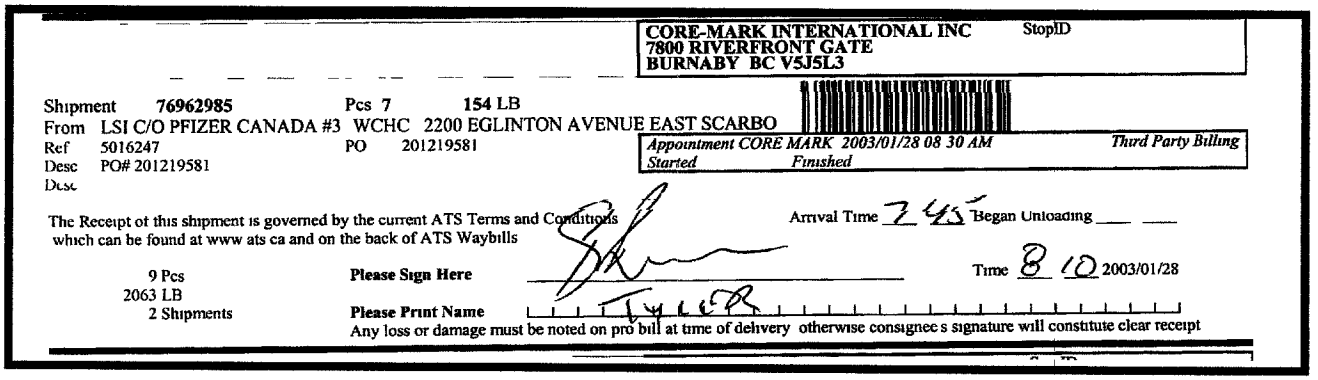
Reference Numbers	Purchase Orders
5016247	201219581

Consignee	Shipper
CORE-MARK INTERNATIONAL INC 7800 RIVERFRONT GATE BURNABY BC CANADA V5J 5L3	LSI C/O PFIZER CANADA #3- WCHC 2200 EGLINTON AVENUE EAST SCARBOROUGH ON CANADA M1L 2N3

Appointment Date/Time	2003/01/28 08 30
Appointment Confirmation	CORE MARK
Appointment Made On	2003/01/23 13 25

Proof of Delivery

POD Date	POD Time	Signature	Status
2003/01/28	08 08	TYLER	Delivered, Vancouver, 2003/01/28 08 08 00



CORE-MARK INTERNATIONAL INC StopID
7800 RIVERFRONT GATE
BURNABY BC V5J5L3

Shipment 76962985 Pcs 7 154 LB
From LSI C/O PFIZER CANADA #3 WCHC 2200 EGLINTON AVENUE EAST SCARBO
Ref 5016247 PO 201219581
Desc PO# 201219581
Desc

Appointment CORE MARK 2003/01/28 08 30 AM
Started Finished
Third Party Billing

The Receipt of this shipment is governed by the current ATS Terms and Conditions which can be found at www ats ca and on the back of ATS Waybills

Arrival Time 7 45 Began Unloading

9 Pcs
2063 LB
2 Shipments

Please Sign Here

Time 8 10 2003/01/28

Please Print Name TYLER

Any loss or damage must be noted on pro bill at time of delivery otherwise consignee s signature will constitute clear receipt

Pfizer Consumer Healthcare
a division of/de Pfizer Canada Inc
2200 Eglinton Avenue East Toronto Ontario M1L 2N3
GST REGISTRATION NO /N INSCRIPT POUR TPS 14109 0688 RT0002
QST REGISTRATION NO /N INSCRIPT POUR TVQ 101858 8567 TQ0002
Customer Service Telephone/Tel serv clientele 1-800 387 6577 / (416) 288 2321
Customer Service Fax/Telec serv clientele 1 800 563 2013 / (416) 288 2283
Cust Serv Acct Mgr /Dir client serv clientele Nicole Archambault
Telephone No /N telephone (416) 288-2011 ARCHAMN

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REFERENCE NO / N DE REFERENCE	INVOICE NO / N DE LA FACTURE	INVOICE DATE / DATE DE LA FACTURE (MM DD/JJ YY/AA)
354619	**1118662**	02/11/03

PLEASE REMIT TO / PRIERE DE PAYER

Pfizer Consumer Healthcare
P O Box 423
Postal Station F
Toronto ON
M4Y 2L8

NOTE / REMARQUE

SOLD TO/VENDU A	SHIPPED TO/EXPEDIE À
CORE-MARK INTERNATIONAL INC 7800 RIVERFRONT GATE BURNABY BC V5J 5L3	CORE-MARK DISTRIBUTORS 30 2924 JACKLIN ROAD VICTORIA BC V9B 3Y5

ACCOUNT NO / N DE COMPTE	CUSTOMER P O NO / N COMMANDE DU CLIENT	TERMS-CONDITIONS / CONDITIONS-TERMES	DUNS NO / N DUNS
987200	300740531	1% 15 Net 30	
TERR NO / N TERR	**CARRIER TRANSPORTATION / TRANSPORTEUR**	**TOTAL PIECES / NBRE TOTAL DE PIECES**	**SHIPMENT NO / N DE LIVRAISON**
186	A L S (WESTERN CANADA)	47	05019342

QUANTITY / QUANTITÉ	U/M / UNITE	QTY PER U/M / QTÉ PAR UNITÉ	ITEM NUMBER / N D ARTICLE	DESCRIPTION	U/M PRICE / PRIX UNIT	ALLOWANCES / ALLOCATIONS	EXTENDED NET AMT / MONT NET CONSENTI	TAXES GST/TPS	*	ITEM NET PRICE / PRIX NET DE L ARTICLE
1	CA	72 CT	26100	GLYCERIN SUPP ADULTS 12	131 04		131 04	9 17		1 95/EA
1	CA	12 BT	7050193	LISTERINE 250ML	27 48		27 48	1 92		2 45/EA
1	CA	72 BR	70659	LIST CM POCKET PACK 24'S	122 40		122 40	8 57		1 82/EA
1	CA	12 BT	40719	LUBRIDERM FIRM LOT W/AHA 300ML	80 16					
				Display Allowance		2 40	77 76	5 44		6 93/EA
18	CA	1 CA	20081	ROLAIDS BTLS ES COOL STRAW100S	36 24					
				Display Allowance		72	639 36	44 76		3 17/EA
10	CA	1 CA	20080	ROLAIDS BTLS ES TROP PUNCH100S	36 24					
				Display Allowance		72	355 20	24 86		3 17/EA
1	CA	30 BX	20074	ROLAIDS MIXED FRUIT 12S	198 00					
				Display Allowance		3 60	194 40	13 61		58/EA
1	CA	30 BX	20072	ROLAIDS FRESHMINT 12S DISPLAY	198 00					
				Display Allowance		3 60	194 40	13 61		58/EA
2	CA	30 BX	20068	ROLAIDS PEPPERMINT 12S DISPLAY	198 00					
				Display Allowance		3 60	388 80	27 22		58/EA
1	CA	30 BX	20070	ROLAIDS SPEARMINT 12S DISPLAY	198 00					
				Display Allowance		3 60	194 40	13 61		58/EA
2	SP	12 CT	36447	SINUTAB REG CAPLETS 12'S	34 44		68 88	4 82		3 07/EA
1	CA	36 CT	36499	SINUTAB RS CAPLETS 24'S	186 84					
				Display Allowance		30 60	156 24	10 94		4 64/EA
1	CA	24 CT	64199	ZANTAC 75 10'S	96 00					
				Display Allowance		4 56	91 44	6 40		4 08/EA
2	CA	36 CT	64144	ZANTAC 75 4'S	63 36					
				Display Allowance		2 88	120 96	8 47		1 80/EA
2	CA	12 JR	54310	ZINCOFAX E S 100G	84 60					
				Display Allowance		18 84	131 52	9 21		5 86/EA
3	CA	12 JR	54613	ZINCOFAX FRAG FREE 130G	84 60					

ALL CLAIMS MUST BE MADE WITHIN 14 DAYS
TOUTE RECLAMATION DOIT ETRE FAITE DANS LES 14 JOURS QUI SUIVENT LA RECEPTION

SUB TOTAL / TOTAL PARTIEL	TOTAL GST / TOTAL TPS	TOTAL PST/QST / TOTAL TVP/TVQ	TOTAL INVOICE / TOTAL FACTURE	DATE DUE / DATE D ÉCHEANCE (MM DD/JJ YY/AA)

* SUBJECT TO PROVINCIAL SALES TAX / SUJET A LA TAXE PROVINCIALE

PAGE	TOTAL CREDIT / CRÉDIT TOTAL	NET AMOUNT AFTER DISCOUNT / MONTANT NET APRES ESCOMPTE	IF/SI	PAYMENT RECEIVED BY THIS DATE / PAIEMENT REÇU AVANT LE (MM DD/JJ YY/AA)
1				

FORM NO /FORMULAIRE N 68 050L/0601

Pfizer Consumer Healthcare
a division of/de Pfizer Canada Inc
2200 Eglinton Avenue East Toronto Ontario M1L 2N3
GST REGISTRATION NO /N INSCRIPT POUR TPS 14109 0688 RT0002
QST REGISTRATION NO /N INSCRIPT POUR TVQ 101858 8567 TQ0002
Customer Service Telephone/Tel serv clientele 1-800 387-6577 / (416) 288 2321
Customer Service Fax/Telec serv clientele 1-800 563 2013 / (416) 288 2283
Cust Serv Acct Mgr /Dir client serv clientele Nicole Archambault
Telephone No /N telephone (416) 288-2011 ARCHAMN

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----- INVOICE -----

REFERENCE NO / N DE REFERENCE	INVOICE NO / N DE LA FACTURE	INVOICE DATE / DATE DE LA FACTURE (MM DD/JJ YY/AA)
354619	**1118662**	02/11/03

PLEASE REMIT TO / PRIERE DE PAYER

Pfizer Consumer Healthcare
P O Box 423
Postal Station F
Toronto ON
M4Y 2L8

NOTE / REMARQUE

SOLD TO/VENDU A	SHIPPED TO/EXPEDIE À
CORE-MARK INTERNATIONAL INC 7800 RIVERFRONT GATE BURNABY BC V5J 5L3	CORE-MARK DISTRIBUTORS 30 2924 JACKLIN ROAD VICTORIA BC V9B 3Y5

ACCOUNT NO / N DE COMPTE	CUSTOMER P O NO / N COMMANDE DU CLIENT	TERMS CONDITIONS / CONDITIONS-TERMES	DUNS NO / N DUNS
987200	300740531	1% 15 Net 30	
TERR NO / N TERR	**CARRIER TRANSPORTATION / TRANSPORTEUR**	**TOTAL PIECES / NBRE TOTAL DE PIECES**	**SHIPMENT NO / N DE LIVRAISON**
186	A L S (WESTERN CANADA)	47	05019342

QUANTITY / QUANTITÉ	U/M / UNITÉ	QTY PER U/M / QTE PAR UNITÉ	ITEM NUMBER / N D ARTICLE	DESCRIPTION	U/M PRICE / PRIX UNIT	ALLOWANCES / ALLOCATIONS	EXTENDED NET AMT / MONT NET CONSENTI	TAXES GST/TPS	ITEM NET PRICE / PRIX NET DE L ARTICLE
				Display Allowance		18 84	197 28	13 81	5 86/EA
				******** Allowance Summary ********					
				Display Allowance	Total	175 68			

ALL CLAIMS MUST BE MADE WITHIN 14 DAYS / TOUTE RECLAMATION DOIT ETRE FAITE DANS LES 14 JOURS QUI SUIVENT LA RECEPTION	SUB TOTAL / TOTAL PARTIEL	TOTAL GST / TOTAL TPS	TOTAL PST/QST / TOTAL TVP/TVQ	TOTAL INVOICE / TOTAL FACTURE	DATE DUE / DATE D ÉCHEANCE (MM DD/JJ YY/AA)
	3 091 56	216 41		3 307 96	03/13/03
SUBJECT TO PROVINCIAL SALES TAX / SUJET A LA TAXE PROVINCIALE	**PAGE**	**TOTAL CREDIT / CREDIT TOTAL**		NET AMOUNT AFTER DISCOUNT / MONTANT NET APRES ESCOMPTE *IF/SI*	PAYMENT RECEIVED BY THIS DATE / PAIEMENT REÇU AVANT LE (MM DD/JJ YY/AA)
	2			3 274 89	02/26/03

FORM NO /FORMULAIRE N 68 050L/0601

Pfizer Consumer Healthcare
a division of/de Pfizer Canada Inc
2200 Eglinton Avenue East Toronto Ontario M1L 2N3
GST REGISTRATION NO /N INSCRIPT POUR TPS 14109 0688 RT0002
QST REGISTRATION NO /N INSCRIPT POUR TVQ 101858 8567 TQ0002
Customer Service Telephone/Tel serv clientele 1 800 387 6577 / (416) 288 2321
Customer Service Fax/Telec serv clientele 1 800 563 2013 / (416) 288 2283
Cust Serv Acct Mgr /Dir client serv clientele Nicole Archambault
Telephone No /N telephone (416) 288 2011 ARCHAMN

----COPY / COPIE----

----- INVOICE -----

REFERENCE NO N DE REFERENCE	INVOICE NO N DE LA FACTURE	INVOICE DATE DATE DE LA FACTURE
		MM DD/JJ YY/AA
354619	**1118663**	02/11/03

PLEASE REMIT TO
PRIERE DE PAYER

Pfizer Consumer Healthcare
P O Box 423
Postal Station F
Toronto ON
M4Y 2L8

NOTE
REMARQUE

SOLD TO/VENDU A	SHIPPED TO/EXPEDIE À
CORE-MARK INTERNATIONAL INC 7800 RIVERFRONT GATE BURNABY BC V5J 5L3	CORE-MARK DISTRIBUTORS 30 2924 JACKLIN ROAD VICTORIA BC V9B 3Y5

ACCOUNT NO N DE COMPTE	CUSTOMER P O NO N COMMANDE DU CLIENT	TERMS-CONDITIONS CONDITIONS TERMES	DUNS NO N DUNS
987200	300740531	1% 75 Net 90	
TERR NO N TERR	**CARRIER TRANSPORTATION TRANSPORTEUR**	**TOTAL PIECES NBRE TOTAL DE PIECES**	**SHIPMENT NO N DE LIVRAISON**
186	A L S (WESTERN CANADA)	47	05019342

QUANTITY QUANTITÉ	U/M UNITE	QTY PER U/M QTÉ PAR UNITÉ	ITEM NUMBER N D ARTICLE	DESCRIPTION	U/M PRICE PRIX UNIT	ALLOWANCES ALLOCATIONS	EXTENDED NET AMT MONT NET CONSENTI	TAXES GST/TPS	ITEM NET PRICE PRIX NET DE L ARTICLE
2	SP	12 TB	44011	POLYSPORIN OINTMENT 15 G	54 12				
				Display Allowance		1 80	104 64	7 32	4 67/EA
2	SP	12 BT	40560	VISINE COOL, 15ML	49 20				
				Display Allowance		1 32	95 76	6 70	4 27/EA
				******** Allowance Summary ********					
				Display Allowance	Total	6 24			

ALL CLAIMS MUST BE MADE WITHIN 14 DAYS TOUTE RECLAMATION DOIT ETRE FAITE DANS LES 14 JOURS QUI SUIVENT LA RECEPTION	SUB TOTAL TOTAL PARTIEL	TOTAL GST TOTAL TPS	TOTAL PST/QST TOTAL TVP/TVQ	TOTAL INVOICE TOTAL FACTURE	DATE DUE DATE D ECHEANCE
	200 40	14 03		214 43	MM DD/JJ YY/AA 05/12/03
SUBJECT TO PROVINCIAL SALES TAX SUJET A LA TAXE PROVINCIALE	PAGE	TOTAL CREDIT CREDIT TOTAL		NET AMOUNT AFTER DISCOUNT MONTANT NET APRES ESCOMPTE IF/SI	PAYMENT RECEIVED BY THIS DATE PAIEMENT REÇU AVANT LE
	1			212 29	MM DD/JJ YY/AA 04/27/03

FORM NO /FORMULAIRE N 68-050L/0601

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ANDLAUER TRANSPORTATION SERVICES INC

Shipment Details

Shipment	Weight	Service	Account	Pieces	Ship Date
76965331	500LB	Regular Ground (by 5 00pm)	2329971	1	2003/02/11

Reference Numbers	Purchase Orders
5019342	300740531

Consignee	Shipper
CORE-MARK DISTRIBUTORS 30 2924 JACKLIN ROAD VICTORIA BC CANADA V9B 3Y5	LSI C/O PFIZER CANADA #3- WCHC 2200 EGLINTON AVENUE EAST SCARBOROUGH ON CANADA M1L 2N3

Appointment Date/Time	2003/02/19 11 30
Appointment Made On	2003/02/19 10 15

Proof of Delivery

POD Date	POD Time	Signature	Status
2003/02/19	11 30	HOLLAND	Delivered, Victoria, 2003/02/19 11 30 00

945

COREMARK DISTRIBUTORS StopID
2924 JACKLIN RD
VICTORIA, BC V8M0A0 DELIVERY ASAP

Shipment 76965331 Pcs 1 319 LB
From LSI C/O PFIZER CANADA #3- WCHC 2200 EGLINTON AVENUE EAST SCARBO
Ref 5019342 PO 300740531
Desc PO# 300740531
Desc 1 CHEP SKID CONT'S 47 PCS
Desc

Regular Ground (by 5 00pm) *Third Party Billing*

The Receipt of this shipment is governed by the current ATS Terms and Conditions which can be found at www.ats ca and on the back of ATS Waybills

Arrival Time 12 40 Began Unloading ____ ____

10 Pcs
601 LB
2 Shipments

Please Sign Here [signature]

Time 12 05 2003/02/19

Please Print Name: HOLLAND

Any loss or damage must be noted on pro bill at time of delivery otherwise consignee's signature will constitute clear receipt.

WYYJDP02 (0)

Pfizer Consumer Healthcare
a division of/de Pfizer Canada Inc
2200 Eglinton Avenue East Toronto Ontario M1L 2N3
GST REGISTRATION NO /N INSCRIPT POUR TPS 14109 0688 RT0002
QST REGISTRATION NO /N INSCRIPT POUR TVQ 101858 8567 TQ0002
Customer Service Telephone/Tel serv clientele 1-800 387 6577 / (416) 288 2321
Customer Service Fax/Telec serv clientele 1-800 563 2013 / (416) 288 2283
Cust Serv Acct Mgr /Dir client serv clientele Nicole Archambault
Telephone No /N telephone (416) 288-2011 ARCHAMN

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----- INVOICE -----

REFERENCE NO / N DE REFERENCE	INVOICE NO / N DE LA FACTURE	INVOICE DATE / DATE DE LA FACTURE (MM DD/JJ YY/AA)
355008	**1125363**	03/11/03

PLEASE REMIT TO / PRIERE DE PAYER

Pfizer Consumer Healthcare
P O Box 423
Postal Station F
Toronto ON
M4Y 2L8

NOTE / REMARQUE

SOLD TO/VENDU A	SHIPPED TO/EXPEDIE À
CORE-MARK INTERNATIONAL INC 7800 RIVERFRONT GATE BURNABY BC V5J 5L3	CORE-MARK DISTRIBUTORS 30 2924 JACKLIN ROAD VICTORIA BC V9B 3Y5

ACCOUNT NO / N DE COMPTE	CUSTOMER P O NO / N COMMANDE DU CLIENT	TERMS-CONDITIONS / CONDITIONS-TERMES	DUNS NO / N DUNS
987200	300741061	1% 15 Net 30	
TERR NO / N TERR	**CARRIER TRANSPORTATION / TRANSPORTEUR**	**TOTAL PIECES / NBRE TOTAL DE PIECES**	**SHIPMENT NO / N DE LIVRAISON**
186	A L S (WESTERN CANADA)	52	05024485

QUANTITY / QUANTITE	U/M / UNITE	QTY PER U/M / QTÉ PAR UNITE	ITEM NUMBER / N D ARTICLE	DESCRIPTION	U/M PRICE / PRIX UNIT	ALLOWANCES / ALLOCATIONS	EXTENDED NET AMT / MONT NET CONSENTI	TAXES GST/TPS	ITEM NET PRICE / PRIX NET DE L ARTICLE
52	CA	6 BT	70182	LISTERINE TARTAR CONTROL 1L	41 70	4 02	1959 36	137 16	6 72/EA
				--******* Allowance Summary *********		Total 209 04			

ALL CLAIMS MUST BE MADE WITHIN 14 DAYS / TOUTE RECLAMATION DOIT ETRE FAITE DANS LES 14 JOURS QUI SUIVENT LA RECEPTION	SUB TOTAL / TOTAL PARTIEL	TOTAL GST / TOTAL TPS	TOTAL PST/QST / TOTAL TVP/TVQ	TOTAL INVOICE / TOTAL FACTURE	DATE DUE / DATE D ÉCHÉANCE (MM DD/JJ YY/AA)
	1 959 36	137 16		2 096 52	04/10/03
SUBJECT TO PROVINCIAL SALES TAX / SUJET A LA TAXE PROVINCIALE	**PAGE**	**TOTAL CREDIT / CRÉDIT TOTAL**		NET AMOUNT AFTER DISCOUNT / MONTANT NET APRES ESCOMPTE *IF/SI*	PAYMENT RECEIVED BY THIS DATE / PAIEMENT REÇU AVANT LE (MM DD/JJ YY/AA)
	1			2 075 55	03/26/03

FORM NO /FORMULAIRE N 68-050L/0601

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ANDLAUER TRANSPORTATION SERVICES INC

Shipment Details

Shipment	Weight	Service	Account	Pieces	Ship Date
76969088	835LB	Regular Ground (by 5 00pm)	2329971	1	2003/03/11

Reference Numbers	Purchase Orders
5024485	300741061

Consignee	Shipper
CORE-MARK DISTRIBUTORS 30 2924 JACKLIN ROAD VICTORIA BC CANADA V9B 3Y5	LSI C/O PFIZER CANADA #3- WCHC 2200 EGLINTON AVENUE EAST SCARBOROUGH ON CANADA M1L 2N3

Appointment Date/Time	2003/03/19 11 30
Appointment Made On	2003/03/19 09 38

Proof of Delivery

POD Date	POD Time	Signature	Status
2003/03/19	11 56	HOLLAND	Delivered, Victoria, 2003/03/19 11 56 00

COREMARK-VICTORIA
2924 JACKLIN ROAD
VICTORIA, BC V9B3Y5

StopID

Shipment 76969088 Pcs 1 835 LB
From. LSI C/O PFIZER CANADA #3- WCHC 2200 EGLINTON AVENUE EAST SCARBO
Ref 5024485 PO· 300741061
Desc PO# 300741061
Desc 1 CHEP SKID CONT'S 52 PCS
Desc

Regular Ground (by 5 00pm) *Third Party Billing*

The Receipt of this shipment is governed by the current ATS Terms and Conditions which can be found at www.ats.ca and on the back of ATS Waybills

Began Unloading 11 40 Finish Time ___ ___

6 Pcs
1510 LB
3 Shipments

Please Sign Here [signature] Arrival Time 11 56 2003/03/19

Please Print Name HOLLAND

Any loss or damage must be noted on pro bill at time of delivery otherwise consignee s signature will constitute clear receipt.

WYYJDP02 (0)