



UNITED STATES BANKRUPTCY COURT For the District of Delaware	PROOF OF CLAIM
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In re Core-Mark International, Inc	Case Number 03-10944
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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) The Brownie Baker Address Line 1 4870 W Jacquelyn Address Line 2 Address Line 3 City, ST ZIP Fresno CA 93722	<input type="checkbox"/> 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. <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 the address differs from the address on the envelope sent to you by the court.
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REC'D JUN 01 2003

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR Core-Mark	<input type="checkbox"/> replaces <input type="checkbox"/> amends Check here if this claim _____ previously filed claim dated _____
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1 BASIS FOR CLAIM <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <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) Your social security No _____ Unpaid compensation for services performed from _____ to _____ (date) (date) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (Describe Briefly)	2. Date Debt Incurred (MMDDYY) <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 24px;"> 03 04 03 </div> 3. If Court Judgment, Date Obtained <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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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.

<input type="checkbox"/> SECURED CLAIM Attach evidence of perfection of security interest. Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____ <input checked="" type="checkbox"/> 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.	<input type="checkbox"/> UNSECURED PRIORITY CLAIM - Specify the priority of the claim. <input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____
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5 AMOUNT OF CLAIM AT TIME CASE FILED

<div style="border: 1px solid black; width: 100%; height: 20px;"></div> (Secured)	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: center; align-items: center; font-size: 24px;"> 100744 </div> (Unsecured Nonpriority)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> (Unsecured Priority)
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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, enclosed a stamped, self addressed envelope and copy of this proof of claim.

Date 4/23/03	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) Sara Sutton Administrative Assistant
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THIS SPACE IS FOR COURT USE ONLY

Fleming Companies Claim
00384

Sara Sutton



4870 Jacquelyn • Fresno, CA 93722
 (559) 277-7070 • FAX (559) 277-7077

(800) 598-6501 • www.browniebaker.com
 CORE-MARK INTERNATIONAL
 3950 WEST HARMON
 LAS VEGAS, NV 89103

SOLD
TO

SHIP
TO

INVOICE

044394

INVOICE NUMBER

3/4/03

INVOICE DATE

1

PAGE

STANDING 9AM THURS. APPT
 CALL TO CONFIRM!!!

PLEASE REMIT TOP STUB WITH PAYMENT WITHIN 15 DAYS

Invoice No . 044394

SHIP VIA ~~OWE~~
 SHIP DATE
 DUE DATE 4/3/03
 TERMS Net 30 Days

CUST ID#~~ORE~~
 P O NUMBER ~~ES-1143420~~
 P O DATE
 OUR ORDER NO
 SALESPERSON

ITEM ID	ITEM DESCRIPTION	PACK	ORDERED	SHIPPED	CASE PRICE	TOTAL
1039	ASST BROWNIES* 4-CARAMEL 9-CHOC CHIP 12-WALNUT	1/24	9 00	9 00	11.75	105.84
1021	BAN/NUT CAKE 50Z	1/18	7 00	7 00	8.28	57.96
1024	MARBLE CAKE 50Z	1/18	10 00	10 00	8.28	82.80
1025	BUTTER POUND 50Z	1/18	9 00	9 00	8.28	74.52
1026	MAPLE NUT 50Z	1/18	10 00	10 00	8.28	82.80
51641	BLUEBERRY 60Z/ 15CT	15CT	10 00	10 00	7.36	73.60
51642	BANANA NUT 60Z/ 15CT	15CT	18 00	18 00	7.36	132.48
51645	ORL CHOCOLATE 60Z, 15CT	15CT	14 00	14 00	7.36	103.04
51646	HONEY BRAN 60Z, 15CT	15CT	13 00	13 00	7.36	95.68
51649	STRAW TR CHEESE 60Z, 15CT	15CT	7 00	7 00	7.36	56.24
51660	CHOC CHIP 60Z, 15CT	15CT	13 00	13 00	7.36	122.48

1,007.44

SUBTOTAL 0 00
 TAX \$1,007.44
 PAYMENT
 TOTAL

The Brownie Baker, Inc

FROM HOAG EE SALES

FAX NO 909-789-1593

Feb 26 2003 12 17PM P1

Fleming

FLEMING CONVENIENCE

PURCHASE ORDER

REGISTER #

LAS VEGAS 3950 WEST HARMON LAS VEGAS NV 89103 USA		067 BROWNE BAYER INC C/O E&E SALES LAKE MATHES CA 92570 SCOTT HOAG		ORDER DATE 2003-02-25 909-789-1592	PAGE 1 OF 1												
PURCHASED BY		VENDOR # 06248	JSA # 00	BUYER # 652	PURCHASE ORDER # 65-1140420												
ARRIVAL DATE 2003 03-06 Thursday		PAYMENT TERMS		DISCOUNT BRACKET 30 Days													
DISCOUNT BRACKET 30 Days		FROM		THE ABOVE PRICES ARE NET UNLESS OTHERWISE SPECIFIED. ALL PRICES INCLUDE TAXES AND PACKING CHARGES.													
UNIT COST 808		CASE VOL 127		CASES 127													
QTY	UNIT	PRICE	DESCRIPTION	PACKING	CASE	UNIT	QTY	PRICE	ALLOWANCE	UNIT	QTY	PRICE	ALLOWANCE	UNIT	QTY	PRICE	ALLOWANCE
9	CS	28498 01099	184358 B BAKER BROWNIE ASS1	24 CT	1	9	10	71	00	12	95	116	55	1-200106			
7	CS	28498 00021	48561 B BAKER CAKE BANANA NUT	18/5 Z	1	7	6	44	00	9	20	64	40	F 1 210101			
9	CS	28498 00025	169235 B BAKER CAKE BUTTER POUND	18/5 Z	1	9	8	28	00	9	20	82	80	E 1-230107			
10	CS	28498 00026	167932 B BAKER CAKE MAPLE NUT	18/5 Z	1	10	9	20	00	9	20	92	00	E 1 210304			
10	CS	28498 00024	18553 B BAKER CAKE MARBLE	18/5 Z	1	10	9	20	00	9	20	92	00	E 1-210101			
18	CS	28498 00042	356543 B BAKER MUFFIN BANANA NUT	16/6 Z	1	18	14	22	00	8	15	146	70	E 1-112009			
10	CS	28498 00041	356527 B BAKER MUFFIN BLUEBERRY	16/6 Z	1	10	7	90	00	8	15	81	50	E 1-120204			
18	CS	28498 00060	356576 B BAKER MUFFIN CHOC CHIP	16/6 Z	1	18	14	22	00	8	15	146	70	E 1-240508			
14	CS	28498 00045	356584 B BAKER MUFFIN DBL CHOC	16/6 Z	1	14	11	06	00	8	15	111	10	E 1 120201			
13	CS	28498 00046	356618 B BAKER MUFFIN HONEY BRAN	16/6 Z	1	13	10	27	00	8	15	105	95	E 1-120210			
9	CS	28498 00049	356626 B BAKER MUFFIN STRWBRY	16/6 Z	1	9	7	11	00	8	15	73	35	E 1-112007			

			##ORDER SENT VIA FAX##														
						127	108	61	00	1116 05							

**PLEASE CONFIRM
VIA FAX
909-789-1593**

Thank You

INSTRUCTIONS: SEND ORIGINAL INVOICE AND BILL OF LADING TO THE ABOVE DISTRIBUTION CENTER.

NOTICE: SUBSTITUTIONS EITHER IN PACKING OR PRICE, WILL NOT BE ACCEPTED WITHOUT PRIOR AUTHORITY FROM ISSUING ENTERPRISE COVER. WE RESERVE THE RIGHT TO REJECT ANY OR ALL MERCHANDISE SUBMITTED WITHOUT PRIOR AUTHORITY TO RETURN ANY OR ALL MERCHANDISE SHIPPED LATER THAN 30 DAYS FROM DATE OF ORDER AND TO DEDUCT FROM PAYMENT. IF THERE IS A CHANGE IN PRICE, WE WILL ADVISE YOU BY FAX OR TELEPHONE.

TO FAX 1509891592

FROM C/O-MART INTERNATIONAL INC

1 1 E VILLAVIEJA W. A. V. A. 897 2

SHIPPER PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

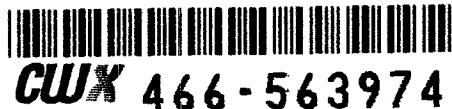
DRIVER PLEASE NOTE

IF SINGLE SHIPMENT CHECK BOX BELOW



MARK HERE IF FREIGHT CHARGES ARE COLLECT

SINGLE SHIPMENT PICKUP ORIGINAL - NOT NEGOTIABLE STRAIGHT BILL OF LADING



DATE 3/4/03 P O NO 65-1140420 SHIPPER NO CUSTOMER'S SPECIAL REFERENCE NUMBER

SHIPPER BROWNIE BAKER CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE) CONSIGNEE (TO) CORE-MARK INTL. INC. STREET 3950 WEST HARMON CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE) LAS VEGAS, NV. 89103 BILL (TO) 4870 W JACQUELYN AVE CUSTOMS BROKER ACCOUNT CODE Check if CON-WAY Guaranteed shipment

Table with columns: NUMBER SHIPPING UNITS, HM, KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS, NMFC NO, CLASS OF DENSITY OF ARTICLES, WEIGHT (Subject to Correction) Lbs, Kg. Includes handwritten entry: 127 FOODSTUFFS, BREAD, ROLL OR CAKE IN BOXES 73227 60 807

COD AMOUNT \$ COD Prepaid Collect DOUBLE STACK Fee U.S. Canadian REMIT COD TO ADDRESS CITY STATE/PROVINCE ZIP/POSTAL CODE

Notice Unless the Shipper completes the requirements as provided below Carrier's liability shall be limited as stated herein and in Tariff CNWY-199 which may be obtained by request

Carrier liability with shipment originating within the United States Unless the Shipper declares excess value on the Bill of Lading requests excess liability coverage and pays an additional charge

Carrier liability with shipment originating within Canada Unless the Shipper agrees to a Special Agreement declares the value in the box below and agrees to pay the excess liability charge

SPECIAL AGREEMENT Declared value CAN \$ per pound (Declared value may not exceed CAN \$100 000 per shipment) Shipper agrees to pay excess liability charge (Shipper's Initials)

COMMODITY DESCRIPTION(S) By signing this Bill of Lading Shipper certifies the materials named on this Bill of Lading are properly classified described packaged marked and labeled and are in proper condition for transportation according to the applicable United States or Canadian regulations

Shipment Received The shipment is received subject to Tariff CNWY 199 Carrier's pricing schedules terms conditions and rules maintained at Carrier's general offices in effect on the date of issue of this Bill of Lading as well as the National Motor Freight Classifications the Hazardous Materials Transportation Regulations (Title 49 - CFR Subtitle B Chapter 1 Sub Chapter A C) and the Household Goods Mileage Guide (HHGB 105 Series) for shipments originating in the United States and the Canadian Motor Vehicle Transport Act the Transportation of Dangerous Goods Act and the regulations in force in the provincial jurisdiction at the time and place of the shipment for shipments originating in Canada

SHIPPER AUTHORIZED SIGNATURE BROWNIE BAKER CARRIER CON WAY TRANSPORTATION SERVICES, INC CON WAY CANADA EXPRESS, INC AUTHORIZED SIGNATURE DATE 3-4-03 NUMBER OF UNITS RECEIVED

Please wait while we process your request

PRO 466563974 DR Go! Page 1 of 1

View Larger Image

RotateLeft

RotateRight

E-Mail

FAX

Format To Print

Questions or comments about this shipment document? Send us an [e-mail](#)

DELIVERY RECEIPT						PRO NUMBER	
						REFER TO THIS NUMBER	
EQIP NUMBER	DATE	ORDER	CUSTOMER	AGENCY	BEYOND	DESTINATION	
	3/04/03	UEN				LA U	466-563974
SHIPPER			SHIPPER NUMBER				
CORE MARK INTNL INC			BNU				
3950 W HARMON AVE			PRO NUMBER		PCS 65 1140420		TRZ
LAS VEGAS, NV 89103-5504			466-563974				
SHIPPER				BILL TO			
BROWNIE BAKER							
4870 W JACQUELYN AVE							
FRESNO, CA 93722-5027							
* PCS	HM	DESCRIPTION OF ARTICLES AND MARKS			WEIGHT (LBS)	RATE	TOTAL CHARGES
127		PCS FOODSTUFFS BREAD ROLL DR CAKE IN BOXES 73227 CLASS 60			807		
		FSC FUEL SURCHARGE 7.30%					
127		TOTAL			807		PPD
2PLTS STANDING 9AM THURS APPT CALL TO CONFIRM PH 702 876 5220							
CALL (702) 657-8686 FOR CWX CUSTOMER SERVICE.							
SHIPPING WRAP CONTACT	DELIVERED TIME	CUSTOMER SIGNATURE	PRINTED SIGNATURE NAME	DATE			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	12/7/03	<i>[Signature]</i>	Chris M. Kelly	3/16/03			
RECEIVED	PIECES ABOVE	OWNER					2
127		1000		31613			
ORDER RECEIPT NOTED							