

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF _____		PROOF OF CLAIM
Name of Debtor <u>Hemming Companies Inc</u> <u>DBA Core-mark International</u>		Case Number <u>03-10945</u>
NOTE: This form 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.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>AISCO</u> <u>American Lien</u>	<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.	THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent <u>AISCO - American Lien</u> <u>PO Box 1280</u> <u>Medford OR 97501</u>		
Telephone number <u>(541) 779-3711</u>		
Account or other number by which creditor identifies debtor <u>Acct # 3607</u>	Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends _____	
1 Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred <u>5-1-03</u> <u>April 1, 2003</u>	3. If court judgment, date obtained _____	
4. Total Amount of Claim at Time Case Filed \$ <u>87.35</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 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.		
5 Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____		6 Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* earned within 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"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9 Date-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 <u>5-29-03</u>	Sign and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any): <u>Dana Jump</u> <u>Dana Jump Receivable</u>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 1519.



FILED

JUN 04 2003

BMC

AMERICAN LINEN
 980 ELLEN AVE
 MEDFORD, OR 97501 541-779-3711

* SIGNATURE REQUIRED *

MONDAY

CORE MARK-SHOWROOM
 303 NE 7TH STREET
 1-3-5 COMBO

ACCOUNT 3607
 10 00 ROUTE 16 STOP 500
 DATE 03-03-03 A21

CORE MARK-SH
 303 NE 7TH S
 1-3-5 COMBO
 GRANTS PASS

GRANTS PASS OR 97526

541 476-6651 PO #

CHARGE INVOICE 858962

QTY | LINE | C | DESCRIPTION | | INVTY | AMOUNT

1	16	1	9136483X4 NAVY MAT		2	3 70	1
			FRQ=	1			
1	17	1	9136483X4 BLUE WELCOME		2	3 70	1
			FRQ=	1			
1	20	1	9136703X10 DELI MAT		2	7 40	2
			FRQ=	1			
			SERVICE CHARGE			1 18	
			INV MAINTENANCE			1 48	
			TOTAL			17 46	

BY ACCEPTANCE OF THIS DELIVERY, CUSTOMER AGREES THAT ALL
 ITEMS, INVENTORIES, AND UNIT PIRCES HEREIN ARE CORRECT

=====

AMERICAN LINEN
 980 ELLEN AVE
 MEDFORD, OR 97501 541-779-3711

* SIGNATURE REQUIRED *

MONDAY

ACCOUNT 3607

10 00 ROUTE 16 STOP 500

DATE 03-10-03

B21

CORE MARK-SH

303 NE 7TH S

1-3-5 COMBO

GRANTS PASS

CORE MARK-SHOWROOM

303 NE 7TH STREET

1-3-5 COMBO

GRANTS PASS OR

97526

541 476-6651 PO #

CHARGE

INVOICE 864600

QTY | LINE | C | DESCRIPTION | INVTY | AMOUNT

1	16	1	9136483X4 NAVY MAT	2	3 70	1
			FRQ= 1			
1	17	1	9136483X4 BLUE WELCOME	2	3 70	1
			FRQ= 1			
1	20	1	9136703X10 DELI MAT	2	7 40	2
			FRQ= 1			
			SERVICE CHARGE		1 18	
			INV MAINTENANCE		1 48	
			TOTAL		17 46	

BY ACCEPTANCE OF THIS DELIVERY, CUSTOMER AGREES THAT ALL
 ITEMS, INVENTORIES, AND UNIT PRICES HEREIN ARE CORRECT

AMERICAN LINEN
 980 ELLEN AVE
 MEDFORD, OR 97501 541-779-3711

* SIGNATURE REQUIRED *

MONDAY

CORE MARK-SHOWROOM
 303 NE 7TH STREET
 1-3-5 COMBO

ACCOUNT 3607
 10 00 ROUTE 16 STOP 500
 DATE 03-17-03

CORE MARK-SH
 303 NE 7TH S
 1-3-5 COMBO
 GRANTS PASS

GRANTS PASS OR 97526

541 476-6651 PO #

A11

CHARGE INVOICE 868527

QTY | LINE | C | DESCRIPTION | | INVTY | AMOUNT

1	16	1	9136483X4 NAVY MAT		2	3 70	1
			FRQ=	1			
1	17	1	9136483X4 BLUE WELCOME		2	3 70	1
			FRQ=	1			
1	20	1	9136703X10 DELI MAT		2	7 40	2
			FRQ=	1			
			SERVICE CHARGE			1 18	
			INV MAINTENANCE			1 48	
			TOTAL			17 46	

BY ACCEPTANCE OF THIS DELIVERY, CUSTOMER AGREES THAT ALL
 ITEMS, INVENTORIES, AND UNIT PRICES HEREIN ARE CORRECT

=====

AMERICAN LINEN
 980 ELLEN AVE
 MEDFORD, OR 97501 541-779-3711

* SIGNATURE REQUIRED *

MONDAY

FLEMING CONVENIENCE-SHOW
 303 NE 7TH STREET
 1-3-5 COMBO

ACCOUNT 3607
 10 00 ROUTE 16 STOP 500
 DATE 03-24-03

B11

FLEMING CONV
 303 NE 7TH S
 1-3-5 COMBO
 GRANTS PASS

QTY	LINE	C	DESCRIPTION	CHARGE	INVOICE	872437	INVTY	AMOUNT
1	16	1	9136483X4 NAVY MAT				2	3 70
			FRQ=	1				
1	17	1	9136483X4 BLUE WELCOME				2	3 70
			FRQ=	1				
1	20	1	9136703X10 DELI MAT				2	7 40
			FRQ=	1				
			SERVICE CHARGE					1 18
			INV MAINTENANCE					1 48
			TOTAL					17 46

BY ACCEPTANCE OF THIS DELIVERY, CUSTOMER AGREES THAT ALL
 ITEMS, INVENTORIES, AND UNIT PRICES HEREIN ARE CORRECT

=====

AMERICAN LINEN
 980 ELLEN AVE
 MEDFORD, OR 97501 541-779-3711

* SIGNATURE REQUIRED *

MONDAY

FLEMING CONVENIENCE-SHOW
 303 NE 7TH STREET
 1-3-5 COMBO
 GRANTS PASS OR 97526

ACCOUNT 3607
 10 00 ROUTE 16 STOP 500
 DATE 03-31-03
 541 476-6651 PO #
 CHARGE INVOICE 876385

FLEMING CONV
 303 NE 7TH S
 1-3-5 COMBO
 GRANTS PASS

QTY	LINE	C	DESCRIPTION	INVTY	AMOUNT
1	16	1	9136483X4 NAVY MAT	2	3 70
			FRQ= 1		
1	17	1	9136483X4 BLUE WELCOME	2	3 70
			FRQ= 1		
1	20	1	9136703X10 DELI MAT	2	7 40
			FRQ= 1		
			SERVICE CHARGE		1 18
			INV MAINTENANCE		1 48
			TOTAL		17 46

1
1
2

BY ACCEPTANCE OF THIS DELIVERY, CUSTOMER AGREES THAT ALL
 ITEMS, INVENTORIES, AND UNIT PRICES HEREIN ARE CORRECT