

United States Bankruptcy Court

DISTRICT OF Delaware

PROOF OF CLAIM

143770

Name of Debtor

Core-Mark International

Bankruptcy Case No

03-10944

A. CREDITOR INFORMATION

(The creditor is the person or other entity to whom the debtor owes money or property)

Name and Address of Creditor

Expanets
9780 Mt. Pyramid Ct.
Suite 400
Englewood CO 80112

- Check box if you never received any notices from the bankruptcy court in this case
- Check box if this address differs from the address on the envelope sent to you by the court.
- Check box and attach copy of assignment if claim has been assigned to you

REC'D JUN 19 2003

THIS SPACE IS FOR COURT USE ONLY

Number by which creditor identifies debtor

2129911

- Check here if this claim
- replaces
 - amends a previously filed claim dated _____
 - supplements

B. CLAIM INFORMATION

1 BASIS FOR CLAIM

- Goods purchased
- Services performed
- Monies loaned
- Other forms of contract (Identify)
- Personal injury/Wrongful death/Property damage
- Other (Describe briefly)

Wages, Salaries and Commissions (Fill out below)

Your social security number _____

Unpaid services performed from _____ to _____

Nature of services (Describe briefly)

2. DATE DEBT WAS INCURRED:

3 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Priority (3) Secured It is possible for a claim to be partly in one category and partly in another—such as wage claim which may be a priority claim for the first \$2,000 and an unsecured nonpriority claim for the balance. Classify the nature of the claim by CHECKING THE APPROPRIATE BOX OR BOXES which you believe best describes the claim. STATE THE AMOUNT OF THE CLAIM

UNSECURED NONPRIORITY CLAIM \$ _____
For the purposes of this form a claim is unsecured if there is no collateral, or to the extent the value of collateral is less than the amount of the debt

SECURED CLAIM \$ _____
Attach evidence of perfection of security
Brief Description of Collateral
 Real Estate Motor Vehicle Other

PRIORITY CLAIM \$ _____
Specify the priority of the claim by checking the appropriate box(es)

- Wages, salaries or commissions (up to \$2000, 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 \$900 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:

4. TOTAL AMOUNT OF CLAIM. \$ _____ (Unsecured) + \$ _____ (Secured) + \$ _____ (Priority)

\$ 2847 35
(Total)

5 Attach copies of documents in support of this claim, such as 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

6 This form should not be used to make a claim for expenses incurred after the filing of the bankruptcy petition. Such expenses may be paid only upon proper application and notice pursuant to 11 U.S.C. §503.

7 CREDITS AND SETOFFS Attach an itemization of all amounts and dates of payments which have been credited against the debt. Set forth any setoff or counterclaim which the debtor may have against your claim.

8 To receive an acknowledgment of the receipt of your claim, enclose a stamped self-addressed envelope and a copy of your claim.

C CERTIFICATION

The undersigned certifies under penalty of perjury that the debtor named above is indebted to the claimant in the amount shown that there is no security for the debt other than that stated above or in an attachment to this form, that no unmatured interest is included and that the undersigned is authorized to make this claim.

Date _____ Sign and Print the Name and Title, if any, of the Creditor or Other Person Authorized to File this Claim

Richard Marinaccio

Richard Marinaccio Divi

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RECEIVED
FLEMING COMPANIES CLAIM
JUN 13 AM 11
01143



01143

President



Experienced At Networked Solutions

P O Box 28039
Pittsburgh PA 15236-80399

*****AUTO**3 DIGIT 981 EX_12 A 15.29714 1 4 0 292
CORE-MARK INTERNATIONAL INC
PO BOX 21009
SEATTLE WA 98111-3009 US

Questions about your bill or your account?

Visit www.expanets.com

Billing Support Center
Call 1-800-247-7000 Prompt 1
E-mail billing@expanets.com

Technical Assistance Center
Call 1-866-XPANETS

Client Sales & Support Center
Call 1-800 247 7000
E-mail info@expanets.com

Your account is seriously past due. Please pay immediately to avoid further collection action

Account Information

Account Number	Invoice Number	Amount Due
426499	16968879	\$2 847 35
Bill-To Number	Invoice Date	Due Date
2129911	05/06/2003	Upon Receipt

ACCOUNT SUMMARY

Previous Balance	\$2 277 88	
Payments Received	\$0 00	
Balance Forward		\$2 277 88
New Charges and Taxes		
Service Agreements	\$569 47	
Service Agreement Taxes	\$0 00	
Total New Charges and Taxes		\$569 47

Total Amount Due \$2,847 35

Message Center

It's not hype, it's VoIP
Voice over IP (VoIP) also known as IP Telephony, is the right choice in business communications if you want to

- * Streamline voice and data over one network
- * Increase messaging flexibility and functionality
- * Unify multi-location calling and reduce toll expenses
- * Simplify and reduce administrative costs for moves, adds, and changes
- * Add customer relationship management applications more cost effectively

Expanets offers a variety of solutions to help bring your voice and data together simply and economically. You can find out more about the benefits of IP by downloading a free white paper from www.expanets.com

Payment Due Immediately Upon Receipt of Invoice

To ensure proper credit, please write your account number on your check, please detach and return with remittance

Remittance Document

Bill To Address Check here for change in billing address
CORE-MARK INTERNATIONAL INC
PO BOX 21009
SEATTLE WA 98111-3009 US

Visa Mastercard American Express Discover

Card Number _____

Expires (mo/yr) _____ / _____

Cardholder's Name (please print) _____

Cardholder's Signature _____

Account Number 426499
Bill To Number 2129911
Invoice Number 16968879
Invoice Date 05/06/2003
Total Amount Due \$2,847 35

Payment Amount \$ _____

Please make check payable to Expanets, Inc and remit to

EXPANETS
PO BOX 173868
DENVER CO 80217-3868

0016968879 00426499 05062003 0000284735 3

EXX_HUJ_0514Cm33023 DataProc in www.lpc



Customer Name	CORE MARK INTERNATIONAL INC
Account Number	426499
Bill to Number	2129911
Invoice Number	16968879
Invoice Date	05/06/2003

Service Agreements

Purchase Order		Service Agreement	259295		
Installation Site ID	1374078	Coverage Period	05/02/2003 - 06/01/2003		
Installation Address	31300 MEDALLION DR HAYWARD CA 94544				
Description	Transaction Number	Transaction Date	Price	Tax	Total Price
8x5 Paging Parts Maintenance	4015544261	05/02/2003	\$16 65	\$0 00	\$16 65
8x5 Voice Messaging Maintenance	4015544260	05/02/2003	\$196 88	\$0 00	\$196 88
8x5 Adjunct Maintenance Other	4015544259	05/02/2003	\$9 10	\$0 00	\$9 10
8x5 Expanets Merlin Legend Switch and Terminal Maintenance	4015544250	05/02/2003	\$346 84	\$0 00	\$346 84
Total for this Agreement					\$569 47
Total for Billing Period					\$569 47



American Bureau of Collections, Inc.

June 6, 2003

U S BANKRUPTCY COURT
DISTRICT OF DELAWARE
824 MARKET ST 5TH FL
WILMINGTON DE 19801

FILED
JUN 13 AM 11 16
U S BANKRUPTCY COURT
DISTRICT OF DELAWARE

REFER TO OUR FILE # 53MC143770
RE EXPANETS - BANKRUPTCY
VS
CORE-MARK INTERNATIONAL INC
AMOUNT \$2,847 35
BALANCE \$2,847 35

Dear Sir

We are enclosing creditor's executed bankruptcy form with statement attached and postage paid envelope for your convenience in acknowledging this filing

Very truly yours,

Richard Marinaccio
Divisional Vice President
716-878-2867
RM/sr
enc

