

<b>United States Bankruptcy Court Delaware District of Delaware</b>		<b>PROOF OF CLAIM</b>
In re (Name of Debtor) <b>Core-Mark Dist Inc aka.Fleming Companies Inc</b>		Case Number <b>03-10945 MFW</b>
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A 'request' of payment of an administrative expense may be filed pursuant to 11 U S C § 503		
Name of Creditor <i>(The person or entity to whom the debtor owes money or property )</i>  <b>Southern California Gas Company</b> Name and Address Where Notices Should Be Sent <b>Credit &amp; Revenue Collections</b> <b>The Gas Company</b> <b>P O Box 30337</b> <b>Los Angeles, CA 90030-0337</b> <b>Telephone No 213 244-8336</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach a copy of statements 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
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR <b>086-000-2000</b>		<input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods Sold <input type="checkbox"/> Services Performed <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury/wrongful death Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) <b>Natural Gas Utility Service</b>		
<b>2 DATE DEBT WAS INCURRED</b> <b>04/01/2003</b>		<b>3 IF COURT JUDGMENT DATE OBTAINED</b>
<b>4 CLASSIFICATION OF CLAIM</b> 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		
<input type="checkbox"/> SECURED CLAIM \$ <b>n/a</b> Attach evidence of perfection of security interest Brief description of Collateral Real Estate Motor Vehicle Other (Describe briefly)  Amount of arrearage and other charges included in secured claim above if any \$ <b>n/a</b>		<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____  Specify the priority of the claim <input type="checkbox"/> Wages Salaries or commissions (up to \$2000) earned no 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 benefits plan 11 U S C § 507 (a) (4) <input type="checkbox"/> 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) <input type="checkbox"/> Taxes or penalties of Governmental units - 11 U S C §507(a)(7) <input type="checkbox"/> Other 11 U S C 507(a)(2) (a) (5) (Describe briefly)
<b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ <b>240.52</b> (Unsecured)      \$ _____ (Secured)      \$ <b>240.52</b> (Priority)      \$ <b>240.52</b> Total		
Check this box if claim includes prepetition charges in addition to the principal amount of the claim Attach itemized statements of all additional charges		
<b>6 CREDITS AND SETOFFS</b> 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		THIS SPACE IS FOR COURT USE ONLY  JUL 21 2003 DISTRICT OF DELAWARE
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such a promissory notes purchase orders invoices itemized statements of running accounts contracts court judgment or evidence of security interests If the documents are not available explain If the documents are voluminous attach a summary		
<b>8 TIME-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim		
DATE	Sign and print the name and title if any of the creditor or other person authorized to file this claim (attached copy of power of attorney if any)  By <u><i>Doris Reed</i></u> <b>Doris Reed, Collection Supervisor</b>	

REC'D JUL 24 2003

THIS SPACE IS FOR COURT USE ONLY

Date Mailed

**THIS BILL IS NOW DUE AND PAYABLE**

Date Mailed  
Jun 24 2003

**Core-Mark Dist Inc  
2311 E 48th St  
Los Angeles, CA 90058**

SOUTHERN CALIFORNIA GAS COMPANY FORM 77 2B (9 95)

The Gas Company  
P O Box 30337  
Los Angeles, CA 90030 0337

PLEASE PAY THIS AMOUNT \$ **240 52**

**ACCOUNT NUMBER**  
086-000-2000

For 24 Hour Service and Information

Name Core Mark Dist Inc  
Serv 2311 E 48th St  
Addr Los Angeles, CA 90058

Call  1 (800) 427 2200

Rate Climate

**Duplicate Bill** ACCOUNT NUMBER 086-000-2000 Zone

Billing Period From	To	Meter Number	Readings Prev	Readings Present	Difference =CCF	Billing Factor =	Therms
03/31/03	04/01/03						
Summary Of Charges						Amount	
04/01/03						5 83	
Previous Balance						234 69	
Total Gas Charges Including Tax And Fees						240 52	

Total Current Gas Charges	240 52
<b>TOTAL AMOUNT DUE \$</b>	<b>240 52</b>





A  Sempra Energy™ company

Mass Markets Credit and Collections

Customer Financial Services

Southern California  
Gas Company  
P O Box 30337  
July 3, 2003

United States Bankruptcy Court  
District of Delaware  
824 Market Street 5th Floor  
Wilmington, Delaware 19801

*Mailing Address*  
P O Box 30337  
Los Angeles CA  
90030-0337

*Tel 800 427-1167*  
*Fax 213 244-8345*

**Regarding Case Number: 03-10945 MFW**

Enclosed please find the original and a copy of the Proof of Claim for **Core-Mark Dist Inc. aka:Fleming Companies Inc.** We have also enclosed a third conform copy Please acknowledge receipt of Proof of Claim, and return in the enclosed self-addressed stamped envelope

Thank you,



Doris Reed  
Collection Supervisor