

UNITED STATES BANKRUPTCY COURT For the District of Delaware		PROOF OF CLAIM	
In re COREMARK Distributors		Case Number 03-10945 MFW	
NOT F 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) Shilo Inn Lincoln City LLC Address Line 1 1501 NW 40th Place Address Line 2 Address Line 3 City, ST ZIP Lincoln City OR 97367		<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.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR		THIS SPACE IS FOR COURT USE ONLY	
1 BASIS FOR CLAIM <input 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 checked="" type="checkbox"/> Services performed Hotel Rooms <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (Describe Briefly) Your social security No _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		2 Date Debt incurred (MMDDYY) <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 03 07 03 thru 03-28-03 </div> 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.			
<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) _____	
5 AMOUNT OF CLAIM AT TIME CASE FILED <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 25%; height: 30px; position: relative;"> <div style="position: absolute; bottom: 5px; left: 5px;">(Secured)</div> </div> <div style="border: 1px solid black; width: 25%; height: 30px; position: relative;"> <div style="position: absolute; bottom: 5px; left: 5px;">(Unsecured Nonpriority)</div> <div style="position: absolute; top: 5px; left: 5px; font-size: 24px;">241.92</div> </div> <div style="border: 1px solid black; width: 25%; height: 30px; position: relative;"> <div style="position: absolute; bottom: 5px; left: 5px;">(Unsecured Priority)</div> </div> </div> <input type="checkbox"/> 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 7-28-03		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) Shilo Inn Lincoln City, LLC Gynn Kleana	

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



01944

THIS SPACE IS FOR
COURT USE ONLY

FILED

JUL 31 2003

BMC

WELLS FARGO BANK, N A
P O BOX 63020
SAN FRANCISCO, CA 94163

WELLS
FARGO

FAXED
4-7-03

SHILO INN LINCOLN CITY GENERAL
DEBTOR IN POSSESSION
CH 11 CASE #02-33033 OR
11600 SW SHILO LANE
PORTLAND, OR 97225

Hi Drew/Scott,
Do you know what this check
was for? I'm still trying
to determine why the bank
sent it back.

Lynn

ITEMS ENCLOSED

1

PAGE 1 OF 1 ACCOUNT CHARGED 4132228735

DATE 04-03-2003

YOUR ACCOUNT HAS BEEN CHARGED FOR THE FOLLOWING ITEM(S) RETURNED UNPAID ITEM(S) MARKED WITH
AN (*) HAVE BEEN REDEPOSITED PER INSTRUCTION AND DO NOT AFFECT YOUR ACCOUNT BALANCE

	REASON FOR NON PAYMENT	SEQUENCE #	AMOUNT
DEPOSITORY ACCOUNT# 4132228735			
	REFER TO MAKER	000300304400	60 48

CORE-MARK INTERNATIONAL INC.

Check No 904083354
50-937
213

395 Center Point Blvd
Suite 200
San Francisco, CA 94080

JPMORGAN CHASE BANK
6040 TARBELL ROAD

SYRACUSE, NY 13206

DATE 2003-04-03 Void 60 Days From Date

\$*****60 48

Pay to the
Order of

SHILO INN-LINCOLN CHASE BANK
1501 N W 40TH PLACE
LINCOLN CITY, OR 97367

TREASURER

123006800

904083354 13093791 1008009668

0000006048

TOTAL CHARGE 60 48

TOTAL REDEPOSIT 0 00

SHOULD YOU HAVE ANY QUESTIONS OR REQUIRE ADDITIONAL INFORMATION, PLEASE CALL THE
PHONE NUMBER THAT IS LISTED ON YOUR BANK STATEMENT

SHILO INNS LINCOLN CITY
1501 NW 40TH PLACE
Lincoln City, OR 97367
541-994-3655

COREMARK DISTRIBUTORS
13551 SE JOHNSON ROAD
PORTLAND, OR 97222
USA
ATTN

ACCOUNT COREMARK
NVOICE NUMBER 6798
INVOICE DATE 03/07/03
INVOICE AMOUNT \$60 48
BALANCE DUE \$60 48
PAGE 1

=====					
C U S T O M E R			I N V O I C E		
ROOM NO	FOLIO	DATE	GUEST NAME		AMOUNT BILLED
=====					
289	294215	03/06/03	BAMFORD	JOHN	60 48

ENCLOSED IS CHECK OR MONEY ORDER IN THE FULL AMOUNT \$_____

PLEASE CHARGE MY _____VISA _____MASTERCARD
_____DISCOVER _____AMERICAN EXPRESS

CARD NUMBER _____EXP DATE_____

SIGNITURE_____

COMMENTS mailed 3/11/03
remailed 4/30/03

SHILO INNS LINCOLN CITY
1501 NW 40 TH PLACE
LINCOLN CITY, OR 97367-4811

ROOM # 289
GUEST # 294215

JOHN BAMFORD
13551 SE JOHNSON RD
PORTLAND, OR 97222
USA

Arrival Date 03/05/03
Departure Date 03/06/03
Number in Party 1
Rate 56 00

03/05/03	ROOM CHARGE	AUTOMATIC POSTI	56 00
03/05/03	ROOM TAX	AUTOMATIC POSTI	4 48
03/06/03	DIRECT BILL		60 48-

Payment Method COREMARK COREMARK DISTRIBUTORS
Checkout Id COOKIE

00

FOLIO # 294215

GUEST REGISTRATION

LAST NAME BAMFORD	FIRST NAME JOHN	TITLE	ARRIVAL 03/05/03	DEPARTURE 03/06/03
ADDRESS 13551 SE JOHNSON RD			RATE 56.00	ROOM 289
CITY PORTLAND	OR STATE 97222	ZIP	GUEST NUMBER 294215	
NUMBER IN PARTY 1/0			LICENSE NUMBER	
REPRESENTING			BIRTHDATE MONTH _____ DAY _____	

Dear Valued Shilo Guest,
 If you wish to receive information on major discounts and future promotions, please provide your birthday (month, day) and e-mail address. Shilo Inns is committed to respecting and protecting your privacy, and will not lend, sell or transfer your personal information to others.

e-MAIL ADDRESS _____

Rates are subject to applicable sales, occupancy or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event the indicated person, company or association fails to pay for any part of these charges.

GUEST SIGNATURE _____

Would you like to take advantage of our EXPRESS CHECKOUT service? If so, please sign below.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE _____

GUESTS WITHOUT APPROVED CREDIT CARDS, PLEASE PAY IN ADVANCE

METHOD OF PAYMENT

COREMARK COREMARK DISTRIBUTORS

SPECIAL INSTRUCTIONS

GUEST # 294215

SHILO INNS LINCOLN CITY
1501 NW 40TH PLACE
Lincoln City, OR 97367
541-994-3655

COREMARK DISTRIBUTORS
13551 SE JOHNSON ROAD
PORTLAND, OR 97222
USA
ATTN

ACCOUNT COREMARK
NVOICE NUMBER 6816
INVOICE DATE 03/14/03
INVOICE AMOUNT \$60 48
BALANCE DUE \$60 48
PAGE 1

ROOM NO		FOLIO	C U S T O M E R		I N V O I C E	
			DATE	GUEST NAME		AMOUNT BILLED
285		294216	03/13/03	BAMFORD	JOHN	60 48

ENCLOSED IS CHECK OR MONEY ORDER IN THE FULL AMOUNT \$_____

PLEASE CHARGE MY _____VISA _____MASTERCARD
_____DISCOVER _____AMERICAN EXPRESS

CARD NUMBER _____EXP DATE_____

SIGNITURE_____

COMMENTS MAILED 3/17/03
remailed 4/30/03

SHILO INNS LINCOLN CITY
1501 NW 40 TH PLACE
LINCOLN CITY, OR 97367-4811

ROOM # 285
GUEST # 294216

JOHN BAMFORD
13551 SE JOHNSON RD
PORTLAND, OR 97222
USA

Arrival Date 03/12/03
Departure Date 03/13/03

Number in Party 1
Rate 56 00

03/12/03	ROOM CHARGE	AUTOMATIC POSTI	56 00
03/12/03	ROOM TAX	AUTOMATIC POSTI	4 48
03/13/03	DIRECT BILL		60 48-

Payment Method COREMARK COREMARK DISTRIBUTORS
Checkout Id COOKIE

00

FOLIO # 294216

GUEST REGISTRATION

LAST NAME BAMFORD	FIRST NAME JOHN	TITLE	ARRIVAL 03/12/03	DEPARTURE 03/13/03
ADDRESS 13551 SE JOHNSON RD			RATE 56.00 <i>JMB</i>	ROOM 285
CITY PORTLAND	OR STATE 97222	ZIP	GUEST NUMBER 294216	
NUMBER IN PARTY 1/0			LICENSE NUMBER	
REPRESENTING			BIRTHDATE MONTH _____ DAY _____	

Dear Valued Shilo Guest,
If you wish to receive information on major discounts and future promotions, please provide your birthday (month, day) and e-mail address. Shilo Inns is committed to respecting and protecting your privacy, and will not lend, sell or transfer your personal information to others.

e-MAIL ADDRESS _____

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GUEST SIGNATURE _____
John Bamford

Would you like to take advantage of our EXPRESS CHECKOUT service? If so, please sign below.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE _____

GUESTS WITHOUT APPROVED CREDIT CARDS, PLEASE PAY IN ADVANCE

METHOD OF PAYMENT

COREMARK COREMARK DISTRIBUTORS

SPECIAL INSTRUCTIONS

GUEST # 294216

SHILO INNS LINCOLN CITY
1501 NW 40TH PLACE
Lincoln City, OR 97367
541-994-3655

COREMARK DISTRIBUTORS
13551 SE JOHNSON ROAD
PORTLAND, OR 97222
USA
ATTN

ACCOUNT COREMARK
NVOICE NUMBER 6836
INVOICE DATE 03/21/03
INVOICE AMOUNT \$60 48
BALANCE DUE. \$60 48
PAGE 1

ROOM NO		FOLIO	C U S T O M E R		I N V O I C E		AMOUNT BILLED
			DATE	GUEST NAME			
289	294217		03/20/03	BAMFORD JOHN			60 48

ENCLOSED IS CHECK OR MONEY ORDER IN THE FULL AMOUNT \$_____

PLEASE CHARGE MY _____VISA _____MASTERCARD
_____DISCOVER _____AMERICAN EXPRESS

CARD NUMBER _____EXP DATE_____

SIGNITURE_____

COMMENTS mailed 3/31/03
remailed 4/30/03

SHILO INNS LINCOLN CITY
1501 NW 40 TH PLACE
LINCOLN CITY, OR 97367-4811

ROOM # 289
GUEST # 294217

JOHN BAMFORD
13551 SE JOHNSON RD
PORTLAND, OR 97222
USA

Arrival Date 03/19/03
Departure Date 03/20/03
Number in Party 1
Rate 56 00

03/19/03	ROOM CHARGE	AUTOMATIC POSTI	56 00
03/19/03	ROOM TAX	AUTOMATIC POSTI	4 48
03/20/03	DIRECT BILL		60 48-

Payment Method COREMARK COREMARK DISTRIBUTORS
Checkout Id COOKIE

00

FOLIO # 294217

GUEST REGISTRATION

LAST NAME BAMFORD	FIRST NAME JOHN	TITLE	ARRIVAL 03/19/03	DEPARTURE 03/20/03
ADDRESS 13551 SE JOHNSON RD			RATE 56.00	ROOM 289
CITY PORTLAND	OR STATE 97222	ZIP	GUEST NUMBER 294217	
NUMBER IN PARTY 1/0			LICENSE NUMBER BAT	
REPRESENTING			BIRTHDATE MONTH _____ DAY _____	

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GUEST SIGNATURE _____

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I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE _____

GUESTS WITHOUT APPROVED CREDIT CARDS, PLEASE PAY IN ADVANCE
 METHOD OF PAYMENT

COREMARK COREMARK DISTRIBUTORS

SPECIAL INSTRUCTIONS

GUEST # **294217**

SHILO INNS LINCOLN CITY
1501 NW 40TH PLACE
Lincoln City, OR 97367
541-994-3655

COREMARK DISTRIBUTORS
13551 SE JOHNSON ROAD
PORTLAND, OR 97222
USA
ATTN

ACCOUNT COREMARK
NVOICE NUMBER 6855
INVOICE DATE 03/28/03
INVOICE AMOUNT \$60 48
BALANCE DUE \$60 48
PAGE 1

ROOM NO		FOLIO	C U S T O M E R		I N V O I C E		AMOUNT BILLED
			DATE	GUEST NAME			
189	294218		03/27/03	BEAVENS		SHANE	60 48

ENCLOSED IS CHECK OR MONEY ORDER IN THE FULL AMOUNT \$_____

PLEASE CHARGE MY _____VISA _____MASTERCARD
_____DISCOVER _____AMERICAN EXPRESS

CARD NUMBER _____EXP DATE_____

SIGNITURE_____

COMMENTS mailed 3/31/03
remailed 4/30/03

SHILO INNS LINCOLN CITY
1501 NW 40 TH PLACE
LINCOLN CITY, OR 97367-4811

ROOM # 189
GUEST # 294218

SHANE BEAVENS
13551 SE JOHNSON RD
PORTLAND, OR 97222
USA

Arrival Date 03/26/03
Departure Date 03/27/03
Number in Party 1
Rate 56 00

03/26/03	ROOM CHARGE	AUTOMATIC POSTI	56 00
03/26/03	ROOM TAX	AUTOMATIC POSTI	4 48
03/27/03	DIRECT BILL		60 48-

Payment Method COREMARK COREMARK DISTRIBUTORS
Checkout Id COOKIE

00

FOLIO # 294218

GUEST REGISTRATION

LAST NAME BEAVENS	FIRST NAME SHANE	TITLE	ARRIVAL 03/26/03	DEPARTURE 03/27/03
ADDRESS 13551 SE JOHNSON RD			RATE 56.00	ROOM 189
CITY PORTLAND	OR STATE 97222	ZIP	GUEST NUMBER 294218	
NUMBER IN PARTY 1/0	SHARING WITH		LICENSE NUMBER	
REPRESENTING			BIRTHDATE MONTH _____ DAY _____	

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If you wish to receive information on major discounts and future promotions,
please provide your birthday (month, day) and e-mail address. Shilo Inns is
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or transfer your personal information to others

e-MAIL ADDRESS

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GUEST SIGNATURE

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I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE

GUESTS WITHOUT APPROVED CREDIT CARDS, PLEASE PAY IN ADVANCE

METHOD OF PAYMENT

COREMARK COREMARK DISTRIBUTORS

SPECIAL INSTRUCTIONS

GUEST # 294218