B10 (Official Form 10) (Rev 04/01) UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM For the District of Delaware Distributors Case Number 03-10945MFW 'oremark In re NOTF 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 Check box if you are aware that anyone (Person or entity else has filed a proof of claim relating debtor owes) to your claim Attach Copy of Address statement giving particulars Line ! Address Check box if you have nover received Line 2 any notices from the bankruptcy court Address in this case. Line 3 Check box if the address differs from City. the address on the envelope THIS SPACE IS FOR OR 97367 STZIF LINCOLN (1t sent to you by the court COURT USE ONLY ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR replaces a previously filed claim dated. Check here if this claim amends 2 Date Debt incurred (MMDDYY) 1 BASIS FOR CLAIM Coods sold Retiree benefits as defined in 11 U S C § 1114(a) Personal mjury/wrongful death 0 Services performed Wages, salaries, and compensation (Fill out below) Hotel ROOMS If Court Judgment, Date Obtained Your social security No Money loaned Other (Describe Briefly) Unpaid compensation for services performed (date) (date) 4 CT ASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured monpriority, (2) Unsecured Priority, (3) Secured It is possible for part of a claim to be in one category and part in smother CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIMP CASE FILED UNSECURED PRIORITY CLAIM - Specify the priority of the claim. SECURED CLAIM Attach evidence of perfection of security interest Wages, salaries, or commissions (up to \$4,650), earned not more than 90 days Brief Description of Collateral before filing of the bankruptcy pention or cessation of the debtor's business. Real Estate Other (Describe briefly) whichever is earlier - 11 U S C § 507(a)(3) Motor Vehicle Contributions to an employee benefit plan 11 U S C § 507(a)(4) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ ____ 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) Ø UNSECURED NONPRIORITY CLAIM Taxes or penalties of governmental units - 11 U S C § 507 (a)(7) A claim is unsecured if there is no collateral or lien on property of the Other - Specify applicable paragraph of 11 U S C § 507(a) debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. AMOUNT OF CLAIM AT TIME CASE FILED (Secured) (Unsecured Nonpriority) (Unsecured Priority) Check this box if claim includes charges in additional charges 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 THIS SPACE IS FOR COURT USE ONLY of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor 7 SUPPORTING DOCUMENTS <u>Attach capies of supporting documents</u>, 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 11MF \$1 AMPLD COFY To receive an acknowledgment of the filing of your claim, enclosed a stamped, self addressed envelope and copy of this proof of claim Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy Date of power of attorney, if any) Shi to Inn Lincoln City, LCC 1-28 03

Penalty for presenting fraudulent claim Fine of up to \$500,000 or inhydronment for up to 5 years, or both. 18 U S C §§ 152 and 3571



WELLS FARGO BANK, N A P 0 BOX 63020 SAN FRANCISCO, CA 94163

Hi Drew Scott

Bo you know what this Check

was for 7 U'm still trying

INCOLN CITY GENERAL to determine why the bank
#02-33033 OR
ILO LANE

Sent it back.

SHILO INN LINCOLN CITY GENERAL

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

ITEMS ENCLOSED

1

1 OF 1 ACCOUNT CHARGED 4132228735 **PAGE**

DATE 04-03-2003

YOUR ACCOUNT HAS BEEN CHARGED FOR THE FOLLOWING ITEM(S) RETURNED UNPAID ITEM(S) MARKED WITH AN (*) HAVE BEEN PEDEPOSITED 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

JPMORGAN CHASE BANK 6040 TARBELL ROAD

SYRACUSE, NY 13206

******60 48

Pay to the Order of

SHILO INN-LINCO 1501 N W 40TH PLACE

LINCOLN CITY, OR 97367

395 🚧

Suite

#904083354# #

13093790

ter Point Blvd

1...8...09668

Noid 60 Days From Date

TREASURER

"OOOOOGO48"

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

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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

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

ENCLOSED IS	CHECK O	R MONEY	ORDER	IN	THE	FULL	TRUOMA	\$
PLEASE CHARG	Е МУ		/ISA				MASTERO	'ARD
		I	ISCOVE	ER			AMERICA	N EXPRESS
CARD NUMBER	www.						EXP DA	TE
SIGNITURE								

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

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-

LAST NAME BAMFORD	-	IAME J OHN	TITLE	ARRIVAL Ø3/Ø			RTURE / 06/03
ADDRESS 13551 SE JO	OHNSON RD			RATE	56.00	ROOI	M
CITY PORTLAND	OR STATE	97222	ZIP		zmB	2	289
NUMBER IN PARTY 1/0	SHARIN	IG WITH	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	GUEST*	4215	LICEN	ISE NUMBER
representing				BIR	THDATE MONTH		
Dear Valued Shilo Guest, If you wish to receive infor please provide your birthd committed to respecting a	lav (month. dav)	and e-mail add	dress Shilo Inn	S IS N	DAY		
committed to respecting a or transfer your personal i	information to of	thers	u will not lend,) EII			
Rates are subject to applicable s	ales occupancy or c	other taxes Pleas	e do pot leave any	money	SPECIAL	INSTR	LUCTIONS
	ales occupancy or o your room A safet Il is not waven and a or association fails to	other taxes Pleas y deposit box is a agree to be held in	e do not leave any vailable for you in t personally liable in th	money he lobby	SPECIAL GUEST		
Rates are subject to applicable s or items of value unattended in I agree that my liability for this bithe indicated person company of GUEST SIGNATURE Would you like to take add	ales occupancy or o your room A safety Il is not warved and a or aslociation fails to	other taxes Pleas y deposit box is a agree to be held p pay for any part of	e do not leave any vailable for you in t versonally liable in th of these charges	money he lobby ne event			
Rites are subject to applicable s or items of value unattended in I agree that my liability for this bi the indicated person company of GUEST SIGNATURE	ales occupancy or or or your room A safety II is not warved and a or aslociation fails to wantage of our I	other taxes Pleas y deposit box is a agree to be held p pay for any part of	e do not leave any vailable for you in t bersonally liable in the of these charges	money he lobby ne event e ⁷ If so,			
Rites are subject to applicable s or items of value unattended in I agree that my liability for this bit the indicated person company of GUEST SIGNATURE Would you like to take ad please sign below I authorize you to bill the full ba	ales occupancy or or your room A safety II is not waved and a or as occupant fails to wantage of our lance of my account	to my credit care	e do not leave any vailable for you in t bersonally liable in the of these charges	money he lobby ne event e ⁷ If so,			

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	CUSTOME DATE	R INVO GUEST NAME	======== I C E	AMOUNT BILLED
285	=======================================	03/13/03	BAMFORD	JOHN	60 48

ENCLOSED IS C	HECK OR	MONEY	ORDER	IN	THE	FULL	AMOUI	T	\$
PLEASE CHARGE	MY	v	ISA				_MASTI	ERCA	ARD
		D	ISCOVE	ER			_AMER]	CAN	I EXPRESS
CARD NUMBER							_EXP	DAT	'E
SIGNITURE									***************************************
COMMENTS	MAILED	3/17/	03						

remailed 4/30/03

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	_

	=	FIRST	JAME	TITLE	ARRIVA	L	DEPAR	TURE
	MFORD	,	JOHN		03/1	2/03	03/	/13/03
ADDRESS	eet or	TOURIOTRI DO				****		
	ODI PF	JOHNSON RD			RATE	56, 00	ROOM	1
CITY PO	RTLAND	OR STATE	97222	ZIP		NUMBER .	12	85
NUMBER IN	N PARTY	SHARIN	NG WITH		GOEST	NOWREK	LICEN	SE NUMBER
1/	'Ø				29	94216		
REPRESENT	TING				Pic	RTHDATE		
					DIF	MONTH		
	ed Shilo Gue:	st, nformation on major	r discounts and	i future promoti	one	DAY		
please prov	vide vour bir	thday (month, day)	and e-mail add	dress Shilo Inns	is	1AIL ADDRESS		
committed	to respecting	ng and protecting ye	our privacy, an	d will not lend, s	ell e-r	MAIL ADDRESS)	
or transfer	your persor	nal information to o	thers					i
<u> </u>								
		ble sales occupancy or o	other taxes Pleas			SPECIAL	NSTR	UCTIONS
or items of value of lagree that n	alue unattended ny liability forth	ble sales occupancy or of d in your room. A safet	other taxes Pleas y deposit box is a agree to be held p	ivailable or you in the personally liable in the	e lobby	SPECIAL	NSTR	UCTIONS
or items of value or items of value indicated	alue unattended ny liability for th person compa	ble sales occupancy or of d in your room. A safet his bill is not waived and any or association fails to	other taxes Pleas y deposit box is a agree to be held p	ivailable or you in the personally liable in the	e lobby	SPECIAL	NSTRI	
or items of value or items of value indicated	alue unattended ny liability forth	ble sales occupancy or of d in your room. A safet his bill is not waived and any or association fails to	other taxes Pleas y deposit box is a agree to be held p	ivailable or you in the personally liable in the	e lobby	SPECIAL I		
or items of vi I agree that no the indicated GUEST SI	alue unattender ny liability for th person compa GNATURE	ble sales occupancy or of din your room. A safet his bill is not/waived and any or association fails to	other taxes Pleas y deposit box is a agree to be held p pay for any part o	evailable for you in the personally liable in the of these diarges	e event			
or items of value of the indicated GUEST Side	alue unattenderny liability for the person compa	ble sales occupancy or of d in your room. A safet his bill is not waived and any or association fails to	other taxes Pleas y deposit box is a agree to be held p pay for any part o	evailable for you in the personally liable in the of these diarges	e event			
or items of virtue indicated GUEST SIGNOVICE Would you please sign	alue unattenderny liability for the person compa GNATURE I like to take to below	ble sales occupancy or of din your room. A safet his bill is not/waived and any or association fails to	other taxes Pleas y deposit box is a agree to be held p pay for any part of	ivaliable of you in the personally liable in the of these gnarges ECKOUT service	e event			
or items of virtue indicated GUEST SIGNOVICE Would you please sign	alue unattenderny liability for the person compa GNATURE I like to take to below	ble sales occupancy or of din your room. A safet ins bill is not waived and a any or association fails to be advantage of our least one of the same of	other taxes Pleas y deposit box is a agree to be held p pay for any part of	ivaliable of you in the personally liable in the of these gnarges ECKOUT service	e event			
or items of value of the indicated GUEST Side Would you please sign I authorize you registration	alue unattended by liability for the person compa GNATURE I like to take below ou to bill the full below ou to bill the full below by the full by the	ble sales occupancy or of din your room. A safet ins bill is not waived and a any or association fails to be advantage of our least one of the same of	pother taxes Pleas by deposit box is a agree to be held p pay for any part of EXPRESS CHI	ivaliable of you in the personally liable in the of these gnarges ECKOUT service	e event			
or items of viril agree that in the indicated GUEST Side Would you please sign I authorize you registration SIGNATU	alue unattended by liability for the person compa GNATURE. I like to take to below ou to bill the full RE	ble sales occupancy or of in your room. A safet ins bill is not waived and a any or association fails to advantage of our lill balance of my account	pother taxes Pleas y deposit box is a agree to be held p pay for any part of EXPRESS CHI	evailable of you in the personally liable in the of these gnarges ECKOUT service d which was presented	e lobby e eyent ? If so, ed upon			

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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

========	=========		========= E R I N		=======================================
ROOM NO	FOLIO	DATE	GUEST NAME		AMOUNT BILLED
289	294217	03/20/03	BAMFORD	JOHN	60 48

ENCLOSED IS CH	HECK OR	MONEY	ORDER	IN	THE	FULL	AMOUN	Т	\$	
PLEASE CHARGE	MY	v	ISA				MASTE	RCA	RD	
		D	ISCOVE	R			_AMERI	CAN	EXPRESS	
CARD NUMBER	***************************************						EXP	DAT	E	
SIGNITURE	and the separate of the second			······································						

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

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-

00

, ** N >

LAST NAME		FIRST	-	TITLE	ARRI		DEPARTURE
BAMFOR	D	,	JOHN		03/	19/03	03/20/03
ADDRESS 13551	SE JOHI	NSON RD			RATE	\rightarrow	ROOM
PORTLA	ND	ORSTATE	97222	ZIP	(DW		289
NUMBER IN PARTY 1/0	ñ. S.	SHARIN	IG WITH		V ~	94217	LICENSE NUMBER
REPRESENTING	P angel					IRTHDATE MONTH	
Dear Valued Shilo	Guest,	tion on more	discounts			DAY	
If you wish to receiplease provide you committed to resp	r birthday (ecting and	(month, day) protecting vo	and e-mail add our privacy, and	iress Shilo li	nns is	-MAIL ADDRES	ss
or transfer your pe	ersonal infoi	rmation to ot	hers				
Rates are subject to ap	ersonal info	occupancy or o	ther taxes Please	e do not leave a	ny money	SPECIAL	INSTRUCTIONS
	plicable sales ended in your for this bill is n	occupancy or of room. A safety	other taxes Please deposit box is av	vailable før you ir ersonally liable in	n the lobby	SPECIAL GUES	
Rates are subject to ap or items of value unatt I agree that my liability the indicated person to GUEST SIGNATU Would you like to please sign below I authorize you to bill to	pplicable sales ended in your for this bill is n expanylor as:	occupancy or corroom A fafety for varyed and a sociation falls to	other taxes Please deposit box is averagree to be held por pay for any part o	vailable for you in ersonally lable in f these charges CKOUT serv	the lobby the event rice? If so,		
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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 DATE	R INVO GUEST NAME	I C E	AMOUNT BILLED
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 ma	iled 3/31/03		

remailed 4/30/03

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-

/ & # N + P

00

Payment Method COREMARK COREMARK DISTRIBUTORS Checkout Id COOKIE

BEAVENS SHANE ADDRESS 3551 SE JOHNSON RD CITY PORTLAND OR STATE 97222 NUMBER IN PARTY 1/0 REPRESENTING	•••••
CITY PORTLAND OR STATE 97222 ZIP SHARING WITH CUEST NUMBER LICENSE NUMBER 294218	
NUMBER IN PARTY SHARING WITH 294218	
294218	
INFERENCIAL INC.	
BIRTHDATE	
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 lins is committed to respecting and protecting your privacy, and will not lend, sell or transfer your personal information to others.	
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	
If agree that my liability for this bill is not waived and agree to be hold normally it.	
the indicated person company or association fails to pay for any part of these charges GUEST SIGNATURE GUEST # 294218	
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	
COREMARK COREMARK DISTRIBUTORS	