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RA 1043919

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

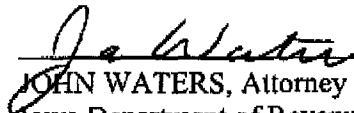
IN RE	)	Bankruptcy No 03-10945-MFW
	)	Jointly Administered
FLEMING COMPANIES, INC , ET AL ,	)	
Debtors	)	Chapter 11
	)	

**SATISFACTION OF CLAIM**

The Iowa Department of Revenue acknowledges its administrative-expense tobacco tax claim against Core Mark Midcontinent, Inc , dated July 31, 2003, in the amount of \$1,358 22, has been satisfied (Our Account No 1043919)

IOWA DEPARTMENT OF REVENUE

By

  
\_\_\_\_\_  
JOHN WATERS, Attorney At Law

Iowa Department of Revenue  
Collections Section  
P O Box 10457  
Des Moines, Iowa 50306  
(515) 281-6427  
Fax (515) 281-0763

Docket #4353  
Date 11/3/03

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the above document(s) was mailed to the persons listed below at the addresses indicated, stamped with the appropriate postage for ordinary mail and deposited on the 29 day of Oct 2003, in a United States Post Office mail receptacle in Des Moines, Iowa

  
JOHN WATERS

Copy To

**Julie L. Compton**  
Office of the U S Trustee  
J Caleb Boggs Federal Building  
844 King Street, Suite 2313  
Wilmington, DE 19801

**Christopher James Lhulier**  
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Wilmington, DE 19899

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Wilmington, DE 19899

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Iosco & Marconi, P A  
1116 West Street, P O Box 1677  
Wilmington, DE 19899-1677

**UNITED STATES BANKRUPTCY COURT  
District of Delaware**

**PROOF OF CLAIM**

Administrative Expense Claim

Name of Debtor

**Core Mark Midcontinent Inc**

Case No, 03-10950

Chapter 11

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)*

State of Iowa

Name and address where notices should be sent

Iowa Department of Revenue and Finance  
Accounts Receivable  
Hoover State Office Building  
Des Moines, IA 50319

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.

Check box if you have never rec'd any notices from the bank court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

**REC'D AUG 07 2003**

THIS SPACE FOR COURT USE ONLY

Telephone Number (515) 281-3663

Account or other number by which creditor identifies debtor

8-62-600036

Check here if this claim  Replaces  Amends a previously filed claim dated

**1 Basis for Claim**

- Good sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other

- Retiree benefits as defined in 11 U.S.C. Section 1114(a)
- Wages, salaries, and compensation (fill out below)

Your SS # \_\_\_\_\_ Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

**2 Date debt was incurred**

due date of tax return

**3 If court judgment, date obtained**

**4 Total Amount of Claim at Time Case Filed**

\$1,358.22

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all other interest charges.

**5 Secured Claim**

Check this box if your claim is secured by collateral (including a right of setoff)  
Amount secured - \$0.00

Brief Description of Collateral

Real Estate  Motor Vehicle  Other \*\*

\*\* All of Debtor's property pursuant to Iowa Code § 422.26

Amount of arrearage and other charges at the time case filed included in secured claim if any -

**6 Unsecured Priority Claim**

Check this box if you have unsecured priority claim

Amount entitled to priority - \$1,358.22

Specify the priority of the claim

- Wages, salaries, or commissions (up to \$4,300), \*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)
- Contributions to an employee benefit plan 11 U.S.C. § 507(a)(4)
- Up to \$1,950\* of deposits toward purchase, lease, or rental of property or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(6)
- Alimony, maintenance, or support owed to a spouse, former spouse or child 11 U.S.C. § 507(a)(7)
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)
- Other Specify applicable paragraph of 11 U.S.C. § 507(a)(1)

\*Amounts are subject to adjustment on 4/1/01 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, purpose 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 acknowledgement 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 07/31/03  
Acct No 1043919

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim

Prepared by ra  
Typed by ra

*Jim McSwain*  
James McSwain - Acct Receivable Program Manager

Filing Companies Claim



02231

**For the Department of Revenue  
Itemized Statement**

For the District of Delaware  
**Administrative Expense Claim**

In Re Core Mark Midcontinent Inc

Social Security Number

Employer ID Number

Case Number 03-10950

Permit Number 8-62-600036

Petition Date 04/01/03

Account Number 1043919

Chapter 11

The debtor is indebted for taxes due pursuant to the revenue laws of the State of Iowa as follows

**A SECURED CLAIMS (Secured by a tax lien, or security interest as noted below) \***

KIND OF TAX	PERIOD	TAX	PENALTY	INTEREST	FEES	TOTAL	DATE NOTICE OF LIEN FILED
						<b>\$0 00</b>	Secured Total

**B PRIORITY UNSECURED CLAIMS**

KIND OF TAX	PERIOD	TAX	PENALTY	INTEREST	FEES	TOTAL	DATE TAX ASSESSED
Tobacco	04/30/03	\$1,214 86	\$121 49	\$21 87		\$1,358 22	08/01/2003
						<b>\$1,358 22</b>	Priority Total

**C GENERAL UNSECURED CLAIMS**

KIND OF TAX	PERIOD	TAX	PENALTY	INTEREST	FEES	TOTAL	DATE TAX ASSESSED
						<b>\$0 00</b>	Unsecured Total
						<b>\$1,358 22</b>	<b>GRAND TOTAL</b>

\*To the extent that the security interest, or lien, described above is insufficient to satisfy the department's claim in full, the balance is a priority or a general unsecured claim

Note Administrative expense liabilities accrue interest at the rate of 6% per month The interest increase for this claim is \$ 7 28 per month

60080010439190033000001358226000001358226 9

IOWA DEPT OF REVENUE  
HOOVER STATE OFFICE BUILDING  
DES MOINES, IOWA 50319

NOTICE DATE AUGUST 1, 2003 DUE IF PAID BY AUGUST 31, 2003 1,358 22 6  
ACCOUNT NO 001043919-003 3

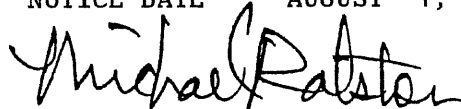
CORE MARK MIDCONTINENT INC  
CORE MARK INTERNATIONAL  
3650 FRAZER ST  
AURORA CO 80011

IDENTIFICATION NUMBERS  
DLN 2003197300102  
PERMIT 8 626 00036

PLEASE DETACH THIS STUB AND RETURN WITH YOUR REMITTANCE TO INSURE PROPER CREDIT

CORE MARK MIDCONTINENT INC  
CORE MARK INTERNATIONAL

REASON FOR ASSESSMENT  
UNHONORED CHECK  
NOTICE DATE AUGUST 1, 2003



BY \_\_\_\_\_  
DIRECTOR OF REVENUE

NOTICE OF ASSESSMENT TOBACCO

THIS NOTICE IS TO INFORM YOU THAT THE IOWA DEPARTMENT OF REVENUE IS ASSESSING YOU FOR THE TAX, PENALTY, INTEREST, AND FEES SHOWN BELOW

PAY THIS AMOUNT WITH A SEPARATE CHECK DO NOT INCLUDE IT AS PART OF YOUR REGULAR MONTHLY OR QUARTERLY TAX PAYMENT

THIS ASSESSMENT WILL BECOME FINAL UNLESS YOU APPEAL WITHIN 60 DAYS OR PAY THE AMOUNT SHOWN AND FILE A TIMELY REFUND CLAIM IF YOU DO NOT APPEAL AND YOU DO NOT PAY, WE WILL BEGIN ADDITIONAL COLLECTION STEPS AFTER THE DUE DATE SHOWN ABOVE

IF THIS ASSESSMENT IS FOR DRUG TAXES, YOU HAVE 60 DAYS TO APPEAL, BUT YOU CANNOT PAY THE AMOUNT SHOWN AND THEN FILE A REFUND CLAIM AFTER PAYMENT IF THIS ASSESSMENT IS A JEOPARDY ASSESSMENT, THE TOTAL SHOWN ABOVE IS IMMEDIATELY COLLECTABLE UNLESS THE DIRECTOR ACCEPTS A BOND (IA CODE 422 30) IF YOU ARE IN BANKRUPTCY, SEE THE REVERSE SIDE OF THIS FORM

TAX PERIOD(S)	DLN	TAX	PENALTY	INTEREST	FEES	TOTAL
04/30/03	2003197300102	1,214 86	121 49	21 87		1,358 22

THIS AMOUNT IS DUE IMMEDIATELY

DO NOT PAY THIS BILLING USING THE EFT (ELECTRONIC FUNDS TRANSFER) METHOD

IF YOU HAVE ANY QUESTIONS CONCERNING THIS BILLING, PLEASE CALL

(515)281-8023  
TELEPHONE NUMBER

001043919-003  
ACCOUNT NUMBER

IMPORTANT INFORMATION CONTAINED ON THE BACK OF THIS FORM