UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

In re

Core-Mark International, Inc

Case Number

03-10944

s122142

Scheduled Claim Ref # 1-F2 16592

YOUR CLAIM IS SCHEDULED AS

~~$1 365 30~~ UNSECURED

28720

The amounts reflected above constitute your claim as scheduled by the Debtor If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below

If the amounts shown above are listed as Contingent Unliquidated or Disputed a proof of claim must be filed
If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

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

☐ 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

☐ Check box if you have 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

Name of Creditor and Address

0354429422381

PERFORMANCE PLUS INC
2250 S REDWOOD ROAD
SALT LAKE CITY UT 84119

Creditor Telephone Number ( )

CREDITOR TAX I D # 87 081 3675

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM

☐ Goods sold
☑ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensation (Fill out below)

Your social security number _____

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ _____ (unsecured) $ _____ (secured) $ _____ (unsecured priority) $ _____ (total)

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 interest or additional charges

5 SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☐ Real Estate
☐ Motor Vehicle
☐ Other _____

Value of collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any $ _____

6 UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured priority claim

Specify the priority of the claim

☑ Wages salaries or commissions (up to $4 650*) 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 $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)

☐ Alimony maintenance o 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) _____

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 purchase 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 acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4 00 p m , September 15, 2003, Pacific Daylight Time

BY MAIL TO
Bankruptcy Management Corporation
P O BOX 900
El Segundo, CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO
Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

FILED

AUG 1 1 2003

BMC

Fleming Companies Claim

02878

DATE SIGNED 8/4/03

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)

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

See Other Side For Instructions

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re	)	Chapter 11
	)	
Fleming Companies Inc , et al [1]	)	Case No 03-10945 (MFW)
Debtors	)	(Jointly Administered)

NOTICE OF DEADLINE FOR THE
FILING OF PROOFS OF CLAIM AND PROOFS OF INTEREST

TO ALL CREDITORS OF THE DEBTORS

PLEASE TAKE NOTICE that the above-captioned debtors and debtors-in-possession (the "Debtors") filed a voluntary petition for relief under Chapter 11 of title 11 of the United States Code (as amended from time to time, the "Bankruptcy Code") in the United States Bankruptcy Court for the District of Delaware (the "Court') The Debtors are operating their businesses and managing their property as debtors in possession pursuant to Sections 1107(a) and 1108 of the Bankruptcy Code

Pursuant to Section 105(a) of the Bankruptcy Code and Bankruptcy Rule 3002(c)(3), all Persons and Entities, including, without limitation, individuals, partnerships, corporations, estates, trusts governmental units (which shall include all entities defined as such in Section 101(27) of the Bankruptcy Code, including any such entity that holds a claim arising from prepetition tax years or periods or from prepetition transactions to which a Debtor was a party), and entities asserting claims against an individual Debtor that arose out of the obligations of such entities or the Debtors under a contract for the provision of liability insurance (each a "Creditor" and collectively, "Creditors"), holding or wishing to assert a claim as defined in Section 101(5) of the Bankruptcy Code against any of the Debtors (collectively the 'Claims ') or interest in any of the Debtors (collectively, the "Interests") arising on or before April 1, 2003 (the "Petition Date"), are required to file a separate, completed and executed proof of claim form conforming substantially to Official Bankruptcy Form 10) (the "Proof of Claim") on account of any Claims such Creditors hold or wish to assert against the Debtors, so that the Proof of Claim is actually received on or before 4 00 p m Pacific Daylight Time on September 15, 2003 (the "General Bar Date"), or in the case of governmental units, by October 1, 2003 the "Governmental Unit Bar Date," by the Debtors' Official Notice and Claims Agent at the following address

Bankruptcy Management Corporation ("BMC")
1330 East Franklin Avenue, El Segundo, CA 90245 ***(for overnight mail or hand delivery)***
P O Box 900, El Segundo, CA 90245-0900 ***(for regular mail)***
Telephone 1-888-909-0100

Notwithstanding the foregoing, AT THIS TIME, Proofs of Claim ARE NOT REQUIRED to be filed by Creditors holding or wishing to assert Claims against the Debtors of the types that are set forth in clauses (a) through (f) below (collectively, the "Excluded Claims")

(a) Claims listed in the Debtors' Schedules of Assets and Liabilities (the ' Schedules") filed with the Court, pursuant to Bankruptcy Rule 1007, or any amendments thereto, which are not therein listed as "contingent," "unliquidated" or "disputed," and which are not disputed by the creditor holding such claim as to nature, amount, or classification,
(b) Claims on account of which a Proof of Claim has already been properly filed with the Court,
(c) Claims previously allowed by, or paid pursuant to an order of the Court, including without limitation, any claims of the Agents and/or the Lenders allowed pursuant to the Final DIP Order,[2]
(d) Claims allowable under Sections 503(b) and 507(a)(1) of the Bankruptcy Code as administrative expenses of the Debtors' chapter 11 cases,
(e) Claims made by any of the Debtors or any direct or indirect subsidiary of any of the Debtors against one or more of the other Debtors,
(f) Claims of an entity whose claim is limited exclusively to a claim for the repayment of principal and/or interest on or under any issuance by any of the Debtors of any debt security (collectively, the "Notes") or any indenture in respect of each issue of the Notes (the "Indentures" and each such Indenture collectively with the Notes issued thereunder, the "Debt Instruments '), provided, however, that (i) the foregoing exclusion shall not apply to the indenture trustees under any of the

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1 The Debtors are the following entities Core-Mark International, Inc , Fleming Companies, Inc ABCO Food Group, Inc , ABCO Markets Inc , ABCO Realty Corp ASI Office Automation, Inc , C/M Products, Inc , Core-Mark Interrelated Companies, Inc , Core-Mark Mid-Continent, Inc , Dunigan Fuels, Inc Favar Concepts, Ltd , Fleming Foods Management Co , L L C , Fleming Foods of Texas, L P , Fleming International, Ltd , Fleming Supermarkets of Florida, Inc , Fleming Transportation Service, Inc , Food 4 Less Beverage Company, Inc Fuelserv, Inc , General Acceptance Corporation Head Distributing Company, Marquise Ventures Company, Inc , Minter-Weisman Co , Piggly Wiggly Company, Progressive Realty, Inc , Rainbow Food Group, Inc Retail Investments Inc , Retail Supermarkets, Inc RFS Marketing Services, Inc and Richmar Foods Inc

2 The term Final DIP Order refers to the Final Order Authorizing (I) Post-Petition Financing Pursuant to 11 U S C § 364 and Bankruptcy Rule 4001(c) (II) Use of Cash Collateral Pursuant to 11 U S C § 363 and Bankruptcy Rules 4001(b) and (d), (III) Grant of Adequate Protection Pursuant to 11 U S C §§ 361 and 363, and (IV) Approving Secured Inventory Trade Credit Program and Granting Subordinate Liens Pursuant to 11 U S C §§ 105 and 364(c)(3) and Rule 4001(c)

PERFORMANCE PLUS, INC.

2250 SOUTH REDWOOD ROAD
SALT LAKE CITY, UT 84119
801-977-3737 Fax 801-977-3742

INVOICE NO 01 17923
INVOICE DATE 03/19/03
ACCOUNT NO CORE-MARK

To KIM CHRISTENSEN
CORE-MARK
P O BOX 26547
SALT LAKE CITY UT 84125

Ship To Same

SALESPERSON	P O NUMBER	DATE SHIPPED	PAGE NUMBER	TERMS
			1	Due upon Receipt

QUANTITY	DESCRIPTION			UNIT PRICE	AMOUNT
28 00	Reg Hrs	03/15/03	GUERRERO, PAULA	11 7900	330 12
40 00	Reg Hrs	03/15/03	HERNANDEZ, DENY	11 7900	471 60
3 25	Ovt Hrs	03/15/03	HERNANDEZ, DENY	17 6900	57 49
31 34	Reg Hrs	03/15/03	MARTINEZ, JAQUELINE	11 7900	369 50
102 59				SUBTOTAL	1,228 71
				SALES TAX	0 00
				SHIPPING & HANDLING	0 00
				TOTAL DUE	**$1,228 71**

Make all checks payable to PERFORMANCE PLUS, INC

THANK YOU FOR YOUR BUSINESS!

Performance Plus
EMPLOYMENT SERVICES

SALT LAKE OFFICE
2250 South Redwood Road
Salt Lake City, Utah 84119
(801) 977-3737 • Fax (801) 977-3742

INSTRUCTIONS TO PERFORMANCE PLUS EMPLOYEE

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3 Each time sheet must be signed by an authorized supervisor of the Company to which you have been assigned

4 Be sure to mark on time sheet whether or not you are returning to this assignment the following week

5 Be sure to mail your time sheet no later than Friday evening or if you work over the weekend no later than Sunday evening

FILL IN ALL SPACES PLEASE PRESS HARD

EMPLOYEE NAME (PRINT) LAST FIRST: Martinez Jacqueline

WEEK ENDING DATE (SAT): 3-15-03

NATURE OF WORK: Wh Bee.

SOCIAL SECURITY NO:

COMPANY NAME: Covermark - -

RETURNING TO SAME ASSIGNMENT YES ☐ NO ☐

REPORT ALL TIME TO NEAREST 1/4 HOUR

DATE WORKED		TIME STARTED	TIME FINISHED	LESS LUNCH TIME	TOTAL HOURS REG	TOTAL HOURS O T	OTHER TAXABLE INCOME
SUN	/ /						
MON	/ /						
TUE	/ /						
WED	/ /						
THU	/ /				31.34		✓
FRI	/ /						
SAT	/ /						

DRAW LINE THRU DAYS NOT WORKED

TOTAL HOURS FOR WEEK (DO NOT INCLUDE LUNCH HOURS): 31.34

I understand that I am to contact Performance Plus s office immediately upon completing an assignment to learn if there is other work available for me Unless I do so it will be assumed that I am no longer available for work I certify that I have worked the hours shown on this time card

EMPLOYEE SIGNATURE X

CUSTOMER AGREEMENT

Customer represents that premises and working conditions are in compliance with all applicable Occupational Safety and Health Act requirements and shall indemnify and save Performance Plus harmless from claims and demands arising out of OSHA as it relates to premises owned or controlled by customer and to which Performance Plus employees are assigned.

Customer agrees not to permit Performance Plus employees to operate machinery automotive or truck equipment or to entrust a Performance Plus employee with unattended premises handling cash or other valuables without written permission of Performance Plus

Customer agrees that Performance Plus will not be responsible for any claims unless made in writing within thirty (30) days after occurrence

Customer recognizes Performance Plus employer-employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment job assignments pay procedures etc with Performance Plus. Customer understands that Performance Plus is not an employment agency and that the service it renders is made possible only by substantial investment in advertising for testing and training its staff or personnel Therefore in consideration of this service customer agrees that in event the above named employee becomes employed by customer within three months of this date customer agrees to make reimbursement to Performance Plus and will contact the Performance Plus office for a determination of the amount due

Customer agrees that Performance Plus has done some basic testing of the employee concerning reliability honesty and fitness for the particular job However the customer acknowledges and agrees that Performance Plus shall not be liable for the employee s performance to any greater extent than employees wages by the customer

The client agrees to pay collection costs and interest at 1 3/4% per month 21% annual percentage on delinquent accounts over 30 days and attorney s fees and costs in event of legal action taken to collect amounts due

CUSTOMER
PLEASE WRITE TOTAL HOURS IN WORDS BELOW

EXAMPLE *Thirty-six hours*

HOURS WORKED: Thirty one Hours and Twenty min

Supervisor s Verification

Signed: per Stephan

Title: phone - Dept.

3-17-03

WHITE & YELLOW copy to Performance Plus Leave PINK copy with customer Employee retains Gold copy

Performance Plus
EMPLOYMENT SERVICES

SALT LAKE OFFICE
2250 South Redwood Road
Salt Lake City, Utah 84119
(801) 977-3737 • Fax (801) 977 3742

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FILL IN ALL SPACES PLEASE PRESS HARD

EMPLOYEE NAME (PRINT) LAST FIRST: HERNANDEZ DENY

WEEK ENDING DATE (SAT): 03 / /03

NATURE OF WORK:

SOCIAL SECURITY NO:

COMPANY NAME: CORE MARK

RETURNING TO SAME ASSIGNMENT YES ☐ NO ☐

REPORT ALL TIME TO NEAREST 1/4 HOUR

	DATE WORKED	TIME STARTED	TIME FINISHED	LESS LUNCH TIME	TOTAL HOURS REC	TOTAL HOURS O T	OTHER TAXABLE INCOME
SUN	03 09 03	4 00pm	12 45am	1/2	8	1/4	
MON	03 10 03	6 00 pm	3 30 am	1/2	8	1	
TUE	03 11 03	6 00 pm	4 30 am	1/2	8	2	
WED	03 12 03	6 00 pm	2 30 am	1/2	8	Ø	
THU	03 13 03	OFF	OFF		OFF		
FRI	03 14 03	6 30 pm	3 00 am	1/2	8	Ø	
SAT	03 15 03	OFF	OFF		OFF		
DRAW LINE THRU DAYS NOT WORKED	TOTAL HOURS FOR WEEK (DO NOT INCLUDE LUNCH HOURS)				40	3 1/4	

I understand that I am to contact Performance Plus s office immediately upon completing an assignment to learn if there is other work available for me Unless I do so it will be assumed that I am no longer available for work I certify that I have worked the hours shown on this time card

EMPLOYEE SIGNATURE X

CUSTOMER
PLEASE WRITE TOTAL HOURS IN WORDS BELOW

EXAMPLE *Thirty-six hours*

HOURS WORKED: 10 REC 3.45 CT

Supervisor s Verification

Signed: Brad C [illegible]

Title: Supervisor

Dept: Operations

CUSTOMER AGREEMENT

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WHITE & YELLOW copy to Performance Plus Leave PINK copy with customer Employee retains Gold copy

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FILL IN ALL SPACES PLEASE PRESS HARD

EMPLOYEE NAME LAST FIRST: Olivarez Paula

WEEK ENDING DATE (SAT): 3-15-03

NAME OF WORK: Nike

SOCIAL SECURITY NO:

CLIENT NAME: Covemark

RETURNING TO SAME ASSIGNMENT YES ☐ NO ☐

REPORT ALL TIME TO NEAREST 1/4 HOUR

	DATE WORKED	TIME STARTED	TIME FINISHED	LESS LUNCH TIME	TOTAL HOURS REG	TOTAL HOURS O T	OTHER TAXABLE INCOME
SUN	11						
MON	11						
TUE	11						
WED	11						
THU	11				28.0		✓
FRI	11						
SAT	11						

DRAW LINE THRU DAYS NOT WORKED

TOTAL HOURS FOR WEEK (DO NOT INCLUDE LUNCH HOURS): 28

I understand that I am to contact Performance Plus s office immediately upon completing an assignment to learn if there is other work available for me Unless I do so it will be assumed that I am no longer available for work I certify that I have worked the hours shown on this time card

EMPLOYEE SIGNATURE X

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CUSTOMER
PLEASE WRITE TOTAL HOURS IN WORDS BELOW

EXAMPLE Thirty-six hours

HOURS WORKED: Twenty eight hours

Supervisor s Verification

Signed: Per Stephan

Title: Dept

3-14-03 phone 3:30pm

WHITE & YELLOW copy to Performance Plus Leave PINK copy with customer Employee retains Gold copy

PERFORMANCE PLUS, INC.

2250 SOUTH REDWOOD ROAD
SALT LAKE CITY, UT 84119
801-977-3737 Fax 801-977-3742

INVOICE NO 01 17884
INVOICE DATE 03/12/03
ACCOUNT NO CORE-MARK

To KIM CHRISTENSEN
CORE-MARK
P O BOX 26547
SALT LAKE CITY UT 84125

Ship To Same

SALESPERSON	P O NUMBER	DATE SHIPPED	PAGE NUMBER	TERMS
			1	Due upon Receipt

QUANTITY	DESCRIPTION			UNIT PRICE	AMOUNT
3 00	Reg Hrs	03/08/03	GUERRERO, PAULA	11 7900	35 37
40 00	Reg Hrs	03/08/03	HERNANDEZ, DENY	11 7900	471 60
9 00	Ovt Hrs	03/08/03	HERNANDEZ, DENY	17 6900	159 21
23 75	Reg Hrs	03/08/03	MARTINEZ, JAQUELINE	11 7900	280 01
75 75				SUBTOTAL	946 19
				SALES TAX	0 00
				SHIPPING & HANDLING	0 00
				TOTAL DUE	$946 19

Make all checks payable to PERFORMANCE PLUS, INC

THANK YOU FOR YOUR BUSINESS!

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✓

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FILL IN ALL SPACES PLEASE PRESS HARD

EMPLOYEE NAME (Print) LAST	FIRST	WEEK ENDING DATE (SAT)
Cisneros	Paula	3-8-03

NATURE OF WORK

SOCIAL SECURITY NO

COMPANY NAME Covermark

RETURNING TO SAME ASSIGNMENT YES ☐ NO ☐

REPORT ALL TIME TO NEAREST 1/4 HOUR

	DATE WORKED	TIME STARTED	TIME FINISHED	LESS LUNCH TIME	TOTAL HOURS REG	TOTAL HOURS O T	OTHER TAXABLE INCOME
SUN	//						
MON	//						
TUE	//						
WED	//						
THU	3/6/03	1 00 pm	4 00 pm		3		
FRI	//						
SAT	//						

DRAW LINE THRU DAYS NOT WORKED

TOTAL HOURS FOR WEEK (DO NOT INCLUDE LUNCH HOURS) → 3

I understand that I am to contact Performance Plus s office immediately upon completing an assignment to learn if there is other work available for me Unless I do so it will be assumed that I am no longer available for work. I certify that I have worked the hours shown on this time card

EMPLOYEE SIGNATURE X

CUSTOMER AGREEMENT

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The client agrees o pay collection costs and interest at 1 3/4% per month 21% annual percentage on delinquent accounts over 30 days and attorney s fees and costs in event of legal action taken o collect amounts due

CUSTOMER
PLEASE WRITE TOTAL HOURS IN WORDS BELOW

EXAMPLE *Thirtysix hours*

HOURS WORKED Three Hours

Supervisor s Verification

Signed per Stephan

Title Dept

Phone 3-6-03 4:15 pm

WHITE & YELLOW copy to Performance Plus Leave PINK copy with customer Employee retains Gold copy

Performance Plus
EMPLOYMENT SERVICES

SALT LAKE OFFICE
2250 South Redwood Road
Salt Lake City Utah 84119
(801) 977 3737 • Fax (801) 977 3742

✓

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FILL IN ALL SPACES PLEASE PRESS HARD

EMPLOYEE NAME LAST (PRINT)	FIRST	WEEK ENDING DATE (SAT)
HERNANDEZ	DENY	3-8-03

NATURE OF WORK

SOCIAL SECURITY NO

COMPANY NAME
CURE MARK

RETURNING TO SAME ASSIGNMENT YES ☐ NO ☐

REPORT ALL TIME TO NEAREST 1/4 HOUR

	DATE WORKED	TIME STARTED	TIME FINISHED	LESS LUNCH TIME	TOTAL HOURS REG	TOTAL HOURS O T	OTHER TAXABLE INCOME
SUN	03/02/03	4 00 pm	3 00 am	½	8	2 ½	
MON	03/03/03	8 00 pm	6 00 am	½	8	1 ½	
TUE	03/04/03	6 00 pm	6 30 am	½	8	4	
WED	03/05/03	6 00 pm	2 00 am	½	7 ½	ϕ	
THU	03/06/03	OFF	OFF		OFF		
FRI	03/07/03	6 00 pm	4 00 am	½	8	1 ½	
SAT	03/08/03	OFF		OFF	OFF		

DRAW LINE THRU DAYS NOT WORKED

TOTAL HOURS FOR WEEK (DO NOT INCLUDE LUNCH HOURS) → 40 | 9

I understand that I am to contact Performance Plus s office immediately upon completing an assignment to learn if there is other work available for me Unless I do so it will be assumed that I am no longer available for work I certify that I have worked the hours shown on this time card

EMPLOYEE SIGNATURE X

CUSTOMER

PLEASE WRITE TOTAL HOURS IN WORDS BELOW

EXAMPLE *Thirty-six hours*

HOURS WORKED 40 Reg 9 OT

Supervisor s Verification

Signed Brad C Scott

Title	Dept
Supervisor	Operations

CUSTOMER AGREEMENT

Customer represents that all premises and working conditions are in compliance with all applicable Occupational Safety and Health Act requirements and shall indemnify and save Performance Plus harmless from claims and demands arising out of OSHA as it relates to premises owned or controlled by customer and to which Performance Plus employees are assigned

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Customer agrees that Performance Plus will not be responsible for any claims unless made in writing within thirty (30) days after occurrence

Customer recognizes Performance Plus employer employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment job assignments pay procedures etc with Performance Plus Customer understands that Performance Plus is not an employment agency and that the service it renders is made possible only by substantial investment in advertising for testing and training its staff or personnel Therefore in consideration of this service customer agrees that in event the above named employee becomes employed by customer within the agreement this fifth date customer agrees to make reimbursement to Performance Plus and will contact the Performance Plus office for determination of the amount due

Customer agrees that Performance Plus has done some basic testing of the employee concerning reliability honesty and attitudes for the particular job However the customer acknowledges and agrees that Performance Plus shall not be liable for the employee s performance to any greater extent than employee wages by the customer

The client agrees to pay collection costs and interest at 1 3/4 per month 21 annual percentage on delinquent account over 30 days and attorney s fees and cost in event of legal action taken to collect amounts due

WHITE & YELLOW copy to Performance Plus Leave PINK copy with customer Employee retains Gold copy

Performance Plus
EMPLOYMENT SERVICES

SALT LAKE OFFICE
2250 South Redwood Road
Salt Lake City Utah 84119
(801) 977-3737 • Fax (801) 977-3742

✓

INSTRUCTIONS TO PERFORMANCE PLUS EMPLOYEE

1. Use a separate time sheet for each assignment and for each week worked (A new Time Sheet is included with each pay check.)
2. Your time sheet must be filled out completely and accurately or your paycheck may be delayed (Re-check the daily hours you post each day and be sure to deduct the lunch time.)
3. Each time sheet must be signed by an authorized supervisor of the Company to which you have been assigned.
4. Be sure to mark on time sheet whether or not you are returning to this assignment the following week
5. Be sure to mail your time sheet no later than Friday evening or if you work over the weekend no later than Sunday evening

FILL IN ALL SPACES PLEASE PRESS HARD

EMPLOYEE NAME (PRINT) LAST Martinez FIRST Jacqueline

WEEK ENDING DATE (SAT) 3-8-03

NATURE OF WORK

SOCIAL SECURITY NO

COMPANY NAME Covermark

RETURNING TO SAME ASSIGNMENT YES ☐ NO ☐

REPORT ALL TIME TO NEAREST 1/4 HOUR

	DATE WORKED	TIME STARTED	TIME FINISHED	LESS LUNCH TIME	TOTAL HOURS REG	TOTAL HOURS O T	OTHER TAXABLE INCOME
SUN	/ /						
MON	/ /						
TUE	/ /						
WED	/ /						
THU	/ /				23.75		
FRI	/ /						
SAT	/ /						

DRAW LINE THRU DAYS NOT WORKED

TOTAL HOURS FOR WEEK (DO NOT INCLUDE LUNCH HOURS) 23.75

I understand that I am to contact Performance Plus s office immediately upon completing an assignment to learn if there is other work available for me Unless I do so it will be assumed that I am no longer available for work. I certify that I have worked the hours shown on this time card

EMPLOYEE SIGNATURE X

CUSTOMER AGREEMENT

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Customer agrees that Performance Plus has done some basic testing of the employee concerning reliability honesty and fitness or the particular job However the ustomer acknowledges and agrees that Performance Plus shall not be liable for the employee s performance to any greater extent than employees wages by the customer

The client agrees o pay collection costs and interest at 1 3/4% per month 21% annual percentage on delinquent accounts over 30 days and attorney s fees and costs in event of legal action taken to collect amounts due

CUSTOMER
PLEASE WRITE TOTAL HOURS IN WORDS BELOW

EXAMPLE Thirty-six hours

HOURS WORKED Twenty three hours 45 minutes

Supervisor s Verification

Signed Stephen

Title

Dept

3-11-03 Phone 9:45 Am

WHITE & YELLOW copy to Performance Plus Leave PINK copy with customer Employee retains Gold copy

PERFORMANCE PLUS, INC.

2250 SOUTH REDWOOD ROAD
SALT LAKE CITY UT 84119
801 977-3737 Fax 801 977-3742

INVOICE NO 01 17961
INVOICE DATE 03/26/03
ACCOUNT NO CORE-MARK

To KIM CHRISTENSEN
CORE-MARK
P O BOX 26547
SALT LAKE CITY UT 84125

Ship To Same

SALESPERSON	P O NUMBER	DATE SHIPPED	PAGE NUMBER	TERMS
			1	Due upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
40 00	Reg Hrs 03/22/03 HERNANDEZ, DENY	11 7900	471 60
7 75	Ovt Hrs 03/22/03 HERNANDEZ, DENY	17 6900	137 10
47 75		SUBTOTAL	608 70
		SALES TAX	0 00
		SHIPPING & HANDLING	0 00
		TOTAL DUE	$608 70

Make all checks payable to PERFORMANCE PLUS INC

THANK YOU FOR YOUR BUSINESS!

Performance Plus
EMPLOYMENT SERVICES

SALT LAKE OFFICE
2250 South Redwood Road
Salt Lake City Utah 84119
(801) 977 3737 • Fax (801) 977 3742

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FILL IN ALL SPACES PLEASE PRESS HARD

EMPLOYEE NAME (PRINT) LAST	FIRST	WEEK ENDING DATE (SAT)
HERNANDEZ	DENY	3-22-03

NATURE OF WORK

SOCIAL SECURITY NO

COMPANY NAME: CURE MARK

RETURNING TO SAME ASSIGNMENT YES ☐ NO ☐

CUSTOMER AGREEMENT

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Customer agrees that Performance Plus will not be responsible for any claims unless made in writing within thirty (30) days after occurrence.

Customer recognizes Performance Plus employer employee relationship with its personnel and accepts the obligation to discuss all matters concerning their employment, job assignments, pay procedures, etc. with Performance Plus. Customer understands that Performance Plus is not an employment agency and that the service it renders is made possible only by substantial investment in advertising for, testing and training its staff or personnel. Therefore, in consideration of this service, customer agrees that in event the above named employee becomes employed by customer within three months of this date, customer agrees to make reimbursement to Performance Plus, and will contact the Performance Plus office for a determination of the amount due.

Customer agrees that Performance Plus has done some basic testing of the employee concerning reliability, honesty, aptitudes for the particular job. However, the customer acknowledges and agrees that Performance Plus shall not be held responsible to any greater extent than employees wages by the customer.

The client agrees to pay collection costs and interest at 1.34 per month, 21% annual percentage on delinquent accounts over 30 days, and attorney's fees and costs in event of legal action taken to collect amounts due.

REPORT ALL TIME TO NEAREST 1/4 HOUR

DATE WORKED	TIME STARTED	TIME FINISHED	LESS LUNCH TIME	TOTAL HOURS REG	TOTAL HOURS O.T.	OTHER TAXABLE INCOME
SUN 03 16/03	4 00	12 30	½	8		
MON 03 17/03	6 00	3 00	½	8	½	
TUE 03 18/03	6 00	6 00	½	8	3½	
WED 03 19/03	6 00	3 00	Ø	2	Ø	
THU 03 20/03	6 00	1 30	½	7	Ø	
FRI 03 21/03	4 00	3 15	½	8	2 3/4	
SAT 03 22/03	OFF		OFF		OFF	
DRAW LINE THRU DAYS NOT WORKED	TOTAL HOURS FOR WEEK (DO NOT INCLUDE LUNCH HOUR)			40	73/4	

I understand that I am to contact Performance Plus's office immediately upon completing an assignment to learn if there is other work available for me. Unless I do so it will be assumed that I am no longer available for work. I certify that I have worked the hours shown on this time card.

EMPLOYEE SIGNATURE X

CUSTOMER

PLEASE WRITE TOTAL HOURS IN WORDS BELOW

EXAMPLE *Thirty-six hours*

HOURS WORKED: 40 reg 7.75 OT

Supervisor's Verification

Signed: Brad Scott

Title: Supervisor

Dept: Operations

WHITE & YELLOW copy to Performance Plus. Leave PINK copy with customer. Employee retains Gold copy

PERFORMANCE PLUS, INC.

2250 SOUTH REDWOOD ROAD
SALT LAKE CITY, UT 84119
801-977-3737 Fax 801-977-3742

INVOICE NO 01 17911
INVOICE DATE 03/18/03
ACCOUNT NO CORE-MARK

To KIM CHRISTENSEN
CORE-MARK
P O BOX 26547
SALT LAKE CITY UT 84125

Ship To Same

SALESPERSON	P O NUMBER	DATE SHIPPED	PAGE NUMBER	TERMS
			1	Due upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
7 50	REG HRS 03/08/03 BARRAGAN, CARMEN	11 7900	88 43
7 50		SUBTOTAL	88 43
		SALES TAX	0 00
		SHIPPING & HANDLING	0 00
		TOTAL DUE	$88 43

Make all checks payable to PERFORMANCE PLUS INC

THANK YOU FOR YOUR BUSINESS!

Performance Plus
EMPLOYMENT SERVICES

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800

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FILL IN ALL SPACES PLEASE PRESS HARD

EMPLOYEE NAME (PRINT) LAST: Barragan FIRST: Carmen

WEEK ENDING DATE (SAT): 3/8 -03

NATURE OF WORK:

SOCIAL SECURITY NO:

COMPANY NAME: Core Mark

RETURNING TO SAME ASSIGNMENT YES ☐ NO ☐

REPORT ALL TIME TO NEAREST 1/4 HOUR

DATE WORKED		TIME STARTED	TIME FINISHED	LESS LUNCH TIME	TOTAL HOURS REG	TOTAL HOURS O T	OTHER TAXABLE INCOME
SUN	/ /						
MON	/ /	8:00	4:00	30	7.5		
TUE	/ /						
WED	/ /						
THU	/ /						
FRI	/ /						
SAT	/ /						

DRAW LINE THRU DAYS NOT WORKED

TOTAL HOURS FOR WEEK (DO NOT INCLUDE LUNCH HOURS): 7.5

I understand that I am to contact Performance Plus s office immediately upon completing an assignment to learn if there is other work available for me Unless I do so it will be assumed that I am no longer available for work I certify that I have worked the hours shown on this time card

EMPLOYEE SIGNATURE X

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CUSTOMER
PLEASE WRITE TOTAL HOURS IN WORDS BELOW

EXAMPLE Thirty-six hours

HOURS WORKED: Seven and 1/2 hours

Supervisor s Verification

Signed: Ron Stephens

Title: Phone

Dept.

3-14-03

WHITE & YELLOW copy o Performance Plus Leave PINK copy with customer Employee retains Gold copy