

**UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

**PROOF OF CLAIM**



s159045

In re  
**Core-Mark Mid-Continent, Inc**

Case Number  
**03-10950**

Scheduled Claim Ref # 7-F2-17597  
**YOUR CLAIM IS SCHEDULED AS**

\$564 45 UNSECURED

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.

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.

**Name of Creditor and Address**  
  
0354429380829  
  
BECK INDUSTRIES INC  
7735 SAND STREET  
FORT WORTH TX 76118

Creditor Telephone Number (817) 284-5193

CREDITOR TAX ID #  
**75-1445509**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITORS IDENTIFY DEBTOR

Check here  replaces or  amends a previously filed claim dated \_\_\_\_\_

**1 BASIS FOR CLAIM**  
 Goods sold       Personal injury/wrongful death       Retiree benefits as defined in 11 U.S.C. § 1114(a)  
 Services performed       Taxes       Wages, salaries, and compensation (Fill out below)  
 Money loaned       Other (describe briefly) \_\_\_\_\_  
 Your social security number \_\_\_\_\_  
 Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
 (date) (date)

**2 DATE DEBT WAS INCURRED** **3/27/03**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ **564.45** (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (unsecured priority) \$ **564.45** (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, 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) \_\_\_\_\_  
\*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

AUG 1 2003

**BMC**

Fleming Companies Claim



02885

DATE SIGNED  
**8/6/03**

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).  
**SUSAN SPARKS**  
**ACCOUNTING MGR**

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

# BECK INDUSTRIES.

7735 SAND STREET  
FORT WORTH, TX 76118

# Invoice

Date	Invoice #
3/27/2003	2324

<b>Bill To</b>
Core Mark Midcontinent PO Box 2547 Fort Worth, TX 76113

<b>Ship To</b>
Core Mark Midcontinent 6401 Will Rodgers Blvd Fort Worth, TX 76102

<b>P O Number</b>	<b>Terms</b>	<b>Rep</b>	<b>Project</b>	<b>Work Order#</b>
	Due on receipt	KF		1913

Quantity	Item Code	Description	Price Ea	Amount
50	Inspection-Field	Annual Inspection 48-5# ABC, 1-10# ABC, 1-5# Halotron	4 80	240.00T
14	Recharge	5# ABC Recharge	14 40	201 60T
1	6 Yr Maintenance-F	5# ABC 6 Yr Maintenance	18 90	18.90T
3	Installation-Fire Eq .	Reinstall Fire Extinguisher	7.00	21 00T
1	Pull Pin, New Type - .	Pull Pin 3071628	1 10	1.10T
1	Parts-Shop Equipm	AX Hose	13 86	13 86T
4	Gauge G195	Gauge 30346195	5 55	22.20T
1	Hazmat Fee	Hazmat Fee	3 00	3 00
		Sales Tax	8 25%	42 79

Thank you for your business	<b>Total</b>	\$564.45
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<b>Phone #</b>	<b>Fax #</b>
817-284-5193	817-284-5212