

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

PROOF OF CLAIM



668742

Bar Date Ref # 1-NV-53852

In re
CORE-MARK INTERNATIONAL, INC

Case Number
03-10944 (MFW)

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 and Address

0354653668742

Reha Enterprises Ltd
Unit 5
6281 Dorman Rd
Mississauga ON L4V 1K6
Canada

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.

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.

Creditor Telephone Number (905) **677-1555**

CREDITOR TAX ID #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
15604 € 15611

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

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 **FEB 13, 2003** **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ **1,694.88** (unsecured) \$ _____ (secured) \$ **1,694.88** (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, 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.

FILED
AUG 11 2003
BMC

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 11 2003

BMC

DATE SIGNED **Aug 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)
K. Bloore **K. BLOORE** **ACCOUNTING**

Fleming Companies Claim

02991

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

REHA Enterprises Ltd.

Importers & Distributors

INVOICE/FACTURE

6281 Dorman Road, Unit 5 Mississauga, ON L4V 1K6
Tel 905-677 1555 • 1-800-559-7498 • Fax 905-677-3633
reha@reha.ca • www.ombraproducts.com • www.herbacinCanada.com

Bill to / Facturer
Acct# 15604
CORE MARK INTERNATIONAL - VICTORIA
2924 JACKLIN ROAD
VICTORIA BC V9B 3Y5

Ship To / Livrer a
CORE MARK INTERNATIONAL VICTORIA
2924 JACKLIN ROAD
VICTORIA BC V9B 3Y5

| Date | Invoice # | Via | Terms | Your PO# | Rep | Page |
|----------|-----------|-----|-------------------|------------|-------|------|
| 02/13/03 | 117404 | | 2% 10 DAYS NET 30 | 30 0740631 | R1111 | 1 |

| Item# | Description | UPC Code | Ordered | Shipped | Unit Price | Amount |
|-------|---|--------------|---------|---------|------------|--------|
| 660 | PETRO CANADA PROMO WHSE LOCATION 4-050302 602797-HERBACIN Handcream PPK | 059323006602 | 10 0 | 10 0 | 36 00 | 360 00 |

OUR NEW EMAIL ADDRESS IS
reha@reha.ca

| | |
|-----------|--------|
| Sub-Total | 360 00 |
| GST/ TPS | 25 20 |
| HST | 0 00 |

Net to Pay / Prix net 385 20

GST# 0104455860

** REPORT ALL DAMAGES OR SHORTAGES WITHIN FIVE DAYS OF RECEIPT!!

** MERCHANDISE CANNOT BE RETURNED WITHOUT WRITTEN AUTHORIZATION!!

** FINANCE CHARGES OF 2% PER MONTH WILL BE CHARGED ON ALL PAST DUE ACCOUNTS!!

REHA Enterprises Ltd.

Importers & Distributors

INVOICE/FACTURE

6281 Dorman Road, Unit 5 Mississauga, ON L4V 1K6
Tel 905-677 1555 • 1-800-559-7498 • Fax 905-677-3633
reha@reha.ca • www.ombraproducts.com • www.herbacinCanada.com

Bill to / Facturer
Acct# 15611
CORE MARK INTERNATIONAL - VANCOUVER
7800 RIVERFRONT GATE
BURNABY BC V5J 5L3

Ship To / Livrer a
CORE MARK INTERNATIONAL - VANCOUVE
7800 RIVERFRONT GATE
BURNABY BC V5J 5L3

| Date | Invoice # | Via | Terms | Your PO# | Rep | Page |
|----------|-----------|-----|-------------------|------------|-------|------|
| 02/13/03 | 117402 | | 2% 10 DAYS NET 30 | 20-1223771 | R1111 | 1 |

| Item# | Description | UPC Code | Ordered | Shipped | Unit Price | Amount |
|-------|---|--------------|---------|---------|------------|---------|
| 660 | PETRO CANADA PROMO WHSE LOCATION-23-170308 602797-HERBACIN Handcream PP | 059323006602 | 34 0 | 34 0 | 36 00 | 1224 00 |

OUR NEW EMAIL ADDRESS IS
reha@reha.ca

Sub-Total 1224 00
GST/TPS 85 68
HST 0 00

Net to Pay / Prix net 1309 68

GST# 0104455860

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