


UNITED STATES BANKRUPTCY COURT <u>For the</u> DISTRICT OF <u>DELAWARE</u>		PROOF OF CLAIM
Name of Debtor <u>CORE-MARK INT</u>		Case Number <u>03-10945</u>
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 USC § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>MESILLA VALLEY INN - BEST WESTERN</u>		<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent <u>MESILLA VALLEY INN 901 AVE DE MESILLA LAS CRUCES, NM 88005 (505) 524-8603</u>		
Telephone number		THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor <u>#100917</u>		Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends
1 Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
2 Date debt was incurred <u>3/20/03, 3/25, 3/27/03</u>		3 If court judgment, date obtained
4 Total Amount of Claim at Time Case Filed \$ <u>182.01</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> 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 <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____		6 Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> 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 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan. 11 USC § 507(a)(4) <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 USC § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 USC § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 USC § 507(a)(____). *Amounts are subject to adjustment on 4/1/04 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 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 FILED AUG 11 2003 BMC Filing Companies Claim  03142
Date <u>7-31-03</u>	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). <u>Roxanne Croom Roxanne Croom Adm Asst.</u>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 USC §§ 152 and 3571.		

BW MESILLA VALLEY INN
 901 AVENIDA DE MESILLA
 LAS CRUCES NM 88005 USA
 505-524-8603 505-526-8437

Statement

5/28/2003

1

COREMARK

5600 2ND ST NW

ALBUQUERQUE, NM 87107

100917

DB

\$382 61

19	03/22/03 DIRECT BILL #227666, I A/R TRANSFER	\$74 97		\$74 97
19	03/27/03 DIRECT BILL #232916, I A/R TRANSFER	\$53 52		\$128 49
19	03/29/03 DIRECT BILL #227667, I A/R TRANSFER	\$53 52		\$182 01
20	05/03/03 DIRECT BILL #227672, I A/R TRANSFER	\$53 52		\$235 53
20	05/10/03 DIRECT BILL #235906, I A/R TRANSFER	\$40 04		\$275 57
20	05/17/03 DIRECT BILL #227673, I A/R TRANSFER	\$53 52		\$329 09
21	05/24/03 DIRECT BILL #227674 I A/R TRANSFER	\$53 52		\$382 61
	Total DB	\$382 61	Total CR	\$0 00

13 40

Inv #
227666

\$0 00

03/20/03 1 03/21/03

201 FB

K 1 0

FLORES, MICHAEL
COREMARK/ GC # 0 92439461 7

1	03/20/03	LD	LD5053230548/20	\$7 95	auto
2	03/20/03	LD	LD5052388338/20	\$7 35	auto
3	03/20/03	LD	LD5053230548/20	\$6 15	auto
4	03/20/03	ROOM REVENU	#201 FLORES, MI	\$48 00	auto
5	03/20/03	SALES TAX RO		\$3 12	auto
6	03/20/03	HOTEL OCCUP,		\$2 40	auto
7	03/21/03	DIRECT BILL	DIRECT BILL #2.	1571 7	LL

DB

BW MESILLA VALLEY INN
901 AVENIDA DE MESILLA
LAS CRUCES, NM 88005
Phone 505-524-8603 Fax 505-526-8437

13 36

Inv #
232916

(\$0 00)

03/25/03 1 03/26/03

115 FB

KS 1 0

1	03/25/03	ROOM REVENUE #115 DOMINQUE	\$48 00	auto
2	03/25/03	SALES TAX RO	\$3 12	auto
3	03/25/03	HOTEL OCCUP.	\$2 40	auto
4	03/26/03	DIRECT BILL DIRECT BILL #2		LL

DOMINQUEZ ORLANDO
COREMARK

DB

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LAS CRUCES, NM 88005
Phone 505-524-8603 Fax 505-526-8437

13 40

Inv #
227667

(\$0 00)

03/27/03 1 03/28/03

201 FB

K 1 0

1	03/27/03	ROOM REVENUE #201 FLORES, MI	\$48 00	auto
2	03/27/03	SALES TAX RO	\$3 12	auto
3	03/27/03	HOTEL OCCUP.	\$2 40	auto
4	03/28/03	DIRECT BILL DIRECT BILL #2		LL

FLORES MICHAEL
COREMARK/ GC # 0 92439461 7

DB

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