

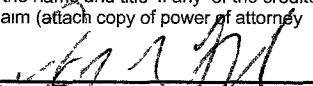


UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		PROOF OF CLAIM		 <small>s122031</small> Scheduled Claim Ref # 1 F2 16449 YOUR CLAIM IS SCHEDULED AS \$381 55 UNSECURED	
In re Core-Mark International, Inc		Case Number 03-10944			
NOTE This form should not be used to make a claim for an administrative 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.				<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 this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address <div style="text-align: right; margin-right: 100px;">0354429429879</div> SCHULTZ SALISBURY CAUBLE VERSTEEG & DOLE PO BOX 398 GRANTS PASS OR 97528				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.	
Creditor Telephone Number (541) <u>476-8825</u>				CREDITOR TAX ID # <u>93-0423762</u>	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR <u>21072</u>		Check here <input type="checkbox"/> replaces or amends a previously filed claim dated _____. if this claim <input type="checkbox"/>			
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) _____ Your social security number _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: right;">(date) (date)</div>					
2 DATE DEBT WAS INCURRED <u>3-15-2003</u> 3 IF COURT JUDGMENT, DATE OBTAINED _____					
4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ <u>699.55</u> (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ <u>699.55</u> (total)					
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 above, if any \$ _____			6 UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured priority claim. 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 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 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 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other: Specify applicable paragraph of 11 U.S.C. § 507(a) _____. <small>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.</small>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> BY MAIL TO Bankruptcy Management Corporation P.O. BOX 900 El Segundo, CA 90245-0900 </div> <div style="width: 45%;"> BY HAND OR OVERNIGHT DELIVERY TO Bankruptcy Management Corporation 1330 East Franklin Avenue El Segundo, CA 90245 </div> </div>				THIS SPACE FOR COURT FILED AUG 11 2003 BMC <small>Fleming Companies Claim</small>  <small>03165</small>	
DATE SIGNED <u>8-16-2003</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). <div style="text-align: right;">  <u>James R. Dole</u> </div>			
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. <div style="text-align: center;">See Other Side For Instructions</div>					

8/6/2003
9 52 AM

Schultz, Salisbury, Cauble & Dole
Aged A/R Balances

Page 1

Name	Current	30 Days	60 Days	90+ Days	Balance	Overdue
CORE-MARK Gilbert Foster Coll						
Fees	0 00	0 00	0 00	257 80	257 80	257 80
Costs	0 00	0 00	0 00	13 50	13 50	13 50
Interest	0 02	0 02	0 00	0 00	0 04	0 02
Total	0 02	0 02	0 00	271 30	271 34	271 32
CORE-MARK May Slade						
Fees	0 00	0 00	0 00	290 25	290 25	290 25
Costs	0 00	0 00	0 00	138 00	138 00	138 00
Interest	0 00	0 02	0 00	0 00	0 02	0 02
Total	0 00	0 02	0 00	428 25	428 27	428 27
Grand Total						
Fees	0 00	0 00	0 00	548 05	548 05	548 05
Costs	0 00	0 00	0 00	151 50	151 50	151 50
Interest	0 02	0 04	0 00	0 00	0 06	0 04
Total	0 02	0 04	0 00	699 55	699 61	699 59

SCHULTZ, SALISBURY, CAUBLE & DWE

Attorneys at Law
Post Office Box 398
Grants Pass, OR 97528
541-476-8825
ID #93-0423762

Core-Mark International, Inc
PO Box 160
Grants Pass OR 97528

April 15, 2003
Invoice # 39917
File # 21072 0021

In Reference To Collection, May-Slade Oil Co, Robert George, Pelican Butte Oil, LLC

Professional Services

	<u>Amount</u>
3/18/2003 Preparation of Motion for Default Order and Order	18 75
3/24/2003 Draft Atty Fee Statement, Costbill and Judgment	56 25
Review Atty Fee Statement, Costbill and Judgment	31 25
4/1/2003 Review atty fees statement and file same	31 25
For professional services rendered	<u>\$137 50</u>

Additional Charges

3/5/2003 Photocopies	4 00
Total costs	<u>\$4 00</u>

Total amount of this bill	<u>\$141 50</u>
---------------------------	-----------------

Previous balance	\$479 55
------------------	----------

2/24/2003 Payment - thank you Check No 904068939	(\$161 55)
3/27/2003 Payment - thank you Check No 904083348	(\$318 00)
4/4/2003 Payment negated - Check returned "Refer to Maker"	\$318 00

Total payments and adjustments	<u>(\$161 55)</u>
--------------------------------	-------------------

Balance due	<u><u>\$459 50</u></u>
-------------	------------------------

Current	30 Days	60 Days	90 Days
141 50	318 00	0 00	0 00

All charges are due and payable upon receipt
Interest will accrue on all balances over 60 days from date of billing at the rate of 9% per annum from date of billing
We accept VISA & MasterCard

SCHULTZ, SALISBURY, CAUBLE & DOLE

Attorneys at Law
Post Office Box 398
Grants Pass, OR 97528
541-476-8825
ID #93-0423762

Core-Mark International, Inc
PO Box 160
Grants Pass OR 97528

February 20, 2003
Invoice # 39427
File # 21072 0021

In Reference To Collection, May-Slade Oil Co, Robert George, Pelican Butte Oil, LLC

Professional Services

1/31/2003 Review Complaint
Draft Complaint
2/3/2003 Preparation of Summons and Complaint for service, Telephone call to process server, Preparation of Letter to process server
2/13/2003 Preparation of Letter to Brandsness (registered agent) re substituted service, Preparation of Proof of Complaint with Mailing on Substituted Service

	<u>Amount</u>
For professional services rendered	\$180 00

Additional Charges .

1/31/2003 Filing Fee - Josephine County Courts [Check # 55924]	112 00
2/3/2003 Service Fee - Jefferson State Adjusters [Check # 55927]	25 00
Long Distance	1 00
Total costs	<u>\$138 00</u>

Total amount of this bill	<u>\$318 00</u>
---------------------------	-----------------

Previous balance	\$161 55
------------------	----------

Balance due	<u><u>\$479 55</u></u>
-------------	------------------------

<u>Current</u>	<u>30 Days</u>	<u>60 Days</u>	<u>90 Days</u>
318 00	161 55	0 00	0 00

All charges are due and payable upon receipt
Interest will accrue on all balances over 60 days from date of billing at the rate of 9% per annum from date of billing.
We accept VISA & MasterCard

SCHULTZ, SALISBURY, CAUBLE & DOWD
Attorneys at Law
Post Office Box 398
Grants Pass, OR 97528
541-476-8825
ID #93-0423762

Core-Mark International, Inc
PO Box 160
Grants Pass OR 97528

March 15, 2003
Invoice # 39674
File # 21072 0020

In Reference To: Collection, Gil's Supermarkets, Inc., Gil's Beverages Plus, Gilbert A Foster

Professional Services

		<u>Hours</u>	<u>Amount</u>
2/20/2003 JRD	Telephone conference with Don Selke, fax from Judy (Gils BR?)	0 33	52 80
2/21/2003 DLS	Telephone call to Atty in Calif, Telephone call to bankruptcy atty, Instructions to Legal Assistant	0 25	31.25
2/26/2003 DLS	Telephone call to Don Selke, Telephone call to Barry Spitzer	0 25	31 25
3/5/2003 DLS	Interoffice attorney conference regarding conversation with Don Selke, Telephone call to nancy Hotchkiss regarding Calif bankruptcy, Nancy look up and advise as to schedules, Interoffice attorney conference re conversation with Nancy, Telephone call to Judy Johnson re conversations	0 50	62 50
3/10/2003 JRD	Review bankruptcy schedules and Letter to Judy Johnson	0 50	80 00
	For professional services rendered	1 83	\$257 80

Additional Charges

2/20/2003 Fax		1 00	
3/14/2003 Photocopies		12 50	
	Total costs		\$13 50
	Total amount of this bill		\$271 30
	Previous balance		\$52 50
2/24/2003	Payment thank you Check No 904068939		(\$52 50)
	Total payments and adjustments		(\$52 50)
	Balance due		\$271 30

All charges are due and payable upon receipt
Interest will accrue on all balances over 60 days from date of billing at the rate of 9% per annum from date of billing
We accept VISA & MasterCard