



s158911

Scheduled Claim Ref # 7-F2-17434
YOUR CLAIM IS SCHEDULED AS

\$266 15 UNSECURED
+ 153 75

41990 unsecured

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.

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PROOF OF CLAIM
In re Core-Mark Mid-Continent, Inc	Case Number 03-10950

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 AMERICAN LINEN SUPPLY PO BOX 36 ALBUQUERQUE NM 87103	0354429377971	<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.
Creditor Telephone Number (505) 247-2234 ext 104		

CREDITOR TAX ID # 41-0831770	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 04606-00	Check here <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated _____ if this claim
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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 checked="" type="checkbox"/> Other (describe briefly) NSF Check and Fee	Your social security number _____
		Unpaid compensation for services performed from _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED 3/19/03, 3/26/03	3 IF COURT JUDGMENT, DATE OBTAINED
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4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 41990 (unsecured)	\$ _____ (secured)	\$ _____ (unsecured priority)	\$ _____ (total)
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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

FILED

AUG 08 2003

DATE SIGNED 8/4/2003	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)
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Penalty for presenting fraudulent claim is a fine of up to \$50,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 AND 3571

See Other Side For Instructions



03327



CORE-MARK MID-CONTINENT INC

395 Oyster Point Blvd
Suite 415
So San Francisco CA 94080

Check No 904083477
50 937

213

4606
Rte 14 Day 3

JPMORGAN CHASE BANK
6040 TARBELL ROAD

DATE 2003-0

RETURN TO FED UTICA
FOR REASON INDICATED BELOW
REDEPOSIT
AMOUNT \$ 48291
REFER TO MAKER
APR 01 2003

SYRACUSE, NY 13206

Pay to the
Order of

AMERICAN LINEN SUPPLY
PO BOX 36
ALBUQUERQUE, NM 87103

RETURNED BY
JPMORGAN CHASE BANK

091201245

TREASURER

⑈904083477⑈ ⑆ 21309379⑆ ⑆ 1809668⑈ ⑆0000012729⑆

⑈0904083477⑈ ⑆021309379⑆ 601809668⑈ ⑆0000012729⑆

AmeriPride LINEN AND APPAREL SERVICES ALBUQUERQUE, NM 87103
 PH505/247-2234 FX505/242-0520

Route 014 WED

INVOICE

Account No. 04606-00 Invoice No. AB16984
 Terms CHARGE Date 03/19/2003

CORE MARK INTERNATIONAL MIKE SIDDEL TOOL 9 AIR 2
 5600 2ND ST NW
 ALBUQUERQUE NM 87107 PH505/343-9577

ADJUSTMENTS

DELIVERY	DESCRIPTION	INVENTORY	SERVICE	UNIT	PRICE	AMOUNT	REASON CODE	QTY	CREDIT/DEBIT AMOUNT
1	ASK YOUR CSR ABOUT OUR CATALOG								
	COVERALL NAV BOB	50	1	2415NVY	3	1 1025		1 10	
	COVERALL NAV DELBERT	50	2	1406NVY	2	1 3781			
	COVERALL NAV DELBERT	48	2	2415NVY	3	1 1025		2 48	
EVEXCH	GRAPE FRUIT GRF		2		2				
EVEXCH	F-MATIC DISPENSER		2	FMATDIS	2	3 0388		6 08	
EVEXCH	3X5 BLACK MAT		1	MN15BLK	1	3 6225		3 62	
EVEXCH	3X5 MAT SAFETY		4	MN15SAF	4	3 6225		14 49	
EVEXCH	4X6 MAT SLATE		3	MN24SLA	3	5 7960		17 39	
EVEXCH	3X10 MAT SLATE		4	MN30SLA	4	7 0875		28 35	
EVEXCH	4X6 MAT SLATE		1	MN24SLA	1	7 9008		7 90	
EVEXCH	3X5 MAT SLATE	100	5	MN15SLA	5	3 6225		18 11	
EVEXCH	36" MOP	200	4	MP36TRT	4	2 1000		8 40	
EVEXCH	36" MOP FRAME	300	4	MP36HDL	4	0 4200		1 68	
EVEXCH	24" MOP GREEN	400	1	MP25TRT	1	2 1000		2 10	
EVEXCH	24" MOP FRAME	500	1	MP24HDL	1	0 4200		0 42	
EVEXCH	48" MOP	600	4	MP48TRT	4	2 1000		8 40	
EVEXCH	48" MOP FRAME	700	4	MP48HDL	4	0 4200		1 68	
	ENERGY CHARGE							1 25	

CORNER OF 2ND & MONTANO

Customer Signature *Robert K. Lewis* 3-19-03 ADJ Approval

TOTAL FORWARD

Total Before Adjustment
Net Adjustment
Adj Tax
FINAL

All rental items remain the property of supplier
 We charge for all lost or destroyed merchandise

This delivery is in accordance with

AmeriPride LINEN AND APPAREL SERVICES

P O BOX 36
ALBUQUERQUE, NM 87103

PH505/247-2234 FX505/242-0520

Rate	Day
014	WED

INVOICE

Account No.	Invoice No.
04606-00	AB18608
Terms	Date
	03/26/2003

CORE MARK INTERNATIONAL MIKE SIDDEL TOOL 9 AIR 2
5600 2ND ST NW
ALBUQUERQUE NM 87107 PH505/343-9577

ADJUSTMENTS

DELIVERY	DESCRIPTION	INVENTORY	SERVICE	UNIT	PRD	AMOUNT	REASON CODE	QTY	CREDIT/DEBIT AMOUNT
	GO LADY LOBOS II								
1	COVERALL NAV BOB	50	1 2415NVY	3	1	1 1025		1 10T	
1	COVERALL NAV DELBERT	50	2 1406NVY	2	1	1 3781			
	COVERALL NAV DELBERT	48	2 2415NVY	3	1	1 1025		2 48T	
20	SHOP TWL RED		ST18RED	45	20	0 1264		2 53T	
1	SHOP TWL RED	INV MAINT	ST18RED	45	1	0 4950		0 50T	
EVEXCH	F-MATIC DISPENSER		FMATDIS	2	2	3 0388		6 08T	
EVEXCH	3X5 BLACK MAT		MN15BLK	1	1	3 6225		3 62T	
EVEXCH	3X5 MAT SAFETY		MN15SAF	4	4	3 6225		14 49T	
EVEXCH	4X6 MAT SLATE		MN24SLA	3	3	5 7960		17 39T	
EVEXCH	3X10 MAT SLATE		MN30SLA	4	4	7 0875		28 35T	
EVEXCH	3X5 MAT SLATE	100	MN15SLA	5	5	3 6225		18 11T	
EVEXCH	36" MOP	200	MP36TRT	4	4	2 1000		8 40T	
EVEXCH	36" MOP FRAME	300	MP36HDL	4	4	0 4200		1 68T	
EVEXCH	24" MOP GREEN	400	MP25TRT	1	1	2 1000		2 10T	
EVEXCH	24" MOP FRAME	500	MP24HDL	1	1	0 4200		0 42T	
EVEXCH	48" MOP	600	MP48TRT	4	4	2 1000		8 40T	
EVEXCH	48" MOP FRAME	700	MP48HDL	4	4	0 4200		1 68T	
	ENERGY CHARGE							1 25T	
CORNER OF 2ND & MONTANO									
Customer Signature X									
All rental items remain the property of supplier We charge for all lost or destroyed merchandise									
ADJ Approval									
This delivery is in accordance with									
TOTAL						FORWARD			
								Total Before Adjustment	
								Net Adjustment	
								Adj Tax	

AmeriPride[®] LINEN AND APPAREL SERVICES

Route	Day

INVOICE

Account No.	Invoice No.
04606-00	10273
Terms	Date
COD	4/4/03

ADJUSTMENTS



www **Fleming** .com
CONVENIENCE

Jim Goodlander
Controller

5600 2nd St NW Albuquerque NM 87107
505 343 9577 800 541 2755 x104
Fax 505 343 0327
E mail jgoodlander@core mark com

INVENTORY SERVICE

AMOUNT

REASON CODE QTY CREDIT/DEBIT AMOUNT

1 NSF Check Fee for
Non-Sufficient Funds check #904083477
check dated 3/24/2003

Subtotal: 25 00

NM Tax 1 46

TOTAL 26 46

5 813

Total Before Adjustment
Net Adjustment
Adj Tax

FINAL TOTAL

Customer Signature **X**

ADJ Approval

All rental items remain the property of supplier
We charge for all lost or destroyed merchandise

This delivery is in accordance with
our Rental Service Agreement

Thank You!

1 2 3 4 5 6 7 8 9 10 11 12