

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

PROOF OF CLAIM



s122232

Scheduled Claim Ref # 1-F2-16694

YOUR CLAIM IS SCHEDULED AS

\$347 68 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.

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.

Name of Creditor and Address

0354429424402

QUALITY INN BILLINGS
HOMESTEAD PARK
2036 OVERLAND AVE
BILLINGS MT 59102

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.

Creditor Telephone Number **(406) 652-1320**

CREDITOR TAX ID #
41-1263469

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces or amends a previously filed claim dated _____

1 BASIS FOR CLAIM

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly)
- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (Fill out below)

Your social security number _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED **3/28/03, 4/02/03**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ **34768** (unsecured) \$ _____ (secured) \$ _____ (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.

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 12 2003
BMC

DATE SIGNED

8/18/03

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)

[Signature]

Rick Jones, General Manager

Fleming Companies Clear



03/37

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



BY CHOICE HOTELS

QUALITY INN HOMESTEAD

2036 OVERLAND AVENUE
BILLINGS MT 59102

Amount Due	Due Date
127 18	Upon Receipt

Account Number 149
Invoice Number 18528
Invoice Date 04/02/03
Page 1 of 1

COREMARK

PO BOX 11838
SPOKANE WA 99211

Invoice

Please call 4066521320 if you should have any questions regarding this statement

Post Date	Guest Account	Guest Name	Company Information	Amount
04/02/03	247979	ROBERTS RAPHAEL	COREMARK	127 18
Invoice Total				127 18

*4/2/03
Pd*

6374

6344

COREMARK

PO BOX 11838
SPOKANE WA 99211

Please make checks payable to

QUALITY INN HOMESTEAD

Account Number	Invoice Number	Amount Due	Due Date
149	18528	127 18	Upon Receipt

Please return this stub with your payment



BY CHOICE HOTELS

QUALITY INN HOMESTEAD

2036 OVERLAND AVENUE
BILLINGS MT 59102



QUALITY INN HOMESTEAD

2036 OVERLAND AVENUE

BILLINGS, MT 59102

(406) 652-1320

Account 247979

Date 04/02/03

Page 1 of 1

Room 239 CORP

Arrival Date 03/31/03 23 24

Departure Date 04/02/03 06 20

Frequent Traveler ID DL-2039034992

You were checked out by

You were checked in by JT

ROBERTS RAPHAEL

BILLINGS MT 59102

Post Date	Description	Comment	Amount
03/31/03	ROOM CHARGE	#239 ROBERTS RAPHAEL	61 00
03/31/03	SAFE WARRANTY	SAFE WARRANTY	1 00
03/31/03	STATE TAX	STATE TAX	2 44
04/01/03	GUEST SUNDRIES	RAZOR	0 30
04/01/03	ROOM CHARGE	#239 ROBERTS RAPHAEL	61 00
04/01/03	SAFE WARRANTY	SAFE WARRANTY	1 00
04/01/03	STATE TAX	STATE TAX	2 44
04/02/03	SAFE WARRANTY	SAFE WARRANTY REMOVED	2 00
04/02/03	DIRECT BILL DUE	DIRECT BILL DUE	-127 18
Balance Due			0 00

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

x _____

127 18 will be billed to Account 149
COREMARK PO BOX 11838 SPOKANE WA 99211



QUALITY INN HOMESTEAD

2036 OVERLAND AVENUE

BILLINGS MT 59102

(406) 652-1320

Room 239

Arrival Date 03/31/03

Departure Date 04/02/03

Account 247979

Frequent Traveler ID DL-203903499

Merchant Number

Approval Number

Card Type

Date 4/2/03

Card Number

Credit Card Expiration /

Total

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

RAPHAEL ROBERTS

BILLINGS, MT 59102

x 



BY CHOICE HOTELS

QUALITY INN HOMESTEAD

2036 OVERLAND AVENUE
BILLINGS MT 59102
(406) 652-1320

Account 247451

Date 03/28/03

Page 1 of 1

Room 131 CORP

Arrival Date 03/26/03 14 24

Departure Date 03/28/03 12 34

Frequent Traveler ID GP-JMF03201

You were checked out by KJ

You were checked in by KJ

FRANJEVIC JERRY

2330 5TH AVE S
GREAT FALLS MT 59405

Post Date	Description	Comment	Amount
03/26/03	ROOM CHARGE	#131 FRANJEVIC JERRY	64 00
03/26/03	SAFE WARRANTY	SAFE WARRANTY	1 00
03/26/03	STATE TAX	STATE TAX	2 56
03/27/03	GUSICKS CHARGES	GUSICKS CHARGES	14 00
03/27/03	ROOM CHARGE	#131 FRANJEVIC JERRY	64 00
03/27/03	SAFE WARRANTY	SAFE WARRANTY	1 00
03/27/03	STATE TAX	STATE TAX	2 56
03/28/03	DIRECT BILL DUE	DIRECT BILL DUE	-149 12
Balance Due			0 00

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

x _____

149 12 will be billed to Account 149
COREMARK PO BOX 11838 SPOKANE WA 99211



BY CHOICE HOTELS

QUALITY INN HOMESTEAD

2036 OVERLAND AVENUE
BILLINGS, MT 59102
(406) 652-1320

Room 131

Arrival Date 03/26/03

Departure Date 03/28/03

Account 247451

Frequent Traveler ID GP JMF03201

Merchant Number

Approval Number

Card Type

Date 3/28/03

Card Number

Credit Card Expiration /

Total

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

JERRY FRANJEVIC
2330 5TH AVE S
GREAT FALLS, MT 59405

x _____



QUALITY INN HOMESTEAD

2036 OVERLAND AVENUE
BILLINGS MT 59102
(406) 652-1320

Account 247452

Date 03/28/03

Page 1 of 1

Room 215 CORP

Arrival Date 03/26/03 14 20

Departure Date 03/28/03 06 22

Frequent Traveler ID

You were checked out by

You were checked in by KJ

HOSS BRAD

2330 5TH AVE S
GREAT FALLS MT 59405

Post Date	Description	Comment	Amount
03/26/03	ROOM CHARGE	#215 HOSS BRAD	64 00
03/26/03	SAFE WARRANTY	SAFE WARRANTY	1 00
03/26/03	STATE TAX	STATE TAX	2 56
03/27/03	ROOM CHARGE	#215 HOSS BRAD	64 00
03/27/03	SAFE WARRANTY	SAFE WARRANTY	1 00
03/27/03	STATE TAX	STATE TAX	2 56
03/28/03	DIRECT BILL DUE	DIRECT BILL DUE	-135 12
Balance Due			0 00

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

x _____

135 12 will be billed to Account 149
COREMARK PO BOX 11838 SPOKANE WA 99211



QUALITY INN HOMESTEAD

2036 OVERLAND AVENUE
BILLINGS MT 59102
(406) 652-1320

Room 215

Arrival Date 03/26/03

Departure Date 03/28/03

Account 247452

Frequent Traveler ID

Merchant Number

Approval Number

Card Type

Date 3/28/03

Card Number

Credit Card Expiration /

Total

If payment by credit card I agree to pay the above total charge amount according to the card issuer agreement

BRAD HOSS
2330 5TH AVE S
GREAT FALLS, MT 59405

x _____