


UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		<b>PROOF OF CLAIM</b>	
In re <b>Core-Mark International Inc</b>		Case Number <b>03-10944</b>	



Scheduled Claim Ref # 1 F2 16081  
**YOUR CLAIM IS SCHEDULED AS**  
\$17,987.70 UNSECURED

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.

<b>Name of Creditor and Address</b>  LIFE LIKE PRODUCTS INC LIFOAM MFG DIV <del>2100 N. ...</del> <b>1600 Union Avenue</b> <del>...</del> <b>Baltimore, MD 21211</b> <b>ATTN: B. FINN</b>		<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 <b>(410) 854-9605</b>		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 TAX ID # <b>13-4103395</b>	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR <b>9480</b>	Check here <input type="checkbox"/> replaces or amends a previously filed claim dated _____
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**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** \_\_\_\_\_ **3 IF COURT JUDGMENT DATE OBTAINED** \_\_\_\_\_

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ 3572.60 (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (unsecured priority) \$ 3572.60 (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.

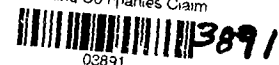
BY MAIL TO Bankruptcy Management Corporation P O BOX 900 El Segundo CA 90245-0900	BY HAND OR OVERNIGHT DELIVERY TO Bankruptcy Management Corporation 1330 East Franklin Avenue El Segundo CA 90245
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**THIS SPACE FOR COURT USE ONLY**

**JUG 12 2003**

**BMC**

Filing Companies Claim



03891

**DATE SIGNED** 8/10/03 **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)

*B. Finn - Barry T. Finn - Credit Mgr*

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**

032002 Customer Ledger Inquiry Date From \_\_\_\_\_  
 Customer Number \_\_\_\_\_ 9480 CORE-MARK INTERNATIO Thru \_\_\_\_\_  
 Parent Number \_\_\_\_\_ Seq \_\_\_\_\_  
 Invoice Number \_\_\_\_\_ Thru \_\_\_\_\_ Paid \_\_\_\_\_  
 Recpt/Item Number \_\_\_\_\_ Reviewing Co \_\_\_\_\_  
 Statement Number \_\_\_\_\_  
 Skip To Page \_\_\_\_\_ Cur USD

Ø	Document		Net Due/		Gross	Open	Recpt/	P
P Ty	Number	Itm	Date	Rcpt Dat	Amount	Amount	Item	C
— RI	309830	000	03/13/03	04/12/03	2,194 68	2,194 68		D
— RI	309830	001	03/13/03	03/13/03	469 48-	469 48-		D
— RI	312221	000	03/27/03	04/26/03✓	2,327 04	2,327 04		D
— RI	312221	001	03/27/03	03/27/03✓	479 64-	479 64-		D
	USD		Total		3,572 60	3,572 60		

Opt 1=Inv 2=JE 5=Dtl F2=Formats F9=NS F16=Age&Sts F21=Prt F24=More