UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

s120658

Scheduled Claim Ref # 1-F2-14889

YOUR CLAIM IS SCHEDULED AS

$1 817 48 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 o an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

0354429380649

BAYER INC
BOX 1000 STATION B
ETOBICOKE ON M9W 7A5
CANADA

Creditor Telephone Number (416) 240 - 3431

☐ 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

☐ 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 TAX I D #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated
R10115835	127513	

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 _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED March 24 - 2003

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 2,711 82 CAD	$	$	$ 2,711 82 CAD
(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

FILED

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

THIS SPACE FOR COURT USE ONLY

AUG 15 2003

BMC

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

DATE SIGNED
AUG 11 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)
D Nelson - TEAM LEADER CREDIT SERVICES

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

Fleming Companies Claim
04557

See Other Side For Instructions

INVOICE / FACTURE

Bayer Inc
Box 1000, Station B
Toronto, Ontario M9W 7A5
Tel /Tel (416) 248 0771
G S T /T P S 88747 1886 RT0002
Q S T /T V Q 1020742484TQ0001

Bayer

P O NO /N DU BON DE COMMANDE	INVOICE NO / N DE FACTURE	PAGE
172-1056451	100787710	1

BAYER ORDER NO /N DE COMMANDE BAYER	INVOICE DATE / DATE DE FACTURE Y/A M/M D/J	CUST NO /N DU CLIENT
10517951	2003/03/24	769206-769206

BILL TO/ FACTURER A

CORE MARK INTERNATIONAL
8225 30 STREET SOUTH EAST
CALGARY, AB T2C 1H7

SHIP TO/ EXPEDIER A

CORE MARK INTERNATIONAL
8225 30 STREET SOUTH EAST
CALGARY, AB T2C 1H7

24-hour Chemical Emergency/Urgence chimique 24 h sur 24 (514) 697-5555

BILL OF LADING NO /N° BORDEREAU D'EXPÉDITION	SHIPPING TERMS / CONDITIONS D'EXPÉDITION	SHIP VIA / EXPÉDIER PAR
3189179	FOB dest freight prepaid	National Fastfreight 5 Days

PRODUCT CODE/CODE DU PRODUIT	U/M	QTY ORD / QTÉ COMM	QTY SHIPPED / QTÉ EXPÉDIÉE	PRICE PER UNIT / PRIX UNITAIRE	GROSS AMT / MONTANT BRUT		TAX/ TAXE	NET AMOUNT / MONTANT NET
04020CB		ALKA-SELTZER TABLETS 12'S						
593	EA	24 00						
Lot # 173992N			24 00	1 47	35 28		S1	35 28
51		ASPIRIN 325MG 24'S						
1195912	EA	576 00						
Lot # 258952P			576 00	2 08	1198 08		S1	1198 08
12025		ASPIRIN TABLETS 325MG 50'S						
1794	EA	144 00						
Lot # 256732L			144 00	3 20	460 80		S1	460 80
51052		MIDOL E/S CAPLETS 16'S						
1972	EA	144 00						
Lot # 261743B			144 00	3 34	480 96		S1	480 96
56005		OZONOL OINTMENT 30GM						
283448	EA	72 00						
Lot # 112			72 00	4 99	359 28		S1	359 28

COMMENTS / REMARQUES	PAYMENT TERMS / CONDITIONS DE PAIEMENT			SUB-TOTAL/SOUS TOTAL
	1% 10, net 30 days			2534 40
	G S T T V S	P S T EXEMPTION NO N° D EXEMPTION T V P		TOTAL G S T / T V S
	R101151835 7 % 00			177 42
	P S T / T V P	BEFORE G S T AVANT LA T P S	AFTER G S T APRÈS LA T P S	TOTAL P S T / T V P
	%	X		0 00
	CURRENCY / DEVISE	TOTAL	$	
	CAD			2711 82

TAX LEGEND
S0 TAX EXEMPT
S1 GST
S2 GST&PST/QST
S3 PST/QST only S4 HST

LEGENDES DE TAXES
S0 EXEMPTION DE TAXE
S1 TPS
S2 TPS&TVP/TVQ
S3 TVP/TVQ seulment S4 TVH

BI030324