UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

s121854

Scheduled Claim Ref # 1-F2 16253

YOUR CLAIM IS SCHEDULED AS

$3 623 88 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

☐ 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

Name of Creditor and Address

0354429416645

MITCHELL S GOURMET FOODS
3371 #6 ROAD
RICHMOND BC V6V 1P9

Creditor Telephone Number ( )

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 128775/208914/208477

Check here if this claim ☐ 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 _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 5324.56 (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 1 8 2003

BMC

Fleming Companies Claim

04881

DATE SIGNED
Aug 12/03

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)
Al R. Joubert

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

STATEMENT OF CLAIM - AS OF AUGUST 12,2003

SHIP TO 128775
CORE MARK INTERNATIONAL INC
8225 - 30TH ST SE
CALGARY, ALBERTA
T2C 1H7

ACCT# 128775 ACCOUNT BALANCE 1263 62 BALANCE TO RECONCILE 00

S	-PART	AMT-	TYPE	REFNUM	CLAIM#	--AMOUNT--	--STATUS--	WK	COD	US	--DATE---	LINE#
_	_____		INV	148341		1263 62		47			MAR 18/03	1

SHIP TO 208914
CORE-MARK INTERNATIONAL INC
2924 JACKLIN RD
VICTORIA, BC
V9B 3Y5

ACCT# 208914 ACCOUNT BALANCE 1566 14 BALANCE TO RECONCILE 00

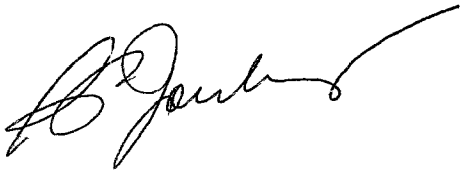
S	-PART	AMT-	TYPE	REFNUM	CLAIM#	--AMOUNT--	--STATUS--	WK	COD	US	--DATE---	LINE#
_	_____		INV	152911		1566 14		47			MAR 21/03	1

SHIP TO 208477
CORE-MARK INTERNATIONAL INC
7800 RIVERFRONT GATE
BURNABY, BC
V5J 5L3

ACCT# 208477 ACCOUNT BALANCE 2494.80 BALANCE TO RECONCILE 00

S	-PART	AMT-	TYPE	REFNUM	CLAIM#	--AMOUNT--	--STATUS--	WK	COD	US	--DATE---	LINE#
_	_____		INV	150982		2494 80		47			MAR 18/03	1

TOTAL AMOUNT OWING ON THE THREE ACCOUNTS IS $ 5324 56

MITCHELL'S GOURMET FOODS, INC
P O BOX 850
SASKATOON, SASK
S7K 3V4

ATTN AL JOUBERT - CREDIT MGR 306-931-4224