

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

PROOF OF CLAIM



674439

Bar Date Ref # 1-NV-71663

In re	Case Number
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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

0354653674439

Calgary Herald
PO Box 2400
Station
Calgary AB T2P 0W8
Canada

Creditor Telephone Number ()

- 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.

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 #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> or amends a previously filed claim dated _____
	30492300	

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 MARCE 2003 **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 758.48 CDN \$ _____ \$ 58.48 CDN

(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
FILED
AUG 18 2003
BMC

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). <i>Penny Penner</i> PENNY PENNER - A/P & A/R Supervisor
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Filing Companies Claim



04999

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

CALGARY HERALD

P O BOX 2400 STATION M
 CALGARY ALBERTA T2P 0W8
 TELEPHONE 235 7100

Account No 30492300
 Invoice No 3075859
 Date 31-MAR-03
 GST R893998013

INVOICE

CORE-MARK INTERNATIONAL INC
 8225 30 ST SE
 CALGARY, AB
 T2C 1H7

PAGE 1
 COPY 1

ORDER	DATE	DESCRIPTION	SIZE	TIMES	RATE	DEBIT	CREDIT	AMOUNT
C0050261	1203	1 CLASS 1 DELI 0110 CLA LOGO CHARGE	8A	4	QUOTED	130 94		
		GST				9 16		140 10
C0173164	1603	PURCHASE ORDER RICHARD 1 CLASS 1 DELI 0110 CLA	8A	1	QUOTED	0 00		0 00
C0286473	2203	PURCHASE ORDER RICHARD 1 Receptionist 0118 CLA LOGO CHARGE	30A	4	QUOTED	447 00		
		GST				31 28		478 28
C0054027	2603	PURCHASE ORDER CAROLYN L 1 CLASS 1 DELI 0110 CLA LOGO CHARGE	8A	4	QUOTED	130 94		
		GST				9 16		140 10
		PURCHASE ORDER DARREN						

ADVERTISING LINAGE 192

ADV CHARGES & DEBIT ADJUSTMENTS THIS BILLING: 708 88
 CURRENT CHARGES GST FOR THIS BILLING 49 60

758.48

TERMS PAYMENT DUE UPON RECEIPT
 2% INTEREST PER MONTH ON UNPAID BALANCE
 TO INQUIRE CONTACT (403)235-7447

 * We warrant that the information shown on this invoice *
 * correctly describes the advertisement which was inserted *
 * in the edition of the publication specified *

CALGARY EST. 1882 HERALD

P O BOX 2400 STATION M
 CALGARY, ALBERTA T2P 0W8
 TELEPHONE 235 7100

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 8225 30 ST SE
 CALGARY, AB
 T2C 1H7

PAGE 2
 COPY 1

ORDER	DATE	DESCRIPTION	SIZE	TIMES	RATE	DEBIT	CREDIT	AMOUNT
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	Expiry Date	Volume	Monthly Total	Total to Date
Contract Info	31-Aug-03	2500	0	0

Amount Due \$ 758 48

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

CALGARY HERALD GROUP INC , P O BOX 2400, STN M, CALGARY, AB T2P 0W8 TEL (403)235-7100

CORE-MARK INTERNATIONAL INC
 8225 30 ST SE
 CALGARY, AB
 T2C 1H7

Date 31-MAR-03
 Account No 30492300
 Invoice No 3075859
 Amount Due \$ 758 48