

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

**PROOF OF CLAIM**



s122412

Scheduled Claim Ref # 1-F2-16893

**YOUR CLAIM IS SCHEDULED AS**

~~\$74,85~~ UNSECURED

*SIB 149.70 proof of claim was filed 7-28 03 See attached*

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.

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.

**Name of Creditor and Address**  
  
SHILO INN TILLAMOOK  
2515 N MAIN  
TILLAMOOK OR 97141

0354429430963

Creditor Telephone Number ( )

CREDITOR TAX I D #

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 *Hotel*
  - 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 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ 149.70 (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (unsecured priority) \$ 149.70 (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 18 2003

**BMC**

Fleming Companies Claim



05045

DATE SIGNED

*8-15-03*

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).

*Shilo Inn Tillamook LLC  
Jimm Kearns*

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**



<b>UNITED STATES BANKRUPTCY COURT</b> For the District of Delaware	<b>PROOF OF CLAIM</b>												
In re <b>COREMARK Distributors</b>	Case Number <b>03-10945 MFW</b>												
NOTICE: This claim 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.													
Creditor Name (Person or entity debtor owes) <b>Shilo Inn Tillamook, LLC</b> Address Line 1 <b>2515 N Main</b> Address Line 2 _____ Address Line 3 _____ City, ST ZIP <b>Tillamook OR 97141</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 the address differs from the address on the envelope sent to you by the court.												
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	<input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends												
<b>1 BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Services performed <b>Hotel Rooms</b> <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (Describe Briefly) _____ Your social security No _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	<b>2 Date Debt Incurred (MMDDYY)</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <table style="border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td><td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td></tr> </table> <p style="margin-top: 5px;">thru 02-20-03</p> </div> <b>3 If Court Judgment, Date Obtained</b> <table style="border-collapse: collapse; width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	0	2	0	5	0	3						
0	2	0	5	0	3								
<b>4 CLASSIFICATION OF CLAIM</b> Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.													
<input type="checkbox"/> <b>SECURED CLAIM</b> Attach evidence of perfection of security interest. Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____ <input checked="" type="checkbox"/> <b>UNSECURED NONPRIORITY CLAIM</b> A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.	<input type="checkbox"/> <b>UNSECURED PRIORITY CLAIM</b> - Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650), earned not more than 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) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____												
<b>5 AMOUNT OF CLAIM AT TIME CASE FILED</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20%; text-align: center;">(Secured)</td> <td style="border: 1px solid black; width: 40%; text-align: center;">149.70 (Unsecured Nonpriority)</td> <td style="border: 1px solid black; width: 40%; text-align: center;">(Unsecured Priority)</td> </tr> </table> <input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.		(Secured)	149.70 (Unsecured Nonpriority)	(Unsecured Priority)									
(Secured)	149.70 (Unsecured Nonpriority)	(Unsecured Priority)											
<b>6 CREDITS AND SETOFFS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim claimant has deducted all amounts that claimant owes to debtor.													
<b>7 SUPPORTING DOCUMENTS</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments or evidence of security interests. If the documents are not available explain. If the documents are voluminous, attach a summary.													
<b>8 TIME STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclosed a stamped, self-addressed envelope and copy of this proof of claim.													
Date <b>7-28 03</b>	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>Shilo Inn Tillamook, LLC Gynn Keana</b>												

THIS SPACE IS FOR COURT USE ONLY

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**FILED**  
AUG 18 2003  
**BMC**

WELLS FARGO BANK, N A  
P O BOX 63020  
SAN FRANCISCO, CA 94163

This check was payment for  
an Accounts Receivable for  
CORE-MARK The check was  
not cleared thru the bank.

SHILO INN TILLAMOOK SUITES GENERAL  
DEBTOR IN POSSESSION  
CH 11 CASE #02-33040 OR  
11600 SW SHILO LANE  
PORTLAND, OR 97225

ITEMS ENCLOSED 1

1 OF 1 ACCOUNT CHARGED 4132456625

DATE 04-08-2003

COUNT HAS BEEN CHARGED FOR THE FOLLOWING ITEM(S) RETURNED UNPAID ITEM(S) MARKED WITH  
HAVE BEEN REDEPOSITED PER INSTRUCTION AND DO NOT AFFECT YOUR ACCOUNT BALANCE

REASON FOR NON PAYMENT	SEQUENCE #	AMOUNT
------------------------	------------	--------

	61366	\$ 74.85
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CORE-MARK INTERNATIONAL INC.

Check No 904083310  
50 937  
-----  
213

395 Oyster Point Blvd  
Suite 415  
So San Francisco, CA 94080

CORE-MARK

RETURN TO: FED UTICA  
FOR BEARINGS BELOW

DO NOT  
REDEPOSIT

JPMORGAN CHASE BANK  
6040 TARBELL ROAD

SYRACUSE, NY 13206

DATE 2003-03-24 Void 60 Days From Date  
REFER TO MARKER APR 04 2003

RETURNED BY  
JPMORGAN CHASE BANK 61366

AMOUNT \$ \*\*\*\*\*74 85

SHILO INN TILLAMOOK  
2515 N MAIN  
TILLAMOOK, OR 97141

122105278

TREASURER

⑆4083310⑆ ⑆02⑆ ⑆309379⑆ ( ⑆8⑆09668⑆

⑆000000⑆7485⑆

⑆02⑆309379⑆

⑆80⑆809668⑆

⑆000000⑆7485⑆

TOTAL REDEPOSIT

0 00

IF YOU HAVE ANY QUESTIONS OR REQUIRE ADDITIONAL INFORMATION, PLEASE CALL THE  
NUMBER THAT IS LISTED ON YOUR BANK STATEMENT

Vertical text on the right edge of the document, possibly a stamp or label.

11-11-77  
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11-11-77

ISSUANCE TO FIRM  
ISSUE TO FIRM  
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ORDER NO	DATE	ISSUE TO	ISSUE TO	ISSUE TO	ISSUE TO
1	11-11-77	ISSUE TO	ISSUE TO	ISSUE TO	ISSUE TO

ENCLOSURE TO ORDER OR SOME ORDER OF THE FIRM AMOUNT \$ \_\_\_\_\_  
PLEASE CHANGE BY \_\_\_\_\_ TO \_\_\_\_\_  
DISCOVER \_\_\_\_\_ AFTER CAN EXPRESS  
CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
COPY 1 - 11-11-77  
- 11-11-77

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11



# GUEST REGISTRATION

LAST NAME <b>JOHNSON</b>	FIRST NAME <b>KATHERINE</b>	TITLE <b>(</b>	ARRIVAL <b>02/05/03</b>	DEPARTURE <b>02/06/03</b>
ADDRESS <b>5201 GLENSCHO</b>			RATE <b>63.95</b>	ROOM <b>116</b>
CITY <b>MILWAUKEE</b>	STATE <b>WI</b>	ZIP <b>53267</b>	GUEST NUMBER	
NUMBER IN PARTY <b>1.0</b>	SHARING WITH		LICENSE NUMBER <b>NDW 052</b>	
REPRESENTING <b>CORE MARK DISTRIBUTORS</b>			BIRTHDATE	

Dear Valued Shilo Guest,  
 If you wish to receive information on major discounts and future promotions, please provide your birthday (month, day) and e-mail address. Shilo Inns is committed to respecting and protecting your privacy, and will not lend, sell or transfer your personal information to others.

MONTH \_\_\_\_\_  
 DAY \_\_\_\_\_  
 e-MAIL ADDRESS \_\_\_\_\_

Please do not attempt to apply for a second occupancy in other areas. Please do not leave any money or items of value unattended in your room. Use the in-room safe or a locked box in the lobby. All items must be returned to the front desk. No valuables or green bags should be left in the room. The liability of the company will not be accepted for any items left in the room.

GUEST SIGNATURE \_\_\_\_\_

Would you like to take advantage of our EXPRESS CHECKOUT service? If so please sign below

Signature: *Katherine Johnson*

GUESTS WITHOUT APPROVED CREDIT CARDS, PLEASE PAY IN ADVANCE  
 CASH

SMOY INC.  
**SPECIAL INSTRUCTIONS**

**DUPLICATE BILL**  
 ALL CHARGES

1111 11 1111 11  
1111 11 1111 11  
1111 11 1111 11

CORRECTIONAL DEPARTMENT  
JULY 15 1964  
NEW YORK

ACCOUNT 4126b  
TRADE NUMBER 10  
CITY OF NEW YORK  
JULY 15 1964  
NEW YORK

PLANT	FIELD	DATE	TIME	INITIALS	REMARKS
222	237	237	237	237	237

ENCLOSED IS CHECK OR MONEY ORDER IN THE FULL AMOUNT OF \_\_\_\_\_  
PLEASE CHARGE TO \_\_\_\_\_  
\_\_\_\_\_ RECEIVED \_\_\_\_\_ OFFICIAL EXPRESS  
CASH AMOUNT \_\_\_\_\_ P.P. DATE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

COMMENTS  
DATE 03 04 64  
BY 10 11

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# GUEST REGISTRATION

LAST NAME <b>WATKINS</b>	FIRST NAME <b>KATHY</b>	TITLE	ARRIVAL <b>02/19/03</b>	DEPARTURE <b>02/20/03</b>
ADDRESS <b>845 NE 22ND ST</b>			RATE <b>69.95</b>	ROOM <b>232</b>
CITY <b>GRESHAM</b>	STATE <b>OR</b>	ZIP <b>97030</b>	GUEST NUMBER	
NUMBER IN PARTY <b>1.0</b>	SHARING WITH		LICENSE NUMBER <b>XCL 283</b>	
REPRESENTING <b>CORE MARK DISTRIBUTORS</b>			BIRTHDATE MONTH _____ DAY _____	

Dear Valued Shilo Guest,  
 If you wish to receive information on major discounts and future promotions, please provide your birthday (month, day) and e-mail address. Shilo Inns is committed to respecting and protecting your privacy, and will not lend, sell or transfer your personal information to others.

e-MAIL ADDRESS \_\_\_\_\_

Rates are subject to applicable state occupancy or other taxes. Please do not leave any money or items of value unattended in our rooms. A safety deposit box is available for you in the lobby. I agree to hold you harmless and agree to be held responsible for the even if the individual person is not responsible for all or any part of these charges.

GUEST SIGNATURE \_\_\_\_\_

Would you like to take advantage of our EXPRESS CHECKOUT service? If so, please sign below.

I authorize you to bill me on my account or my credit card which was presented upon registration.

SIGNATURE *Kathy Watkins*

DIRECT BILL  
CALL

GUESTS WITHOUT APPROVED CREDIT CARDS, PLEASE PAY IN ADVANCE

METHOD OF PAYMENT  
 CASH

~~NON-SMOKING~~

## SPECIAL INSTRUCTIONS