UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PROOF OF CLAIM
In re **Core-Mark International, Inc**	Case Number **03-10944**

>120726

Scheduled Claim Ref # 1-F2-14971

YOUR CLAIM IS SCHEDULED AS

$9 526 49 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 o an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

0354429383951

BROWNIE BAKER INC
4870 W JACQUELYN
FRESNO CA 93722

Creditor Telephone Number (559) 277-7070

☐ 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 # 77-0357993

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR CORE-MARK

Check here if this claim ☐ replaces or ☑ amends a previously filed claim dated 4/23/03

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 2/18/03 - 3/28/03 (see attached) **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 17,184 64	$	$	$
(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 22 2003
BMC

DATE SIGNED 8/20/03

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)

Sara Sutton Sara Sutton Administrative Assistant

Fleming Companies Claim
06106

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

B10 (Official Form 10) (Rev 04/01)

UNITED STATES BANKRUPTCY COURT For the District of Delaware	PROOF OF CLAIM
In re Core-Mark International, Inc	Case Number 03-10944

NOTE. 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) The Brownie Baker	☐ 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.
Address Line 1 4870 W Jacquelyn	☐ Check box if you have never received any notices from the bankruptcy court in this case.
Address Line 2	☐ Check box if the address differs from the address on the envelope sent to you by the court
Address Line 3	
City ST ZIP Fresno CA 93722	

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: Core-Mark

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated _____

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)

Your social security No. _____

☐ Money loaned ☐ Other (Describe Briefly)

Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date Debt Incurred (MMDDYY): 02 18 03

3. If Court Judgment, Date Obtained

4. CLASSIFICATION OF CLAIM. 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.

☐ SECURED CLAIM
Attach evidence of perfection of security interest
Brief Description of Collateral.
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any $ _____

☑ UNSECURED NONPRIORITY CLAIM
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.

☐ UNSECURED PRIORITY CLAIM - Specify the priority of the claim.
☐ 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)
☐ 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)
☐ Taxes or penalties of governmental units 11 U.S.C. § 507 (a)(7)
☐ Other Specify applicable paragraph of 11 U.S.C. § 507(a) _____

5. AMOUNT OF CLAIM AT TIME CASE FILED

(Secured)	(Unsecured Nonpriority)	(Unsecured Priority)
	1311.64	

☐ Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges

6. CREDITS AND SETOFFS. 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.

7. SUPPORTING DOCUMENTS. *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.

8. TIME STAMPED COPY. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY
FILED
AUG 22 2003
BMC

Date	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)
4/23/03	Sara Sutton Administrative Assistant

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

The Brownie Baker, Inc
4870 Jacquelyn • Fresno, CA 93722
(559) 277-7070 • FAX (559) 277-7077
(800) 598-6501 • www browniebaker com

INVOICE

INVOICE NUMBER 044235

INVOICE DATE 2/18/03

PAGE 1

SOLD TO
CORE-MARK INTERNATIONAL
3950 WEST HARMON
LAS VEGAS, NV 89103

SHIP TO
STANDING 9AM THURS. APPT
CALL TO CONFIRM!!!

PLEASE REMIT TOP STUB WITH PAYMENT WITHIN 15 DAYS

Invoice No 044235

SHIP VIA [illegible]
SHIP DATE
DUE DATE 3/20/03
TERMS Net 30 Days

CUST ID CORE
P O NUMBER [illegible]
P O DATE
OUR ORDER NO
SALESPERSON

ITEM I D	ITEM DESCRIPTION	PACK	ORDERED	SHIPPED	CASE PRICE	TOTAL
099	ASST BROWNIES 4-CARAMEL 3-CHOC CHIP 12-WALNT	1,24	6 00	6 00	11.76	70 56
021	BAN/NUT CAKE 5OZ	1/18	17 00	17 00	3.23	140 76
024	MARBLE CAKE 5OZ	1/13	11 00	11 00	3 23	91.08
025	BUTTER POUND 5OZ	1/13	14 00	14 00	3 23	115 92
026	MAPLE NUT 5OZ.	1/13	12 00	12 00	3 23	99 36
027	COFFEE CAKE 5OZ	1/13	7 00	7 00	3 23	57 96
099	ASSORTED DANISH-20 CT 5-BLUEBERRY 4-CHEESE 5-BEAR CLAW 1-APPLE	1/20	4 00	4 00	9 20	36 80
1641	BLUEBERRY 6OZ, 15CT	15CT	13 00	13 00	7 36	132 48
1642	BANANA FTT6OZ 15CT	15CT	13 00	13 00	7 36	132.48
1643	DBL CHOCOLATE 5OZ, 15CT	15CT	12 00	12 00	7 36	88 32
1646	HONEY BRAN 5OZ 15CT	15CT	9 00	9 00	7 36	66 24
1649	STRBY OR CHEESECAKE, 15CT	15CT	19 00	19 00	7 36	139 84
1650	CHOC CHIP 6OZ 15CT	15CT	18 00	18 00	7 36	132 48

SUBTOTAL	1,311 64
TAX	0 00
PAYMENT TOTAL	$1,311 64

Thank you Diane

Fleming

FLEMING CONVENIENCE

PURCHASE ORDER

REGISTER #

SHIP TO
LAS VEGAS 065
3950 WEST HARMON
LAS VEGAS
NV 89103
USA

VENDOR
BROWNIE BAKER INC
C/O FIF SAIPE
LAKE MATHEWS CA 92570
SCOTT HOAG

VENDOR # 06218 | SUB # 00 | BUYER # 652

ORDER DATE 2003-02-11 | 909-789-1592

ARRIVAL DATE 2003-02-20 Thursday | 909 789 1593

PAYMENT TERMS

DISCOUNT EXPIRES 30 Days

FOB

PAGE 1 OF 1

PURCHASE ORDER # 65 113676D

THE ABOVE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, BILL OF LADING, SHIPPING CONTAINERS AND PACKING LISTS.

STANDING ORDER #

WEIGHT 1037 | CU VOL. | CASES 166

CS RCVD | PURCHASED BY

QUANTITY ORDERED	PACK UNIT	VEN CODE	SKU NUMBER	ITEM DESCRIPTION	PACKING DESCRIPTION	CASE PACK	CASE ORDERED	UNIT INVOICE ALLOWANCE	OTHER ALLOWANCES	UNIT COST	EXTENDED COST	A/D	VENDOR INFORMATION
6	CS	28498 01099	184358	B BAKER BROWNIE ASSI	24 CT	1	6	7 14	00	12 95	77 70		1-700106
17	CS	28498 00071	48561	B BAKER CAFE BANANA NUT	18/5 Z	1	17	15 64	00	9 20	156 40	E	1 230101
14	CS	28498 00025	169235	B BAKER CAKE BUTTER POUND	18/5 Z	1	14	12 88	00	9 20	129 80	E	1-210107
7	CS	28498 00027	130906	B BAKER CAKE COFFEE	18/5 Z	1	7	6 44	00	9 20	64 40	E	1 120206
12	CS	28498 00026	167932	B BAKER CAKE MAPLE NUTT CAKE	18/5 Z	1	12	11 04	00	9 20	110 10	E	1-210304
11	CS	28498 00024	48553	B BAKER CAKE MARBLE	18/5 Z	1	11	10 12	00	9 20	101 20	E	1-210101
4	CS	28498 00099	198499	B BAKER DANISH ASST 5Z	20 CT	1	4	2 80	00	10 50	42 00		1-112216
18	CS	28498 00042	356543	B BAKER MUFFIN BANANA NUT	16/6 Z	1	18	11 22	00	8 15	146 70	E	1-112009
18	CS	28498 00041	356527	B BAKER MUFFIN BLUEBERRY	16/6 Z	1	18	14 22	00	8 15	146 70	E	1 120204
18	CS	28498 00060	356576	B BAKER MUFFIN CHOC CHIP	16/6 Z	1	18	14 22	00	8 15	146 70	E	1-240508
13	CS	28498 00045	356584	B BAKER MUFFIN DBL CHOC CHIP	16/6 Z	1	13	10 27	00	8 15	105 95	E	1 120201
9	CS	28498 00046	356618	B BAKER MUFFIN HONEY BRAN RSN	16/6 Z	1	9	7 11	00	8 15	73 35	E	1-120210
19	CS	28498 00049	356626	B BAKER MUFFIN STRWBRRY CRM CHS	16/6 Z	1	19	15 01	00	8 15	154 85	E	1-112007
				********** *** ****** #ORDER SENT VIA FAX##								
166							166	141 11	00		1455 15		

INSTRUCTIONS: SEND ORIGINAL INVOICE AND BILL OF LADING TO THE ABOVE DISTRIBUTION CENTER. NOTICE: SUBSTITUTIONS MADE IN PACKING OR PRICE WILL NOT BE ACCEPTED WITHOUT PRIOR AUTHORITY FROM BUYING DEPARTMENT CENTER. WE RESERVE THE RIGHT TO REFUSE ANY OR ALL MERCHANDISE SUBSTITUTED WITHOUT PRIOR AUTHORITY TO REFUSE ANY OR ALL MERCHANDISE DATED LATE. PAY 30 DAYS FROM DATE OF CREDIT AND TO DEDUCT FROM PAYMENT BY DEBITING THE ABOVE PACK AUTHORITY ... OR ...

SHIPPER PLEASE NOTE ▶ **FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT**

DRIVER PLEASE NOTE ▶ **IF SINGLE SHIPMENT CHECK BOX BELOW**

CON-WAY
A CNF COMPANY

MARK HERE IF FREIGHT CHARGES ARE COLLECT ☐

SINGLE SHIPMENT PICKUP ☐
ORIGINAL - NOT NEGOTIABLE
STRAIGHT BILL OF LADING

CWX 511-746561

DATE	PO NO	SHIPPER NO
2/18/03	65-1136760	

CUSTOMER'S SPECIAL REFERENCE NUMBER

SHIPPER	CONSIGNEE (TO) CORE-MARK INTL. INC.
STREET BROWNIE BAKER	STREET 3950 WEST HARMON
CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE)	CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE) LAS VEGAS, NV 89103
BILL (TO) 4370 JACQUELYN AVE	CUSTOMS BROKER
STREET CA 93722	STREET
CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE)	CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE)
ACCOUNT CODE	☐ Check if CON-WAY Guaranteed! shipment

NUMBER SHIPPING UNITS	HM	KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	NMFC NO.	CLASS OR DENSITY OF ARTICLES	WEIGHT (Subject to Correction) ☐lb ☐kg
9987H-JEM-000					
166		FOODSTUFFS, BREAD, ROLL OR CAKE IN BOXES	73227	60	1067
		STANDING 9:A.M THURS. APPT CALL TO CONFIRM !!! 702-876-5220			
		2 PLTS.			
		PERISHABLE PRODUCT... DO NOT DELAY DELIVERY.			

COD AMOUNT $ _____ COD Fee ☐ Prepaid ☐ Collect
DO NOT DOUBLE STACK. ☐ US ☐ Canadian

NOTE Consignee's company check made payable to the Shipper will be accepted by Con Way and forwarded to shipper unless otherwise directed to do so by the shipper

REMIT COD TO
ADDRESS
CITY STATE/PROVINCE ZIP/POSTAL CODE

Notice Unless the Shipper completes the requirements as provided below Carrier's liability shall be limited as stated herein and in Tariff CNWY 199 which may be obtained by request Carrier shall in no event be liable for loss of profit income interest attorney fees or any special incidental or consequential damages Where the rate or NMFC classification is dependent on value shippers are required to state specifically in writing the declared value of the property For this purpose the declared value of the property is hereby specifically stated by the Shipper to be not exceeding $ _____ Also paragraph number 2 on the reverse side of this Bill of Lading sets forth released value terms and conditions

Carrier liability with shipment originating within the United States Unless the Shipper declares excess value on the Bill of Lading and requests excess liability coverage and pays an additional charge Carrier's maximum liability is $25 per pound per individual lost or damaged piece within the shipment subject to $150 00 maximum total liability per shipment and provided further that Carrier's liability on household goods articles other than new articles such as used and/or refurbished articles or personal effects shall not exceed ten cents per pound per individual lost or damaged piece within the shipment For this purpose the declared value of the property is hereby specifically stated by the Shipper to be $ _____ and Shipper agrees to pay an additional charge or excess liability coverage Total declared value may not exceed $650 000 per shipment

Carrier liability with shipment originating within Canada Unless the Shipper agrees to a Special Agreement declares the value in the box below and agrees to pay the excess liability charge by initialing where indicated Carrier's maximum liability is CAN$2 per pound (CAN$4 41 per kilogram) per individual lost or damaged piece within the shipment subject to a maximum total liability per shipment of CAN$20 000 and provided further that Carrier's liability on household goods used and/or refurbished articles or personal effects shall not exceed ten cents (CAN) per pound per individual lost or damaged piece within the shipment

SPECIAL AGREEMENT Declared Value CAN $ _____ per pound (Declared value may not exceed CAN $100 000 per shipment)
Shipper agrees to pay excess liability charge _____ (Shipper's initials)

COMMODITY DESCRIPTION(S) By signing this Bill of Lading Shipper certifies the materials named on this Bill of Lading are properly classified described packaged marked and labeled and are in proper condition for transportation according to the applicable United States or Canadian regulations

Shipment Received The shipment is received subject to Tariff CNWY 199 Carrier's pricing schedules terms conditions and rules maintained at Carrier's general offices in effect on the date of issue of this Bill of Lading as well as the National Motor Freight Classifications the Hazardous Materials Transportation Regulations (Title 49 — CFR Subtitle B Chapter I Sub Chapter A-C) and the Household Goods Mileage Guide (HHGB 105 Series) for shipments originating in the United States and the Canadian Motor Vehicle Transport Act the Transportation of Dangerous Goods Act and the regulations in force in the provincial jurisdiction at the time and place of the shipment for shipments originating in Canada The property described on this Bill of Lading is in apparent good order but only to the extent that it is unconcealed and visible without further inspection and except as noted or marked. The property is consigned and destined as indicated above The word Carrier is defined throughout this contract as meaning any person or corporation in possession of the property under this contract Carrier agrees to carry the property to its destination if on its route otherwise to deliver to another Carrier on the route to said destination It is mutually agreed as to each Carrier of all or any of said property over all or any portion of said route to the destination and as to each party at any time interested in all or any of said property that every service to be performed hereunder shall be subject to all of this Bill of Lading's terms and conditions in effect on the date of shipment including but not limited to the "Terms and Conditions listed on the back side of this Bill of Lading

SHIPPER	CARRIER ☐ CON-WAY TRANSPORTATION SERVICES INC ☐ CON-WAY CANADA EXPRESS, INC
AUTHORIZED SIGNATURE	THIRD PARTY BILL TO

Please wait while we process your request

PRO 511746561 DR Go! Page 1 of 1

View Larger Image | RotateLeft | RotateRight | E-Mail | FAX | Format To Print

Questions or comments about this shipment document? Send us an e-mail

CWX CON-WAY WESTERN EXPRESS

DELIVERY RECEIPT

PRO NUMBER

TOUR NUMBER	DATE	ORIGIN	OUR REFERENCE	ADDRESS	SERVICE	DESTINATION	PRO NUMBER
415-3170	2/19/03	UEN				LV	511-746561

CONSIGNEE
CORE MARK INTL INC
3950 W HARMON AVE
LAS VEGAS, NV 89103-5504

DF

SHIPPER'S NUMBER
NOA

PRO NUMBER
511-746561

4m

SHIPPER
BROWNIE BAKER
4870 W JACQUELYN AVE
FRESNO, CA 93722-5027

BILL TO

# PCS.	HM	DESCRIPTION OF ARTICLES AND MARKS	WEIGHT (LBS)	RATE	TOTAL CHARGES
166		PCS FOODSTUFFS BREAD ROLL OR CAKE IN BOXES 73227 CLASS 60	1067		
		FSC FUEL SURCHARGE 7.30% ..			
166		TOTAL	1067		PPD
		2PLT STND 9AM THURS APPT CALL TO CONF 702-876-5222			
		CALL (702) 657-8686 FOR CWX CUSTOMER SERVICE.			

SHRINK WRAP INTACT YES NO | DELIVERED 166 PCS | TIME 9:50 | CONSIGNEE SIGNATURE | PRINT CONSIGNEE NAME | DATE 2/21/03

RECEIVED PIECES ABOVE DESCRIBING FREIGHT IN GOOD ORDER EXCEPT AS NOTED.

DRIVER 8/2/03

CWXT 2

B10 (Official Form 10) (Rev 04/01)

UNITED STATES BANKRUPTCY COURT For the District of Delaware	PROOF OF CLAIM
In re Core-Mark International, Inc	Case Number 03-10944

NOTE 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) The Brownie Baker	☐ 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.
Address Line 1 4870 W Jacquelyn	☐ Check box if you have never received any notices from the bankruptcy court in this case.
Address Line 2	☐ Check box if the address differs from the address on the envelope sent to you by the court
Address Line 3	
City ST ZIP Fresno CA 93722	THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR.
Core-Mark

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated. _____

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)

Your social security No. _____

☐ Money loaned ☐ Other (Describe Briefly)

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 Date Debt Incurred (MMDDYY) 02 25 03

3 If Court Judgment, Date Obtained

4 CLASSIFICATION OF CLAIM 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

☐ SECURED CLAIM
Attach evidence of perfection of security interest
Brief Description of Collateral.
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any $ _____

☑ UNSECURED NONPRIORITY CLAIM
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.

☐ UNSECURED PRIORITY CLAIM - Specify the priority of the claim.
☐ 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)
☐ 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)
☐ Taxes or penalties of governmental units 11 U S C § 507 (a)(7)
☐ Other Specify applicable paragraph of 11 U S C. § 507(a) _____

5 AMOUNT OF CLAIM AT TIME CASE FILED

(Secured)	(Unsecured Nonpriority)	(Unsecured Priority)
	3408.80	

☐ Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges

6 CREDITS AND SETOFFS 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

7 SUPPORTING DOCUMENTS *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

8 TIME-STAMPED COPY To receive an acknowledgment of the filing of your claim enclosed a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY
FILED
AUG 22 2003
BMC

Date	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)
4/23/03	Sara Sutton Administrative Assistant

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S C §§ 152 and 3571

The Brownie Baker, Inc
4870 Jacquelyn • Fresno, CA 93722
(559) 277-7070 • FAX (559) 277-7077
(800) 598-6501 • www browniebaker com

INVOICE

INVOICE NUMBER 044334
INVOICE DATE 2/25/03
PAGE 1

SOLD TO
CORE-MARK INTERNATIONAL
3950 WEST HARMON
LAS VEGAS, NV 89103

SHIP TO
STANDING 9AM THURS. APPT
CALL TO CONFIRM!!!

PLEASE REMIT TOP STUB WITH PAYMENT WITHIN 15 DAYS

Invoice No. 044334

SHIP VIA [illegible]
SHIP DATE
DUE DATE 3/27/03
TERMS Net 30 Days

CUST ID [illegible]
P O NUMBER [illegible]
P O DATE
OUR ORDER NO
SALESPERSON

ITEM I D	ITEM DESCRIPTION	PACK	ORDERED	SHIPPED	CASE PRICE	TOTAL
.039	ASST BROWNIES* 4-CARAMEL 3-CHOC CHIP 12-WALNUT	1/24	5 00	5 00	11 76	58 80
.021	BAN/NUT CAKE 5OZ	1/18	7 00	7 00	8 28	57 96
'024	MARBLE CAKE 5OZ	1/18	8 00	8 00	8 28	66.24
.025	BUTTER POUND 5OZ	1/18	10 00	10 00	8.28	82 80
.027	COFFEE CAKE 5OZ	1/18	9 00	9 00	8 28	74 52
.034	CHEESECAKE 4 3OZ*	1/16	10 00	10 00	7 36	73 60
.1641	BLUEBERRY 6OZ/ 16CT	16CT	18 00	18 00	7 36	132 48
1642	BANANA NUT 6OZ 16CT	16CT	18 00	18 00	7 36	132 48
1643	DBL CHOCOLATE 2OZ, 16CT	16CT	10 00	10 00	7 36	73 60
1643	STRAW CH CHEESE 6OZ/ 16CT	16CT	12 00	12 00	7 36	88 32

SUBTOTAL	340 80
TAX	0 00
PAYMENT	3340 80
TOTAL	

Fleming FLEMING CONVENIENCE **PURCHASE ORDER**

REGISTER #

SHIP TO: LAS VEGAS 065
3950 WEST HARMON
LAS VEGAS
NV 89103
USA

VENDOR: BROWNIE BAKER, INC
C/O E&L SALES
LAKE MATHENS CA 92570
SCOTT HOAG

ORDER DATE 2003-02-18 909-789-1592
ARRIVAL DATE 2003-02-27 Thursday 909-789 1593
PAYMENT TERM
DISCOUNT DEADLINE 30 Days
FOB

PAGE 1 OF 1
PURCHASE ORDER # 65 1138260
THE ABOVE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, BILLS OF LADING, SHIPPING CONTAINERS AND PACKING LISTS.
STANDING ORDER #

CS RCVD | PURCHASED BY | VENDOR # 06718 | SEQ # 00 | BUYER # 652

WEIGHT 660 | CU VOL | CASES 107

✓	QUANTITY ORDERED	PACK UNIT	UPC CODE	ITEM NUMBER	ITEM DESCRIPTION	PACKING DESCRIPTION	CASE PACK	TOTAL UNITS ORDERED	TOTAL INVOICE ALLOWANCE	ALLOW AL CHARGE #	UNIT COST	EXTENSION COST	EX	STORE LOCATION
	5	CS	28498 01099	184358	B BAKER BROWNIE ASST	24 CT	1	5	5 95	00	12 95	64 75		1-200106
	7	CS	28498 00021	48561	B BAKER CAKE BANANA NUT	18/5 Z	1	7	6 44	00	9 20	64 40	E	1-230101
	10	CS	28498 00025	169235	B BAKER CAKE BUTTER POUND	18/5 Z	1	10	9 20	00	9 20	92 00	E	1-230107
	9	CS	28498 00027	130906	B BAKER CAKE COFFEE	18/5 Z	1	9	8 28	00	9 20	82 80	E	1-120206
	8	CS	28498 00024	48553	B BAKER CAKE MARBLE	18/5 Z	1	8	7 36	00	9 20	73 60	E	1-210101
	10	CS	28498 00034	268482	B BAKER CHEESECAKE	16 CT	1	10	7 90	00	8 15	81 50	E	1-101603
	18	CS	28498 00042	356543	B BAKER MUFFIN BANANA NUT	16/6 Z	1	18	14 27	00	8 15	146 70	E	1-112009
	18	CS	28498 00041	356527	B BAKER MUFFIN BLUEBERRY	16/6 Z	1	18	14 22	00	8 15	146 70	E	1-120204
	10	CS	28498 00045	356584	B BAKER MUFFIN DPL CHOC	CHIP 16/6 Z	1	10	7 90	00	8 15	81 50	E	1-120201
	12	CS	28498 00049	356626	B BAKER MUFFIN STRWBRRY	RM CHS 16/6 Z	1	12	9 48	00	8 15	97 80	E	1-112007
					****** ********** ##ORDER SENT VIA FAX##									
	107							107	30 95	00		931 75		

INSTRUCTIONS: SEND ORIGINAL INVOICE AND BILL OF LADING TO THE ABOVE DISTRIBUTION CENTER

NOTICE: SUBSTITUTIONS EITHER IN PACKING OR PRICE WILL NOT BE ACCEPTED WITHOUT PRIOR AUTHORITY FROM ISSUING DISTRIBUTION CENTER. WE RESERVE THE RIGHT TO REFUSE ANY OR ALL MERCHANDISE CONSTRUED NOT HAVE PRIOR AUTHORITY TO REFUSE ANY OR ALL MERCHANDISE SHIPPED LATER THAN 30 DAYS FROM DATE ON ORDER, AND TO DEDUCT FROM FREIGHT

Thank you Scott

SHIPPER PLEASE NOTE ▶ **FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT**

DRIVER PLEASE NOTE ▶ **IF SINGLE SHIPMENT CHECK BOX BELOW**

CON-WAY
A CNF COMPANY

MARK HERE IF FREIGHT CHARGES ARE COLLECT ☐

SINGLE SHIPMENT PICKUP ☐
ORIGINAL - NOT NEGOTIABLE
STRAIGHT BILL OF LADING

CWX 466-563753

DATE	P O NO	SHIPPER NO
2/25/03	65-1138260	

CUSTOMER'S SPECIAL REFERENCE NUMBER

SHIPPER	CONSIGNEE (TO) CORE-MARK INTL. INC.
STREET BROWNIE BAKER	STREET 3950 WEST HARMON
CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE)	CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE) LAS VEGAS, NV. 89103
BILL (TO) 4270 J JACQUELYN AVE	CUSTOMS BROKER
STREET FRESNO CA 93722	STREET
CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE)	CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE)
ACCOUNT CODE	☐ Check if CON-WAY Guaranteed shipment

NUMBER SHIPPING UNITS	HM	KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	NMFC NO.	CLASS OR DENSITY OF ARTICLES	WEIGHT (Subject to Correction) ☐lbs ☐kgs
BRBFH-UFN-000					
107		FOODSTUFFS, BREAD, ROLL OR CAKE IN BOXES	73227	60	681
		STANDING 9:AM THURS. APPT CALL TO CONFIRM. 702-876-5220			
		1PLT			
		PERISHABLE PRODUCT... DO NOT DELAY DELIVERY.			

COD AMOUNT $ _____ COD ☐ Prepaid ☐ Collect
DO NOT DOUBLE STACK. Fee ☐ US ☐ Canadian

NOTE Consignee's company check made payable to the Shipper will be accepted by Con Way and forwarded to shipper unless otherwise directed to do so by the shipper

REMIT COD TO
ADDRESS
CITY STATE/PROVINCE ZIP/POSTAL CODE

Notice Unless the Shipper completes the requirements as provided below Carrier's liability shall be limited as stated herein and in tariff CNWY 199, which may be obtained by request Carrier shall in no event be liable for loss of profit income interest attorney fees or any special incidental or consequential damages Where the rate or NMFC classification is dependent on value shippers are required to state specifically in writing the declared value of the property For this purpose the declared value of the property is hereby specifically stated by the Shipper to be not exceeding $ _____ Also paragraph number _ in the reverse side of this Bill of Lading sets forth released value terms and conditions

Carrier liability with shipment originating within the United States Unless the Shipper declares excess value on the Bill of Lading requests excess liability coverage and pays an additional charge Carrier's maximum liability is $25 per pound per individual lost or damaged piece within the shipment subject to a $50 000 maximum total liability for shipment and provided further that Carrier's liability on household goods articles other than new articles such as used and/or refurbished articles or personal effects shall not exceed ten cents per pound per individual lost or damaged piece within the shipment For this purpose the declared value of the property is hereby specifically stated by the shipper to be $ _____ and Shipper agrees to pay an additional charge for excess liability coverage Total declared value may not exceed $650 000 per shipment

Carrier liability with shipment originating within Canada Unless the Shipper agrees to a Special Agreement declares the value in the box below and agrees to pay the excess liability charge by initialing where indicated Carrier's maximum liability is CAN$2 per pound (CAN$4 41 per kilogram) per individual lost or damaged piece within the shipment subject to a maximum total liability per shipment of CAN$20 000 and provided further that Carrier's liability on household goods used and/or refurbished articles or personal effects shall not exceed ten cents (CAN) per pound per individual lost or damaged piece within the shipment

SPECIAL AGREEMENT Declared Value CAN $ _____ per pound (Declared value may not exceed CAN $100 000 per shipment)
Shipper agrees to pay excess liability charge _____ (Shipper's Initials)

COMMODITY DESCRIPTION(S) By signing this Bill of Lading Shipper certifies the materials named on this Bill of Lading are properly classified described packaged marked and labeled and are in proper condition for transportation according to the applicable United States or Canadian regulations

Shipment Received The shipment is received subject to Tariff CNWY 199 Carrier's pricing schedules terms conditions and rules maintained at Carrier's general offices in effect on the date of issue of this Bill of Lading as well as the National Motor Freight Classifications the Hazardous Materials Transportation Regulations (Title 49 — CFR Subtitle B Chapter1 Sub Chapter A-C) and the Household Goods Mileage Guide (HHGB 105 Series) for shipments originating in the United States and the Canadian Motor Vehicle Transport Act, the Transportation of Dangerous Goods Act and the regulations in force in the provincial jurisdiction at the time and place of the shipment for shipments originating in Canada The property described on this Bill of Lading is in apparent good order but only to the extent that it is unconcealed and visible without further inspection and except as noted or marked The property is consigned and destined as indicated above The word Carrier is defined throughout this contract as meaning any person or corporation in possession of the property under this contract. Carrier agrees to carry the property to its destination if on its route otherwise to deliver to another Carrier on the route to said destination it is mutually agreed as to each Carrier of all or any of said property over all or any portion of said route to the destination and as to each party at any time interested in all or any of said property that every service to be performed hereunder shall be subject to all of this Bill of Lading's terms and conditions in effect on the date of shipment including but not limited to the "Terms and Conditions listed on the back side of this Bill of Lading

SHIPPER	CARRIER ☐ CON-WAY TRANSPORTATION SERVICES, INC ☐ CON-WAY CANADA EXPRESS INC
	THIRD PARTY	DATE

Please wait while we process your request.

PRO 466563753 DR Go! Page 1 of 1

View Larger Image | RotateLeft | RotateRight | E-Mail | FAX | Format To Print

Questions or comments about this shipment document? Send us an e-mail

CWX CON-WAY WESTERN EXPRESS — **DELIVERY RECEIPT** — **PRO NUMBER** (REFER TO THIS NUMBER)

BILL NUMBER	DATE	ORIGIN	OUR REVENUE	ADVANCE	SECOND	DESTINATION	PRO NUMBER
515-9208	2/25/03	UFN				JLV	466-563753

CONSIGNEE
CORE MARK INTL INC
3950 W HARMON AVE
LAS VEGAS, NV 89103-5504

DF

SHIPPER NUMBER
PO# 65-1138260 889-7998 NOA
2/27 Thurs 1030am

PRO NUMBER
466-563753

SHIPPER
BROWNIE BAKER
4670 W JACQUELYN AVE
FRESNO, CA 93722-6027

BILL TO
[redacted]

# PCS	HM	DESCRIPTION OF ARTICLES AND MARKS	WEIGHT (LBS)	RATE	TOTAL CHARGES
107		PCS FOODSTUFFS BREAD ROLL OR CAKE IN BOXES 73227 CLASS 60	681		
107		TOTAL	681		PPD
		1PLT STND 9AM THUR APPT CALL 702-876-5220			
		CALL (702) 657-6686 FOR CWX CUSTOMER SERVICE.			

SHIPPER WRAP INTACT ☐ YES ☐ NO — DELIVERED 107 PCS — TIME — CONSIGNEE SIGNATURE — PRINT CONSIGNEE NAME — DATE 2/27/03

RECEIVED 107 PIECES ABOVE DESCRIBED FREIGHT IN GOOD ORDER EXCEPT AS NOTED. DRIVER 2/27/03 CWWV

2

B10 (Official Form 10) (Rev 04/01)

UNITED STATES BANKRUPTCY COURT For the District of Delaware	PROOF OF CLAIM
In re: Core-Mark International, Inc	Case Number 03-10944

NOTE. 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): The Brownie Baker

Address Line 1: 4870 W Jacquelyn

Address Line 2:

Address Line 3:

City, ST ZIP: Fresno CA 93722

☐ 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 the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: Core-Mark

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated. _____

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)

Your social security No. _____

☐ Money loaned ☐ Other (Describe Briefly)

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 Date Debt Incurred (MMDDYY): 03 04 03

3 If Court Judgment, Date Obtained: _____

4 CLASSIFICATION OF CLAIM 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

☐ SECURED CLAIM
Attach evidence of perfection of security interest
Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any $ _____

☑ UNSECURED NONPRIORITY CLAIM
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.

☐ UNSECURED PRIORITY CLAIM - Specify the priority of the claim.
☐ 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)
☐ 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)
☐ Taxes or penalties of governmental units 11 U S C § 507 (a)(7)
☐ Other Specify applicable paragraph of 11 U S C. § 507(a) _____

5 AMOUNT OF CLAIM AT TIME CASE FILED

(Secured)	(Unsecured Nonpriority)	(Unsecured Priority)
	100744	

☐ Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges

6 CREDITS AND SETOFFS 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

7 SUPPORTING DOCUMENTS *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

8 TIME STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

FILED
AUG 22 2003
BMC

Date: 4/23/03

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)

Sara Sutton Administrative Assistant

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S C §§ 152 and 3571

The Brownie Baker, Inc
4870 Jacquelyn • Fresno, CA 93722
(559) 277-7070 • FAX (559) 277-7077
(800) 598-6501 • www browniebaker com

INVOICE

INVOICE NUMBER 044394

INVOICE DATE 3/4/03

PAGE 1

SOLD TO
CORE-MARK INTERNATIONAL
3950 WEST HARMON
LAS VEGAS, NV 89103

SHIP TO
STANDING 9AM THURS. APPT
CALL TO CONFIRM!!

PLEASE REMIT TOP STUB WITH PAYMENT WITHIN 15 DAYS

Invoice No 044394

SHIP VIA CWE
SHIP DATE
DUE DATE 4/3/03
TERMS Net 30 Days

CUST ID [illegible]
P O NUMBER [illegible]
P O DATE
OUR ORDER NO
SALESPERSON

ITEM I D	ITEM DESCRIPTION	PACK	ORDERED	SHIPPED	CASE PRICE	TOTAL
1099	ASST BROWNIES* 4-CARAMEL 8-CHOC CHIP 12-WALNUT	1/24	9 00	9 00	11.76	105 84
1021	BAN/NUT CAKE 5OZ	1/18	7 00	7 00	8.28	57 96
1024	MARBLE CAKE 5OZ	1/18	10 00	10 00	8 28	82 80
1025	BUTTER POUND 5OZ	1/18	9 00	9 00	8 28	74 52
1026	MAPLE NUT 5OZ	1/18	10 00	10 00	8.28	82 80
11641	BLUEBERRY 5OZ, 18CT	18CT	10 00	10 00	7 36	73 60
11542	BANANA NUT 5OZ, 18CT	18CT	18 00	18 00	7 36	132 48
11545	DBL CHOCOLATE 4OZ, 18CT	18CT	[illegible]	14 00	7 36	103 04
11546	HONEY BRAN 5OZ, 18CT	18CT	13 00	13 00	7 36	95 68
11543	STRAW W CHEESE 5OZ, 18CT	18CT	8 00	8 00	7 36	58 24
11560	CHOC CHIP 5OZ 18CT	18CT	[illegible]	[illegible]	7 36	122 48

SUBTOTAL	1,007 44
TAX	0 00
PAYMENT	
TOTAL	$1,007 44

Fleming

FLEMING CONVENIENCE

PURCHASE ORDER

REGISTER #

SHIP TO
LAS VEGAS 06
3950 WEST HARMON
LAS VEGAS
NV 89103
USA

VENDOR
BROWNIE BAKER INC
C/O EEE SALES
LAKE MAINLWS CA 92570
SCOTT HOAG

ORDER DATE 2003-02-25 909-789-1592
ARRIVAL DATE 2003 03 06 Thursday 909-789 1593
PAYMENT TERMS
DISCOUNT DAYS/DUE 30 Days
FOB

PAGE 1 OF 1
PURCHASE ORDER # 65-1140420
THE ABOVE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, BILLS OF LADING, SHIPPING CONTAINERS AND PACKING LIST
TRANSFER ORDER #

CO SCVD | PURCHASED BY | VENDOR # 06248 | SUB # 00 | BUYER # 652

WEIGHT 808 | CU VOL | CASES 127

SHIPPED QUANTITY	PACK UNIT	UPC CODE	ITEM NUMBER	ITEM DESCRIPTION	PACKING DESCRIPTION	CASE PACK	FULL SHIP ORDERED	QTY AVAILABLE ALLOWANCE	CASE ALLOWANCE	UNIT COST	EXTENSION COST	A/B	CASE LOCATION
9	CS	28498 01099	184350	B BAKER BROWNIE ASST	24 CT	1	9	10 71	00	12 95	116 55		1-200106
7	CS	28498 00021	48561	B BAKER CAKE BANANA NUT	18/5 Z	1	7	6 44	00	9 20	64 40	F	1 210101
9	CS	28498 00025	169235	B BAKER CAKE BUTTER POUND	18/5 Z	1	9	8 28	00	9 20	82 80	E	1-230107
10	CS	28498 00026	167932	B BAKER CAKE MAPLE NUTT CAKE	18/5 Z	1	10	9 20	00	9 20	92 00	E	1 210304
10	CS	28498 00024	18553	B BAKER CAKE MARBLE	18/5 Z	1	10	9 20	00	9 20	92 00	E	1-210101
18	CS	28498 00042	356543	B BAKER MUFFIN BANANA NUT	16/6 Z	1	18	14 22	00	8 15	146 70	E	1-112009
10	CS	28498 00041	356527	B BAKER MUFFIN BLUEBERRY	16/6 Z	1	10	7 90	00	8 15	81 50	E	1 120204
18	CS	28498 00060	356576	B BAKER MUFFIN CHOC CHIP	16/6 Z	1	18	14 22	00	8 15	146 70	E	1-240508
14	CS	28498 00045	356581	B BAKER MUFFIN DBL CHOC CHIP	16/6 Z	1	14	11 06	00	8 15	114 10	E	1 120201
13	CS	28498 00046	356610	B BAKER MUFFIN HONEY BRAN BFN	16/6 Z	1	13	10 27	00	8 15	105 95	E	1-120210
9	CS	28498 00049	356626	B BAKER MUFFIN STRWBRRY BRM CHS	16/6 Z	1	9	7 11	00	8 15	73 35	F	1-112007
				********** #ORDER SENT VIA FAX##									
127							127	108 61	00		1116 05		

PLEASE CONFIRM
VIA FAX
909-789-1593

Thank You

INSTRUCTIONS: SEND ORIGINAL INVOICE AND BILL OF LADING TO THE ABOVE DISTRIBUTION CENTER

NOTICE: SUBSTITUTIONS EITHER IN PACKING OR PRICE, WILL NOT BE ACCEPTED WITHOUT PRIOR AUTHORITY FROM SHIPPING DISTRIBUTION CENTER. WE RESERVE THE RIGHT TO RETURN ANY OR ALL MERCHANDISE SUBSTITUTED WITHOUT PRIOR AUTHORITY, TO RETURN ANY OR ALL MERCHANDISE SHIPPED LATE (LESS 30 DAYS FROM DATE OF ORDER) AND TO DEDUCT FROM PAYMENT [illegible]

SHIPPER PLEASE NOTE — FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

DRIVER PLEASE NOTE — IF SINGLE SHIPMENT CHECK BOX BELOW

CON-WAY A CNF COMPANY

MARK HERE IF FREIGHT CHARGES ARE COLLECT ☐

SINGLE SHIPMENT PICKUP ☐

ORIGINAL - NOT NEGOTIABLE

STRAIGHT BILL OF LADING

CWX 466-563974

DATE	P O NO	SHIPPER NO
3/4/03	65-1140420	

CUSTOMER S SPECIAL REFERENCE NUMBER

SHIPPER	CONSIGNEE (TO) Core-Mark Intl. Inc.
STREET BROWNIE BAKER	STREET 3950 West Harmon
CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE	CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE) Las Vegas, NV. 89103
BILL (TO) 4870 W JACQUELYN AVE	CUSTOMS BROKER
STREET [illegible]	STREET
CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE	CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE)
ACCOUNT CODE	☐ Check if CON-WAY Guaranteed! shipment

NUMBER SHIPPING UNITS	HM	KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	NMFC NO	CLASS OR DENSITY OF ARTICLES	WEIGHT (Subject to Correction)
		BRBEH-UEN-000			
127		FOODSTUFFS, BREAD, ROLL OR CAKE IN BOXES	73227	60	807
		STANDING 9. AM THURS APPT CALL TO CONFIRM!!! PH# 702-876-5220			
		2 PLTS			
		PERISHABLE PRODUCT... DO NOT DELAY DELIVERY.			

COD AMOUNT $ _____ COD ☐ Prepaid ☐ Collect Fee ☐ U S ☐ Canadian

DO NOT DOUBLE STACK.

NOTE Consignee s company check made payable to the Shipper will be accepted by Con-Way and forwarded to shipper unless otherwise directed to do so by the shipper

REMIT COD TO

ADDRESS

CITY STATE PROVINCE ZIP/POSTAL CODE

Notice Unless the Shipper completes the requirements as provided below Carrier s liability shall be limited as stated herein and in Tariff CNWY 199 which may be obtained by request Carrier shall in no event be liable for loss of profit income interest attorney fees or any special incidental or consequential damages Where the rate or NMFC classification is dependent on value shippers are required to state specifically in writing the declared value of the property For this purpose the declared value of the property is hereby specifically stated by the Shipper to be not exceeding $ _____ Also paragraph number 2 on the reverse side of this Bill of Lading sets forth released value terms and conditions

Carrier liability with shipment originating within the United States Unless the Shipper declares excess value on the Bill of Lading requests excess liability coverage and pays an additional charge Carrier s maximum liability is $25 per pound per individual lost or damaged piece within the shipment subject to a $50 000 maximum total liability per shipment and provided further that Carrier s liability on household goods articles other than new articles such as used and/or refurbished articles or personal effects shall not exceed ten cents per pound per individual lost or damaged piece within the shipment For this purpose the declared value of the property is hereby specifically stated by the Shipper to be _____ and Shipper agrees to pay an additional charge for excess liability coverage Total declared value may not exceed $650 000 per shipment

Carrier liability with shipment originating within Canada Unless the Shipper declares a Special Agreement declares the value in the box below and agrees to pay the excess liability charge by initialing where indicated Carrier's maximum liability is CAN$2 per pound (CAN$4 per kilogram) per individual lost or damaged piece within the shipment subject to a maximum total liability per shipment of CAN$20 000 and provided further that Carrier s liability on household goods used and/or refurbished articles or personal effects shall not exceed ten cents (CAN) per pound per individual lost or damaged piece within the shipment

SPECIAL AGREEMENT Declared Value CAN $ _____ per pound (Declared value may not exceed CAN $100 000 per shipment)
Shipper agrees to pay excess liability charge _____ Shipper's Initials)

COMMODITY DESCRIPTION(S) By signing this Bill of Lading Shipper certifies the materials named on this Bill of Lading are properly classified described packaged marked and labeled and are in proper condition for transportation according to the applicable United States or Canadian regulations

Shipment Received The shipment is received subject to Tariff CNWY 199 Carrier's pricing schedules terms conditions and rules maintained at Carrier's general offices in effect on the date of issue of this Bill of Lading as well as the National Motor Freight Classifications the Hazardous Materials Transportation Regulations (Title 49 — CFR Subtitle B Chapter I Sub Chapter A-C) and the Household Goods Mileage Guide (HHGB 105 Series) for shipments originating in the United States and the Canadian Motor Vehicle Transport Act the Transportation of Dangerous Goods Act and the regulations in force in the provincial jurisdiction at the time and place of the shipment for shipments originating in Canada The property described on this Bill of Lading is in apparent good order but only to the extent that it is unconcealed and visible without further inspection and except as noted or marked The property is consigned and destined as indicated above The word Carrier is defined throughout this contract as meaning any person or corporation in possession of the property under this contract. Carrier agrees to carry the property to its destination if on its route otherwise to deliver to another Carrier on the route to said destination It is mutually agreed as to each Carrier of all or any of said property over all or any portion of said route to the destination and as to each party at any time interested in all or any of said property that every service to be performed hereunder shall be subject to all of this Bill of Lading s terms and conditions in effect on the date of shipment including but not limited to the Terms and Conditions listed on the back side of this Bill of Lading 315-6541

SHIPPER	CARRIER ☐ CON-WAY TRANSPORTATION SERVICES, INC ☐ CON-WAY CANADA EXPRESS, INC
AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE DATE

2

Please wait while we process your request.

PRO 466563974 DR Go! Page 1 of 1

View Larger Image | RotateLeft | RotateRight | E-Mail | FAX | Format To Print

Questions or comments about this shipment document? Send us an e-mail

CWX CON-WAY WESTERN EXPRESS

DELIVERY RECEIPT

PRO NUMBER

REFER TO THIS NUMBER

EQUIP NUMBER	DATE	ORIGIN	CONSIGNEE	ADVANCE	REVENUE	DESTINATION	PRO NUMBER
	3/04/03	HEN				LAS	466-563974

CONSIGNEE

CORE MARK INTNL INC

2950 W HARMON AVE
LAS VEGAS, NV 89103-5504

BNV

SHIPPER NUMBER

PO# 65 1140420 TRZ

PRO NUMBER

466-563974

SHIPPER

BROWNIE BAKER

4870 W JACQUELYN AVE
FRESNO, CA 93722-5027

BILL TO

* PCS	HM	DESCRIPTION OF ARTICLES AND MARKS	WEIGHT (LBS)	RATE	TOTAL CHARGES
127		PCS FOODSTUFFS BREAD ROLL OR CAKE IN BOXES 73227 CLASS 60	807		
		FSC FUEL SURCHARGE 7.30% ..			
127		TOTAL	807		PPD
		2PLTS STANDING 9AM THURS APPT CALL TO CONFIRM PH 702 876 5220			
		CALL (702) 653-8686 FOR CWX CUSTOMER SERVICE.			

SHRINK WRAP INTACT?	DELIVERED PCS	TIME	CONSIGNEE SIGNATURE	PRINT CONSIGNEE NAME	DATE
YES NO	127	1:15			3/6/03

RECEIVED 127 PIECES ABOVE DESCRIBED, APPARENTLY IN GOOD ORDER EXCEPT AS NOTED.

DRIVER 3613

CWXY

2

B10 (Official Form 10) (Rev 04/01)

UNITED STATES BANKRUPTCY COURT For the District of Delaware	PROOF OF CLAIM
In re: Core-Mark International, Inc	Case Number 03-10944

NOTE. 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): The Brownie Baker
Address Line 1: 4870 W Jacquelyn
Address Line 2:
Address Line 3:
City ST ZIP: Fresno CA 93722

☐ 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 the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: Core-Mark

Check here if this claim ☐ replaces ☐ 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 No _____

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 Date Debt Incurred (MMDDYY): 03 11 03

3 If Court Judgment, Date Obtained

4 CLASSIFICATION OF CLAIM. 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.

☐ SECURED CLAIM
Attach evidence of perfection of security interest
Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any $ _____

☑ UNSECURED NONPRIORITY CLAIM
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.

☐ UNSECURED PRIORITY CLAIM - Specify the priority of the claim.
☐ 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)
☐ 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)
☐ Taxes or penalties of governmental units 11 U.S.C. § 507 (a)(7)
☐ Other Specify applicable paragraph of 11 U.S.C. § 507(a) _____

5 AMOUNT OF CLAIM AT TIME CASE FILED

(Secured)	(Unsecured Nonpriority)	(Unsecured Priority)
	23532.0	

☐ Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges

6. CREDITS AND SETOFFS 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

7 SUPPORTING DOCUMENTS *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

8 TIME-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY
FILED
AUG 22 2003
BMC

Date: 4/23/03

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): Sara Sutton Administrative Assistant

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

The Brownie Baker, Inc
4870 Jacquelyn • Fresno, CA 93722
(559) 277-7070 • FAX (559) 277-7077
(800) 598-6501 • www brownie baker com

INVOICE

INVOICE NUMBER 044442

INVOICE DATE 3/11/03

PAGE 1

SOLD TO
CORE-MARK INTERNATIONAL
3950 WEST HARMON
LAS VEGAS, NV 89103

SHIP TO
STANDING 9AM THURS. APPT
CALL TO CONFIRM!!!

PLEASE REMIT TOP STUB WITH PAYMENT WITHIN 15 DAYS

Invoice No 044442

SHIP VIA UPS
SHIP DATE
DUE DATE 4/10/03
TERMS Net 30 Days

CUST ID [illegible]
P O NUMBER [illegible]
P O DATE
OUR ORDER NO
SALESPERSON

ITEM I D	ITEM DESCRIPTION	PACK	ORDERED	SHIPPED	CASE PRICE	TOTAL
99	ASST BROWNIES*	1/24	14 00	14 00	1 35	134 70
	4-CARAMEL					
	8-CHOC CHIP					
	12-WALNUT					
021	SAN/NUT CAKE 5OZ	1/13	8 00	8 00	8 30	66.40
024	MARBLE CAKE 5OZ	1/13	15 00	15 00	8 30	124 50
025	BUTTER POUND 5OZ	1/13	21 00	21.00	8 30	174 30
026	MAPLE NUT 5OZ	1/13	6 00	6 00	8 30	49 30
027	COFFEE CAKE 5OZ	1/13	21 00	21 00	8 30	174 30
34	CHEESECAKE 4 5OZ*	1/13	8 00	8 00	[illegible] 40	83 20
99	ASSORTED DANISH	[illegible]	[illegible]	[illegible]	[illegible]	66 20
	4-BLUE					
	4-CHEESE					
	4-BEAR CLAW					
	4-APPLE					
[illegible]	[illegible] 5OZ, 15CT	[illegible]	[illegible]	[illegible]	[illegible]	231 00
1543	BANANA NUT 5OZ, 15CT	[illegible]	40 00	40 00	[illegible] 40	296 00
543	DBL CHOCOLATE 5OZ, 15CT	15CT	36 00	36 00	[illegible] 40	269 00
1546	HONEY BEAR 5OZ, 15CT	15CT	27 00	27 00	[illegible] 40	199 80
1549	STRAW OR CHEESE5OZ, 15CT	15CT	32 00	32 00	[illegible] 40	236 80
1560	CHOC CHIP 5OZ, 15CT	15CT	30 00	30 00	[illegible] 40	222 00

SUBTOTAL	1,353 20
TAX	0 00
PAYMENT	$2 353.20
TOTAL	

Add on Wednesday

Fleming **FEMING CONVENIENCE** **PURCHASE ORDER**

REGISTER #

SHIP TO: LAS VEGAS 065
3950 WEST HARMON
LAS VEGAS
NV 89103
USA

VENDOR: BROWNIE BAKER INC
C/O E&E SALES
LAKE MATHEWS CA 92570
SCOTT HOAG

VENDOR # 06718 | SUB # 00 | BUYER # 652

ORDER DATE 2003-03-04 | 909-789-1592
ARRIVAL DATE 2003 03-13 Thursday | 909 789 1593
PAYMENT TERMS
DISCOUNT TERMS 30 Days
FOB

PAGE 1 OF 1
PURCHASE ORDER # 65-1142140
THE ABOVE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, BILLS OF LADING, SHIPPING CONTAINERS AND PACKING LISTS.
TRANSFER ORDER #

CA SCVD | PURCHASED BY | WEIGHT 801 | CU VOL | CASES 131

QUANTITY ORDERED	PACK UNIT	ITEM CODE	ITEM NUMBER	ITEM DESCRIPTION	PACKING DESCRIPTION	CASE PACK	QUANTITY SHIPPED	INV INVOICE ALLOWANCE	OTHER ALLOWANCES	UNIT COST	TOTAL COST		WARE LOCATION
9	CS	28498 01099	184358	B BAKER BROWNIE ASSF	24 CT	1	9	10 71	00	12 95	116 55		1-200106
8	CS	28498 00021	18561	B BAKER CAKE BANANA NUT	18/5 Z	1	8	7 36	00	9 20	73 60	F	1-230101
14	CS	28498 00025	169235	B BAKER CAKE BUTTER POUND	18/5 Z	1	14	12 88	00	9 20	128 80	E	1 230107
13	CS	28498 00027	130906	B BAKER CAKE COFFEE	18/5 Z	1	13	11 96	00	9 20	119 60	E	1-120206
6	CS	28498 00026	167932	B BAKER CAKE MAPLE NUTT	CAKE 18/5 Z	1	6	5 52	00	9 20	55 20	E	1-210304
9	CS	28498 00024	48553	B BAKER CAKE MARBLE	18/5 Z	1	9	8 28	00	9 20	82 80	S	1-210101
8	CS	28498 00034	268182	B BAKER CHEESECAKE	18/5 Z	1	8	6 32	00	8 15	65 20	E	1-101603
13	CS	28498 00042	356513	B BAKER MUFFIN BANANA NUT	16 CT	1	13	10 27	00	8 15	105 95	E	1-112009
18	CS	28498 00041	356527	B BAKER MUFFIN BLUEBERRY	16/6 Z	1	18	14 22	00	8 15	146 70	L	1 120204
9	CS	28498 00060	356576	B BAKER MUFFIN CHOC CHIP	16/6 Z	1	9	7 11	00	8 15	73 35	E	1-240508
12	CS	28498 00045	356584	B BAKER MUFFIN DBL CHOC	16/6 Z HLP	1	12	9 48	00	8 15	97 80	F	1 120201
12	CS	28498 00049	356623	B BAKER MUFFIN STRWBRRY	16/6 Z RM CHS	1	12	9 48	00	8 15	97 80	S	1-112007
				********** ##ORDER SENT VIA FAX##	16/6 Z								
131							131	113 59	00		1163 35		

RECEIVED BY

PLEASE CONFIRM
VIA FAX
909-789-1593

Thank You
Dean

INSTRUCTIONS: SEND ORIGINAL INVOICE AND BILL OF LADING TO THE ABOVE DISTRIBUTION CENTER

NOTICE: SUBSTITUTIONS EITHER IN PACKING OR PRICE WILL NOT BE ACCEPTED WITHOUT PRIOR AUTHORITY FROM ISSUING DISTRIBUTION CENTER. WE RESERVE THE RIGHT TO REJECT ANY OR ALL MERCHANDISE OR SUBSTITUTIONS WITHOUT PRIOR AUTHORITY, TO REFUSE ANY OR ALL MERCHANDISE IF SHIPPED LATER THAN 30 DAYS FROM DATE OF ORDER AND TO DEDUCT FROM PAYMENT

Diane Stauffer

From Morton, Jan [jmorton@core-mark com]

Sent Thursday, March 06, 2003 4 06 PM

To. 'Scott Hoag (ENE Scott@AOL com)'

Subject please add case quantity to po #65-1142140

Importance High

B BAKER BROWNIE ASST	24 CT	5
B BAKER CAKE BUTTER POUND	18/5 Z	7
B BAKER CAKE COFFEE	18/5 Z	8
B BAKER CAKE MARBLE	18/5 Z	6
B BAKER DANISH ASST 5Z	20 CT	6
B BAKER MUFFIN BANANA NUT	16/6 Z	27
B BAKER MUFFIN BLUEBERRY	16/6 Z	20
B BAKER MUFFIN CHOC CHIP	16/6 Z	21
B BAKER MUFFIN DBL CHOC CHIP	16/6 Z	23
B BAKER MUFFIN HONEY BRAN RSN	16/6 Z	27
B BAKER MUFFIN STRWBRRY CRM CHS	16/6 Z	20

These quantities are in addition to my original order Please confirm back to me with this email and I will add to my order on my end Thank you Scott!!!

Jan L Morton
Buyer - Las Vegas Division
Fleming Convenience

SHIPPER PLEASE NOTE ▶ **FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT**

DRIVER PLEASE NOTE ▶ **IF SINGLE SHIPMENT CHECK BOX BELOW**

CON-WAY
A CNF COMPANY

MARK HERE IF FREIGHT CHARGES ARE COLLECT ☐

SINGLE SHIPMENT PICKUP ☐
ORIGINAL - NOT NEGOTIABLE
STRAIGHT BILL OF LADING

CWX 466-567183

DATE	P O NO	SHIPPER NO
3/11/03	65-1142140	

CUSTOMER S SPECIAL REFERENCE NUMBER

SHIPPER	CONSIGNEE (TO) CORE-MARK INTL. INC
STREET BROWNTE BAKER	STREET 3950 WEST HARMON
CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE)	CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE) LAS VEGAS, NV 89103
BILL (TO) [illegible] JACQUELYN AVE	CUSTOMS BROKER
STREET [illegible] CA [illegible]	STREET
CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE)	CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE)
ACCOUNT CODE	☐ Check if CON-WAY Guaranteed shipment

NUMBER SHIPPING UNITS	HM	KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	NMFC NO.	CLASS OR DENSITY OF ARTICLES	WEIGHT (Subject to Correction) ☐lbs ☐kgs
		BOBSH-WEN-000			
301		FOODSTUFFS, BREAD, ROLL OR CAKE IN BOXES	73227	60	1897
		STANDINS 9 A M THURS. APPT CALL TO CONFIRM @ 702-876-5220			
		3 PLTS			
		PERISHABLE PRODUCT... DO NOT DELAY DELIVERY.			

COD AMOUNT $ _____ COD ☐ Prepaid ☐ Collect
DO NOT DOUBLE STACK. Fee ☐ US ☐ Canadian

NOTE Consignee s company check made payable to the Shipper will be accepted by Con Way and forwarded to shipper unless otherwise directed to do so by the shipper

REMIT COD TO
ADDRESS
CITY STATE/PROVINCE ZIP/POSTAL CODE

Notice Unless the shipper complies the requirements as provided below Carrier's liability shall be limited as stated herein and in Tariff CNWY 199 which may be obtained by request Carrier shall in no event be liable for loss of profit income interest attorney fees or any special incidental or consequential damages Where the rate or NMFC classification is dependent on value shippers are required to state specifically in writing the declared value of the property For this purpose the declared value of the property is hereby specifically stated by the Shipper to be not exceeding $ _____ Also Paragraph number 2 on the reverse side of this Bill of Lading sets forth released value terms and conditions

Carrier liability with shipment originating within the United States Unless the Shipper declares excess value on the Bill of Lading requests excess liability coverage and pays an additional charge Carrier s maximum liability US$25 per pound per individual lost or damaged piece within the shipment subject to a $50 000 maximum total liability per shipment and provided further that Carrier s liability on household goods articles other than new articles such as used and/or refurbished articles or personal effects shall not exceed ten cents per pound per individual lost or damaged piece within the shipment For this purpose the declared value of the property is hereby specifically stated by the Shipper to be $ _____ and Shipper agrees to pay an additional charge for excess liability coverage Total declared value may not exceed $650 000 per shipment

Carrier liability with shipment originating within Canada Unless the Shipper agrees to a Special Agreement declares the value in the box below and agrees to pay the excess liability charge by initialing where indicated Carrier s maximum liability is CAN$2 per pound (CAN$4 41 per kilogram) per individual lost or damaged piece within the shipment subject to a maximum total liability per shipment of CAN$20 000 and provided further that Carrier s liability on household goods used and/or refurbished articles or personal effects shall not exceed ten cents (CAN) per pound per individual lost or damaged piece within the shipment

SPECIAL AGREEMENT Declared Value CAN $ _____ per pound Declared value may not exceed CAN $100 000 per shipment)
Shipper agrees to pay excess liability charge _____ (Shipper s Initials)

COMMODITY DESCRIPTION(S) By signing this Bill of Lading Shipper certifies the materials named on this Bill of Lading are properly classified described packaged marked and labeled and are in proper condition for transportation according to the applicable United States or Canadian regulations

Shipment Received The shipment is received subject to Tariff CNWY 199 Carrier's pricing schedules terms conditions and rules maintained at Carrier's general offices in effect on the date of issue of this Bill of Lading as well as the National Motor Freight Classifications the Hazardous Materials Transportation Regulations (Title 49 — CFR Subtitle B Chapter I Sub Chapter A-C) and the Household Goods Mileage Guide (HHGB 105 Series) for shipments originating in the United States and the Canadian Motor Vehicle Transport Act the Transportation of Dangerous Goods Act and the regulations in force in the provincial jurisdiction at the time and place of the shipment for shipments originating in Canada The property described on this Bill of Lading is in apparent good order but only to the extent that it is unconcealed and visible without further inspection and except as noted or marked The property is consigned and destined as indicated above The word Carrier is defined throughout this contract as meaning any person or corporation in possession of the property under this contract Carrier agrees to carry the property to its destination if on its route otherwise to deliver to another Carrier on the route to said destination It is mutually agreed as to each Carrier of all or any of said property over all or any portion of said route to the destination and as to each party at any time interested in all or any of said property that every service to be performed hereunder shall be subject to all of this Bill of Lading s terms and conditions in effect on the date of shipment, including but not limited to the "Terms and Conditions listed on the back side of this Bill of Lading

SHIPPER	CARRIER ☐ CON-WAY TRANSPORTATION SERVICES INC ☐ CON-WAY CANADA EXPRESS, INC.
AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE DATE

3

Please wait while we process your request

PRO 466567183 DR Go! Page 1 of 1

View Larger Image | RotateLeft | RotateRight | E-Mail | FAX | Format To Print

Questions or comments about this shipment document? Send us an e-mail

CWX CON-WAY WESTERN EXPRESS

DELIVERY RECEIPT

PRO NUMBER REFER TO THIS NUMBER

BILL NUMBER	DATE	ORIGIN	OUR REFERENCE	ADVANCE	BEYOND	DESTINATION	PRO NUMBER
563-6006	3/11/03	UFN				ULV	466-567183

CONSIGNEE
CORE MARK INTL INC DF
3950 W HARMAN AVE
LAS VEGAS, NV 89103-5504

SHIPPER'S NUMBER
PO# 65 1142140 BL9

PRO NUMBER
466-567183

SHIPPER
BROWNIE BAKER
4870 W JACQUELYN AVE
FRESNO, CA 93722-5027

BILL TO

# PCS.	HM	DESCRIPTION OF ARTICLES AND MARKS	WEIGHT (LBS)	RATE	TOTAL CHARGES
301		PCS FOODSTUFFS BREAD ROLL OR CAKE IN BOXES 73237 CLASS 60	1897		
		FSC FUEL SURCHARGE 7.30%			
301		TOTAL	1897		PPD
		3PLT STANDING 9AM THURS APPT CFA 702-876-5220			
20		CALL (702) 657-8666 FOR CWX CUSTOMER SERVICE			

3/13/03

SHRINK WRAP INTACT? YES NO | DELIVERED 301 PCS | TIME | CONSIGNEE SIGNATURE | PRINT CONSIGNEE NAME | DATE 3/13/03

RECEIVED _____ PIECES ABOVE DESCRIBED FREIGHT IN GOOD ORDER EXCEPT AS NOTED. DRIVER 3/13/03

COPY 2

B10 (Official Form 10) (Rev 04/01)

UNITED STATES BANKRUPTCY COURT
For the District of Delaware

PROOF OF CLAIM

In re Core-Mark International, Inc

Case Number 03-10944

NOTE 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) The Brownie Baker

Address Line 1 4870 W Jacquelyn

Address Line 2

Address Line 3

City ST ZIP Fresno CA. 93722

☐ 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 the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Core-Mark

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated. _____

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)

Your social security No. _____

☐ Money loaned ☐ Other (Describe Briefly)

Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date Debt Incurred (MMDDYY) 03 18 03

3. If Court Judgment, Date Obtained.

4. CLASSIFICATION OF CLAIM 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

☐ SECURED CLAIM
Attach evidence of perfection of security interest
Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any $ _____

☑ UNSECURED NONPRIORITY CLAIM
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.

☐ UNSECURED PRIORITY CLAIM - Specify the priority of the claim.
☐ 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)
☐ 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)
☐ Taxes or penalties of governmental units 11 U S C § 507 (a)(7)
☐ Other Specify applicable paragraph of 11 U S C. § 507(a) _____

5. AMOUNT OF CLAIM AT TIME CASE FILED

(Secured) | (Unsecured Nonpriority) 72044 | (Unsecured Priority)

☐ Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges

6. CREDITS AND SETOFFS 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

7. SUPPORTING DOCUMENTS *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

8. TIME STAMPED COPY To receive an acknowledgment of the filing of your claim enclosed a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

FILED
AUG 22 2003
BMC

Date 4/23/03

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)

Sara Sutton Administrative Assistant

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S C §§ 152 and 3571

The Brownie Baker, Inc
4870 Jacquelyn • Fresno, CA 93722
(559) 277-7070 • FAX (559) 277-7077
(800) 598-6501 • www.browniebaker.com

INVOICE

INVOICE NUMBER 044496

INVOICE DATE 3/18/03

PAGE 1

SOLD TO
CORE-MARK INTERNATIONAL
3950 WEST HARMON
LAS VEGAS NV 89103

SHIP TO
STERLING 9AM THURS. APPT
CALL TO CONFIRM!!

PLEASE REMIT TOP STUB WITH PAYMENT WITHIN 15 DAYS

Invoice No 044496

SHIP VIA [illegible]
SHIP DATE
DUE DATE 4/17 03
TERMS Net 30 Days

CUST ID [illegible]
P O NUMBER [illegible]
P O DATE
OUR ORDER NO
SALESPERSON

ITEM I D	ITEM DESCRIPTION	PACK	ORDERED	SHIPPED	CASE PRICE	TOTAL
095	ASST BROWNIES 4-CARAMEL 8-CHOC CHIP 12-WALNUT	1,24	3 00	3 00	12 35	38 85
021	BAN/NUT CAKE 5OZ	1/13	7 00	7 00	9.20	64 40
024	MARBLE CAKE 5OZ	1/13	9 00	9 00	9 20	82 80
025	BUTTER POUND 5OZ	1/13	7 00	7 00	9 20	64 40
026	MAPLE NUT 5OZ.	1/13	7 00	7 00	9 20	64 40
027	COFFEE CAKE 5OZ	1/13	3 00	3 00	9 20	27 60
599	CARCL 3 ASST-1. CT 5-CARAMEL PECAN 5-TRIPLE CHOC 5-GOOEY CARAMEL 5-PB & BROWNIE	1,13	11 00	11 00	15 34	174 24
1641	BLUEBERRY 6OZ, 15CT	15CT	9 00	9 00	3 13	73 35
1642	BANANA NUT 6OZ / 15CT	15CT	9 00	9 00	[illegible]	73 35
1649	STRAW OR CHERRY CHEESECAKE, 15CT	15CT	4 00	4 00	7 12	32 60
1667	CHOC CHIP 4OZ, 15CT	15CT	3 00	3 00	8 13	24 45
003	WHITE COUNTER RACK WITH SHELVES 3 INCHES		20 00	20 00		

SUBTOTAL	720 44
TAX	0 00
PAYMENT	$720 44
TOTAL	

Fleming FLEMING CONVENIENCE

PURCHASE ORDER

REGISTER #

SHIP TO	VENDOR		
LAS VEGAS 065 3950 WEST HARMON LAS VEGAS NV 89103 USA	BROWNIE BAKER INC C/O E&E SALES LAKE MATHEWS CA 925 0 SCOTT HOAG	ORDER DATE 2003-03-11 ARRIVAL DATE 2003-03-20 Thursday PAYMENT TERMS DISCOUNT BREAKER 30 Days FOB	909-789-1592 909-789-1593

PAGE 1 OF 1

PURCHASE ORDER # 65-1143940

THE ABOVE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, BILLS OF LADING, SHIPPING CONTAINERS AND PACKING LIST.

STANDARD ORDER #

CS RCVD | PURCHASED BY | VENDOR # 06-48 | DIV # 00 | BUYER # 652

WEIGHT 360 | CU VOL | CASES 72

✓	SHIPPING CONTAINERS	PACKING UNIT	UPC CODE	ITEM NUMBER	ITEM DESCRIPTION	PACKING DESCRIPTION	CASE PACK	ORDER QUANTITY	ONE MONTH ALLOWANCE	DISCO ALLOWANCE	UNIT COST	EXTENDED COST	N	WHSE LOCATION
	3	CS	28498 01099	184358	B BAKER BROWNIE ASST	24 CT	1	3	3 57	00	12 95	38 85		1-200106
	7	CS	28498 00021	48561	B BAKER CAKE BANANA NUT	18/5 Z	1	7	6 44	00	9 20	64 40	E	1-230101
	7	CS	28498 00025	169235	B BAKER CAKE BUTTER POUND	18/5 Z	1	7	6 44	00	9 20	64 40	E	1-230107
	3	CS	28498 00027	130906	B BAKER CAKE COFFEE	18/5 Z	1	3	2 76	00	9 20	27 60	E	1-120206
	7	CS	28498 00026	167932	B BAKER CAKE MAPLE NUTT CAKE	18/5 Z	1	7	6 44	00	9 20	64 40	E	1 210304
	9	CS	28498 00024	48553	B BAKER CAKE MARBLE	18/5 Z	1	9	8 28	00	9 20	82 80	E	1-210101
	11	CS	28498 04599	583096	B BAKER COOKIES ASST	24 CT	1	11			15 84	174 24		
	9	CS	28498 00042	356543	B BAKER MUFFIN BANANA NUT	16/6 Z	1	9	7 11	00	8 15	73 35	E	1-112009
	9	CS	28498 00041	356527	B BAKER MUFFIN BLUEBERRY	16/6 Z	1	9	7 11	00	8 15	73 35	E	1 120204
	3	CS	28498 00060	356576	B BAKER MUFFIN CHOC CHIP	16/6 Z	1	3	2 37	00	8 15	24 45	E	1-240508
	4	CS	28498 00049	356626	B BAKER MUFFIN STRWBRRY CRM CHS	16/6 Z	1	4	3 16	00	8 15	32 60	E	1-112007
	72							72	53 68	00		720 44		

****
##ORDER SENT VIA FAX##

PLEASE CONFIRM
VIA FAX
909-789-1593

INSTRUCTIONS: SEND ORIGINAL INVOICE AND BILL OF LADING TO THE ABOVE DISTRIBUTION CENTER

NOTICE: SUBSTITUTIONS EITHER IN PACKING OR PRICE, WILL NOT BE ACCEPTED WITHOUT PRIOR AUTHORITY FROM BUYING DISTRIBUTION CENTER. WE RESERVE THE RIGHT TO RETURN ANY OR ALL MERCHANDISE NOT SUBSTITUTED WITHOUT PRIOR AUTHORITY TO REFUSE ALL OR ALL MERCHANDISE SHIPPED LATER THAN 30 DAYS FROM DATE OF ORDER, AND TO DEDUCT FROM PAYMENT [illegible]

SHIPPER PLEASE NOTE ▶ **FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT**

DRIVER PLEASE NOTE ▶ **IF SINGLE SHIPMENT CHECK BOX BELOW**

CON-WAY
A CNF COMPANY

MARK HERE IF FREIGHT CHARGES ARE COLLECT ☐

SINGLE SHIPMENT PICKUP ☐
ORIGINAL - NOT NEGOTIABLE
STRAIGHT BILL OF LADING

CWX 511-748123

DATE	P O NO	SHIPPER NO
3/18/03	65-1143940	

CUSTOMER S SPECIAL REFERENCE NUMBER

SHIPPER	CONSIGNEE (TO) CORE-MARK INTL. [redacted].
STREET BROWNTE BAKER	STREET 3950 WEST HARMON
CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE)	CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE) LAS VEGAS NV 89103
BILL (TO) [illegible] W JACQUELYN AVE	CUSTOMS BROKER
STREET [illegible] CA [illegible]	STREET
CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE)	CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE)
ACCOUNT CODE	☐ Check if CON-WAY Guaranteed shipment

NUMBER SHIPPING UNITS	HM	KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	NMFC NO.	CLASS OR DENSITY OF ARTICLES	WEIGHT (Subject to Correction) ☐lbs. ☐kgs
		BORE#-JEN-000			
72		FOODSTUFFS, BREAD, ROLL OR CAKE IN BOXES	73227	60	482
		STANDING 9 AM THURS APPT CALL TO CONFIRM 702-876-5220			
		1 PLT			
		PERISHABLE PRODUCT... DO NOT DELAY DELIVERY.			

COD AMOUNT $ _____ COD ☐ Prepaid ☐ Collect
DO NOT DOUBLE STACK. Fee ☐ US ☐ Canadian

NOTE Consignee s company check made payable to the Shipper will be accepted by Con Way and forwarded to shipper unless otherwise directed to do so by the shipper

REMIT-COD TO
ADDRESS
CITY STATE PROVINCE ZIP/POSTAL CODE

Notice Unless the shipper completes the requirements as provided below Carrier s liability shall be limited as stated herein and in Tariff CNWY 199 which may be obtained by request Carrier shall in no event be liable for loss of profit income interest attorney fees or any special incidental or consequential damages Where the rate or NMFC classification is dependent on value shippers are required to state specifically in writing the declared value of the property For this purpose the declared value of the property is hereby specifically stated by the Shipper to be not exceeding $ _____ Also carrier pro number is on the reverse side of this Bill of Lading sets forth released value terms and conditions

Carrier liability with shipment originating within the United States Unless the shipper declares excess value in the Bill of Lading requests excess liability coverage and pays an additional charge Carrier s maximum liability is $25 per pound per individual lost or damaged piece within the shipment subject to $100 000 maximum total liability per shipment and provided further that Carrier s liability on household goods articles other than new articles such as used and/or refurbished articles or personal effects shall not exceed ten cents per pound per individual lost or damaged piece within the shipment For this purpose the declared value of the property is hereby specifically stated by the Shipper to be $ _____ and Shipper agrees to pay an additional charge for excess liability coverage Total declared value may not exceed $650 000 per shipment

Carrier liability with shipment originating within Canada Unless the shipper agrees to a Special Agreement declare the value in the box below and agrees to pay the excess liability charge by initialing where indicated Carrier s maximum liability is CAN$2 per pound (CAN$4 41 per kilogram) per individual lost or damaged piece within the shipment subject to a maximum total liability per shipment of CAN$20 000 and provided further that Carrier s liability on household goods used and/or refurbished articles or personal effects shall not exceed ten cents (CAN) per pound per individual lost or damaged piece within the shipment

SPECIAL AGREEMENT Declared Value CAN $ _____ per pound (Declared value may not exceed CAN $100 000 per shipment)
Shipper agrees to pay excess liability charge _____ (Shipper's Initials)

COMMODITY DESCRIPTION(S) By signing this Bill of Lading Shipper certifies the materials named on this Bill of Lading are properly classified described packaged marked and labeled and are in proper condition for transportation according to the applicable United States or Canadian regulations

Shipment Received The shipment is received subject to Tariff CNWY 199 Carrier's pricing schedules terms conditions and rules maintained at Carrier s general offices in effect on the date of issue of this Bill of Lading as well as the National Motor Freight Classifications the Hazardous Materials Transportation Regulations (Title 49 — CFR Subtitle B Chapter I Sub Chapter A-C) and the Household Goods Mileage Guide (HHGB 105 Series) for shipments originating in the United States and the Canadian Motor Vehicle Transport Act the Transportation of Dangerous Goods Act and the regulations in force in the provincial jurisdiction at the time and place of the shipment for shipments originating in Canada The property described on this Bill of Lading is in apparent good order but only to the extent that it is unconcealed and visible without further inspection and except as noted or marked The property is consigned and destined as indicated above The word Carrier is defined throughout this contract as meaning any person or corporation in possession of the property under this contract. Carrier agrees to carry the property to its destination if on its route otherwise to deliver to another Carrier on the route to said destination It is mutually agreed as to each Carrier of all or any of said property over all or any portion of said route to the destination and as to each party at any time interested in all or any of said property that every service to be performed hereunder shall be subject to all of this Bill of Lading s terms and conditions in effect on the date of shipment including but not limited to the Terms and Conditions listed on the back side of this Bill of Lading

SHIPPER	CARRIER ☐ CON-WAY TRANSPORTATION SERVICES, INC ☐ CON-WAY CANADA EXPRESS, INC
AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE DATE

72 pc

Please wait while we process your request

PRO 511748123 DR Go! Page 1 of 1

View Larger Image | RotateLeft | RotateRight | E-Mail | FAX | Format To Print

Questions or comments about this shipment document? Send us an e mail

CWX CON-WAY WESTERN EXPRESS

DELIVERY RECEIPT

PRO NUMBER REFER TO THIS NUMBER

GROUP NUMBER	DATE	ORIGIN	OUR REVENUE	ADVANCE	REVENUE	DESTINATION	PRO NUMBER
313-8853	3/19/03	UFN				ULV	511-748123

CONSIGNEE

CORE MARK INTL DF

3950 W HARMON AVE
LAS VEGAS, NV 89103-5504

PRO NUMBER 511-748123

SHIPPER'S NUMBER PO# 65 1143940 TR1

BILLED BROWNIE BAKER

4870 W JACQUELYN AVE
FRESNO, CA 93722-5027

BILL TO

# PCS.	HM	DESCRIPTION OF ARTICLES AND MARKS	WEIGHT (LBS)	RATE	TOTAL CHARGES
72		PCS FOODSTUFFS BREAD ROLL OR CAKE IN BOXES 73227 CLASS 60	482		
		FSC FUEL SURCHARGE 7.30%			
72		TOTAL	482		PPD
		72 ON SWP STANDING 9AM THRU APPT CALL TO CONF 702-876-5220			
		CALL (702) 657-8684 FOR CWX CUSTOMER SERVICE.			

SHRINK WRAP INTACT? YES NO | DELIVERED PCS | TIME 1055 | CONSIGNEE SIGNATURE | PRINT CONSIGNEE NAME | DATE 3/20/03

RECEIVED 72 PIECES ABOVE DESCRIBED FREIGHT IN GOOD ORDER EXCEPT AS NOTED. DRIVER 32003 CWWT 2

B10 (Official Form 10) (Rev 04/01)

UNITED STATES BANKRUPTCY COURT
For the District of Delaware

PROOF OF CLAIM

In re: Core-Mark International, Inc

Case Number 03-10944

NOTE 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): The Brownie Baker

Address Line 1: 4870 W Jacquelyn

Address Line 2:

Address Line 3:

City ST ZIP: Fresno CA 93722

☐ 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 the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: Core-Mark

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated _____

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)

Your social security No _____

☐ Money loaned ☐ Other (Describe Briefly)

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 Date Debt Incurred (MMDDYY): 03 25 03

3 If Court Judgment, Date Obtained

4 CLASSIFICATION OF CLAIM 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

☐ SECURED CLAIM
Attach evidence of perfection of security interest
Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any $ _____

☑ UNSECURED NONPRIORITY CLAIM
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.

☐ UNSECURED PRIORITY CLAIM - Specify the priority of the claim.
☐ Wages, salaries or commissions (up to $4 650) earned not more than 90 days before filing or 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)
☐ Taxes or penalties of governmental units 11 U S C § 507 (a)(7)
☐ Other Specify applicable paragraph of 11 U S C. § 507(a) _____

5 AMOUNT OF CLAIM AT TIME CASE FILED

(Secured) _____ (Unsecured Nonpriority) 13,579.2 (Unsecured Priority) _____

☐ Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges

6. CREDITS AND SETOFFS 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

7 SUPPORTING DOCUMENTS *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

8 TIME STAMPED COPY To receive an acknowledgment of the filing of your claim enclosed a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY
FILED
AUG 22 2003
BMC

Date: 4/23/03

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)
Sara Sutton Administrative Assistant

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U S C §§ 152 and 3571

The Brownie Baker, Inc

4870 Jacquelyn • Fresno, CA 93722
(559) 277-7070 • FAX (559) 277-7077
(800) 598-6501 • www browniebaker com

INVOICE

INVOICE NUMBER 044544

INVOICE DATE 3/25/03

PAGE. 1

SOLD TO
CORE-MARK INTERNATIONAL
3950 WEST HARMON
LAS VEGAS, NV 89103

SHIP TO
STANDING 9AM THURS. APPT
CALL TO CONFIRM!!!

PLEASE REMIT TOP STUB WITH PAYMENT WITHIN 15 DAYS

Invoice No. 044544

SHIP VIA [illegible]
SHIP DATE
DUE DATE 4/9/03
TERMS Net 30 Days

CUST ID [illegible]
P O NUMBER [illegible]
P O DATE
OUR ORDER NO
SALESPERSON

ITEM I D	ITEM DESCRIPTION	PACK	ORDERED	SHIPPED	CASE PRICE	TOTAL
99	ASST BROWNIES* 4-CARAMEL 8-CHOC CHIP 12-WALNUT	1/24	12 00	12 00	11 04	132 48
021	BAN/NUT CAKE 5OZ	1/18	12 00	12 00	3 28	39.36
024	MARBLE CAKE 5OZ	1/18	11 00	11 00	3 23	91 08
025	BUTTER POUND 5OZ	1/18	15 00	15 00	3 23	124 20
26	MAPLE NUT 5OZ.	1/18	11 00	11 00	3 23	91.08
027	COFFEE CAKE 5OZ	1/18	11 00	11 00	3 28	91.08
[illegible]	CHEESECAKE 4 5OZ*	1/12	12 00	12 00	[illegible] 36	88 32
541	BLUEBERRY 5OZ 15CT	15CT	24 00	24 00	[illegible] 36	176 64
542	BANANA NUT 5OZ, 15CT	15CT	24 00	24 00	[illegible] 36	176 64
543	DEL CHOCOLATE 5OZ/ 15CT	15CT	24 00	24 00	[illegible] 36	176 64
560	CHOC CHIP 5OZ/ 15CT	15CT	15 00	15 00	[illegible] 36	110 40

SUBTOTAL	1,357 92
TAX	0 00
PAYMENT TOTAL	$1,357 92

Fleming FLEMING CONVENIENCE

PURCHASE ORDER

REGISTER 1

PAGE 1 OF 1

SHIP TO
LAS VEGAS 06
3950 WEST HARMON
LAS VEGAS
NV 89103
USA

VENDOR
BROWNIE BAKER INC
C/O E.E SALES
LAKE MATHEWS CA 92570
SCOTT HOAG

VENDOR # 06248 | SEQ # 00 | BUYER # 651

ORDER DATE 03-03-18 909-789-1593
ARRIVAL DATE 2003-03 17 Thursday 909-789-1593
PAYMENT TERMS 30 Days
SHIPPING METHOD
FOB
PURCHASE ORDER # 65-1145670
THE ABOVE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, BILLS OF LADING, SHIPPING CONTAINERS AND PACKING LISTS.
STANDING ORDER #
WEIGHT 1946 | CU VOL | CASES 171

CO RCVD | PURCHASED BY

✓	QUANTITY ORDERED	PURCH UNIT	MFG CODE	ITEM NUMBER	ITEM DESCRIPTION	PACKING DESCRIPTION	LB BOX	BOX PER CASE	GRS INVOICE ALLOWANCE	GROSS ALLOWANCES	UNIT COST	EXTENSION COST	EXC	SKU LOCATION
	10	CS	28498 01019	184358	B BAKER BROWNIE ASST	24 CT	1	12	14 28	00	13 85	155 40		1-200106
	12	CS	28498 00011	18561	B BAKER CAKE BANANA NUT	18/5 Z	1	12	11 04	00	9 20	110 40	E	1-230101
	15	CS	28498 00025	169235	B BAKER CAKE BUTTER POUND	18/5 Z	1	15	13 80	00	9 0	138 00	E	1-230107
	11	CS	28498 00017	130906	B BAKER CAKE COFFEE	18/5 Z	1	11	10 12	00	9 20	101 20	E	1-120206
	11	CS	28498 00016	167932	B BAKER CAKE MAPLE NUTT	CAKE 18/5 Z	1	11	10 12	00	9 20	101 20	E	1-210304
	11	CS	28498 00024	48553	B BAKER CAKE MARBLE	18/5 Z	1	11	10 12	00	9 0	101 20	E	1-210101
	12	CS	28498 00014	268182	B BAKER CHEESECAKE	16 CT	1	12	9 48	00	8 15	97 80	E	1-101603
	24	CS	28498 00012	356543	B BAKER MUFFIN BANANA NUT	16/6 Z	1	24	18 96	00	8 15	195 60	E	1-112009
	24	CS	28498 00011	356527	B BAKER MUFFIN BLUEBERRY	16/6 Z	1	24	18 96	00	8 15	195 60	E	1-120204
	15	CS	28498 00010	356576	B BAKER MUFFIN CHOC CHIP	16/6 Z	1	15	11 85	00	8 15	122 25	E	1-240508
	24	CS	28498 00015	356581	B BAKER MUFFIN DBL CHOC	HIP 16/6 Z	1	24	18 96	00	8 15	195 60	E	1-120201
	171							171	147 69	00		1514 25		

*** ***********
##ORDER SENT VIA FAX##

PLEASE CONFIRM
VIA FAX
909-789-1593

Thank You
Deana

INSTRUCTIONS: SEND ORIGINAL INVOICE AND BILL OF LADING TO THE ABOVE SHIPPING CENTER

OTHER DISTRIBUTIONS OTHER THAN PARTIAL OR PIECE, WILL NOT BE ACCEPTED WITHOUT PRIOR AUTHORITY AND SOUND DISTRIBUTION CENTER. WE RESERVE THE RIGHT TO RETURN ANY OR ALL MERCHANDISE SUBSTITUTED WITHOUT PRIOR AUTHORITY TO RETURN. YOU OR ALL MAY CANCEL SUCH MERCHANDISE ORDERED BY ORDER, AND TO DEDUCT FROM PAYMENT

SHIPPER PLEASE NOTE ▶ **FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT**

DRIVER PLEASE NOTE ▶ **IF SINGLE SHIPMENT CHECK BOX BELOW**

CON-WAY
A CNF COMPANY

MARK HERE IF FREIGHT CHARGES ARE COLLECT ☐

SINGLE SHIPMENT PICKUP ☐
ORIGINAL - NOT NEGOTIABLE
STRAIGHT BILL OF LADING

CWX 466-566004

DATE	P O NO	SHIPPER NO
3/25/03	65-1145870	

CUSTOMER'S SPECIAL REFERENCE NUMBER

SHIPPER	CONSIGNEE (TO) CORE-MARK INTERNATIONAL
STREET BROWNIE BAKER	STREET 3950 WEST HARMON
CITY STATE/PROVINCE, ZIP/POSTAL CODE (TELEPHONE)	CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE) LAS VEGAS, NV 89103
BILL (TO) 4870 W JACQUELYN AVE	CUSTOMS BROKER
STREET [illegible] CA [illegible]	STREET
CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE)	CITY STATE/PROVINCE ZIP/POSTAL CODE (TELEPHONE)
ACCOUNT CODE	☐ Check if CON-WAY Guaranteed! shipment

NUMBER SHIPPING UNITS	HM	KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	NMFC NO	CLASS OR DENSITY FOR ARTICLES	WEIGHT (Subject to Correction) ☐ lbs ☐ kgs
		BRESH-USN-000			
171		FOODSTUFFS, BREAD, ROLL OR CAKE IN BOXES	73227	60	1,086
		STANDING 9 AM THURS APPT CALL TO CONFIRM!!!			
		(2 PLTS)			
		PERISHABLE PRODUCT... DO NOT DELAY DELIVERY.			

COD AMOUNT $ _____ COD ☐ Prepaid ☐ Collect
Fee ☐ US ☐ Canadian

DO NOT DOUBLE STACK.

NOTE Consignee's company check made payable to the Shipper will be accepted by Con Way and forwarded to shipper unless otherwise directed to do so by the shipper

REMIT COD TO
ADDRESS
CITY STATE/PROVINCE ZIP/POSTAL CODE

Notice Unless the Shipper completes the requirements as provided below carrier's liability shall be limited as stated herein and in Tariff CNWY 99 which may be obtained by request Carrier shall in no event be liable for loss of profit income interest attorney fees or any special incidental or consequential damages Where the rate or NMFC classification is dependent on value shippers are required to state specifically in writing the declared value of the property For this purpose the declared value of the property is hereby specifically stated by the Shipper to be not exceeding $ _____ also paragraph number 2 on the reverse side of this Bill of Lading sets forth released value terms and conditions

Carrier liability with shipment originating within the United States Unless the Shipper declares excess value on the Bill of Lading requests excess liability coverage and pays an additional charge Carrier's maximum liability is $25 per pound per individual lost or damaged piece within the shipment subject to $50 000 maximum total liability per shipment and provided further that Carrier's liability on household goods articles other than new articles such as used and/or refurbished articles or personal effects shall not exceed ten cents per pound per individual lost or damaged piece within the shipment For this purpose the declared value of the property is hereby specifically stated by the Shipper to be $ _____ and Shipper agrees to pay an additional charge for excess liability coverage Total declared value may not exceed $650 000 per shipment

Carrier liability with shipment originating within Canada Unless the Shipper agrees to a Special Agreement declares the value in the box below and agrees to pay the excess liability charge by initialing where indicated Carrier's maximum liability is CAN$2 per pound (CAN$4 41 per kilogram) per individual lost or damaged piece within the shipment subject to a maximum total liability per shipment of CAN$20 000 and provided further that Carrier's liability on household goods used and/or refurbished articles or personal effects shall not exceed ten cents (CAN) per pound per individual lost or damaged piece within the shipment.

SPECIAL AGREEMENT Declared Value CAN $ _____ per pound (Declared value may not exceed CAN $100 000 per shipment)
Shipper agrees to pay excess liability charge _____ (Shipper's initials)

COMMODITY DESCRIPTION(S) By signing this Bill of Lading Shipper certifies the materials named on this Bill of Lading are properly classified described packaged marked and labeled and are in proper condition for transportation according to the applicable United States or Canadian regulations

Shipment Received The shipment is received subject to Tariff CNWY 199 Carrier's pricing schedules terms conditions and rules maintained at Carrier's general offices in effect on the date of issue of this Bill of Lading as well as the National Motor Freight Classifications the Hazardous Materials Transportation Regulations (Title 49 — CFR Subtitle B Chapter1 Sub Chapter A-C) and the Household Goods Mileage Guide (HHGB 105 Series) for shipments originating in the United States and the Canadian Motor Vehicle Transport Act the Transportation of Dangerous Goods Act and the regulations in force in the provincial jurisdiction at the time and place of the shipment for shipments originating in Canada The property described on this Bill of Lading is in apparent good order but only to the extent that it is unconcealed and visible without further inspection and except as noted or marked The property is consigned and destined as indicated above The word Carrier is defined throughout this contract as meaning any person or corporation in possession of the property under this contract Carrier agrees to carry the property to its destination if on its route otherwise to deliver to another Carrier on the route to said destination It is mutually agreed as to each Carrier of all or any of said property over all or any portion of said route to the destination and as to each party at any time interested in all or any of said property that every service to be performed hereunder shall be subject to all of this Bill of Lading's terms and conditions in effect on the date of shipment including but not limited to the "Terms and Conditions listed on the back side of this Bill of Lading

SHIPPER	CARRIER ☐ CON-WAY TRANSPORTATION SERVICES INC ☐ CON-WAY CANADA EXPRESS, INC.
AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE DATE 3-25-03

Please wait while we process your request

PRO 466566004 DR Go! Page 1 of 1

View Larger Image | RotateLeft | RotateRight | E-Mail | FAX | Format To Print

Questions or comments about this shipment document? Send us an e mail

CWX CON-WAY WESTERN EXPRESS

DELIVERY RECEIPT

PRO NUMBER

GROUP NUMBER	DATE	ORIGIN	OUR REVENUE	ADVANCE	BEYOND	DESTINATION	REFER TO THIS NUMBER
315-5599	3/25/03	UFN				ULV	466-566004

CONSIGNEE
CORE MARK INTNTL
3950 W HARMON AVE
LAS VEGAS, NV 89103-5504

DF

SHIPPER'S NUMBER
PO# 65-1145870 889-7998 NGA

PRO NUMBER
466-566004

3/27 Thurs 1030am

SHIPPER
BROWNIE BAKER
4870 W JACQUELYN AVE
FRESNO, CA 93722-5027

BILL TO

# PCS.	HM	DESCRIPTION OF ARTICLES AND MARKS	WEIGHT (LBS)	RATE	TOTAL CHARGES
171		PCS FOODSTUFFS BREAD ROLL OR CAKE IN BOXES 73227 CLASS 60	1086		
		FSC FUEL SURCHARGE 7.30%			
171		TOTAL	1086		PPD
		2PLT STD 9AM THRUS APPT CALL TO CONF			
		CALL (702) 657-8686 FOR CWX CUSTOMER SERVICE.			

ALL Broke Down by hand

SHRINK WRAP INTACT YES NO | DELIVERED PKG PCS | TIME 2:10 | CONSIGNEE SIGNATURE (Miles) | PRINT CONSIGNEE NAME | DATE 3/27/03

RECEIVED _____ PIECES ABOVE DESCRIBED FREIGHT IN GOOD ORDER EXCEPT AS NOTED

DRIVER 3/27/03

CWY

2

B10 (Official Form 10) (Rev 04/01)

UNITED STATES BANKRUPTCY COURT For the District of Delaware	PROOF OF CLAIM
In re: Core-Mark International, Inc.	Case Number 03-10944

NOTE 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) The Brownie Baker	☐ 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.
Address Line 1 4870 W Jacquelyn	☐ Check box if you have never received any notices from the bankruptcy court in this case.
Address Line 2	
Address Line 3	☐ Check box if the address differs from the address on the envelope sent to you by the court
City ST ZIP Fresno CA 93722	THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
Core-Mark

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated. _____

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)

Your social security No. _____

☐ Money loaned ☐ Other (Describe Briefly)

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 Date Debt incurred (MMDDYY) 03 26 03

3 If Court Judgment, Date Obtained

4 CLASSIFICATION OF CLAIM 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

☐ SECURED CLAIM
Attach evidence of perfection of security interest
Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any $ _____

☑ UNSECURED NONPRIORITY CLAIM
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.

☐ UNSECURED PRIORITY CLAIM - Specify the priority of the claim.
☐ 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)
☐ 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)
☐ Taxes or penalties of governmental units 11 U S C § 507 (a)(7)
☐ Other Specify applicable paragraph of 11 U S C. § 507(a) _____

5 AMOUNT OF CLAIM AT TIME CASE FILED

(Secured)	(Unsecured Nonpriority)	(Unsecured Priority)
	4,150.00	

☐ Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges

6 CREDITS AND SETOFFS 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

7 SUPPORTING DOCUMENTS *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

8 TIME STAMPED COPY To receive an acknowledgment of the filing of your claim enclosed a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY
FILED
AUG 22 2003
BMC

Date	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)
4/23/03	Sara Sutton Administrative Assistant

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years, or both. 18 U.S C §§ 152 and 3571

The Brownie Baker, Inc

4870 Jacquelyn • Fresno, CA 93722
(559) 277-7070 • FAX (559) 277-7077
(800) 598-6501 • www brownuebaker com

INVOICE

INVOICE NUMBER 044557

INVOICE DATE 3/26/03

PAGE 1

SOLD TO
CORE MARK/FLEMING/CORONA
353 MEYER CIRCLE
CORONA, CA 92879

SHIP TO
APPOINTMENT REQUIRED
909-736-1391 / RECEIVING DEPT

PLEASE REMIT TOP STUB WITH PAYMENT WITHIN 15 DAYS

Invoice No 044557

SHIP VIA [illegible]
SHIP DATE
DUE DATE 4/10/03
TERMS Net 13 Days

CUST ID [illegible]
P O NUMBER [illegible]
P O DATE
OUR ORDER NO
SALESPERSON

ITEM I D	ITEM DESCRIPTION	PACK	ORDERED	SHIPPED	CASE PRICE	TOTAL
1541	BLUEBERRY 6OZ/ 16CT	16CT	200 00	200 00	8 30	1,660 00
1542	BANANA NUT6OZ/ 16CT	16CT	100 00	100 00	8 30	830.00
1545	DBL CHOCOLATE 6OZ/ 16CT.	16CT	150 00	150 00	8 30	1 245 00
1546	HONEY BRAN 6OZ/ 16CT	16CT	50 00	50 00	8 30	415 00

SUBTOTAL	4,150 00
TAX	0 00
PAYMENT TOTAL	$4,150 00

PURCHASE ORDER

Fleming FLEMING CONVENIENCE

REGISTER #

PAGE 1 OF 1

SHIP TO
CORONA 035
353 MEYER CIRCLE
CORONA
CA 92879
USA

VENDOR
BROWNIE BAKER, INC
4870 W JACQUELYN
FRESNO CA 93722
EARL SMITH
VENDOR # 06248 SUB # 00 BUYER # 357

ORDER DATE 2003-03-18 909-424-0168
ARRIVAL DATE 2003 03-28 Friday 909-824 9202
PAYMENT TERM
DISCOUNT BASED ON 30 Days
PO#

PURCHASE ORDER # 35-2213460
THE ABOVE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, BILLS OF LADING, SHIPPING CONTAINERS AND PACKING LISTS.
STANDING ORDER #
WEIGHT 3500 CU VOL CASES 500

CS RCVD MERCHANDISE BY

QUANTITY ORDERED	PACK UNIT	VENDOR COST	ITEM NUMBER	ITEM DESCRIPTION	PACKING DESCRIPTION	CASE PACK	SELL BACK QUANTITY	DAY INVOICE ALLOWANCE	OTHER ALLOWANCE	UNIT COST	TOTAL COST	A/B	UNIT LOCATION
100	CS	28498 00042	356543	B BAKER MUFFIN BANANA NUT	16/6 Z	1	100			8 30	830 00		6-033703
200	CS	28498 00041	356527	B BAKER MUFFIN BLUEBERRY	16/6 Z	1	200			8 30	1660 00		6-033704
150	CS	28498 00045	356584	B BAKER MUFFIN DBL CHOC CHIP	16/6 Z	1	150			8 30	1245 00		6-033903
50	CS	28498 00046	356618	B BAKER MUFFIN HONEY BRAN RSN	16/6 Z	1	50			8 30	415 00		6-034208
				********** ##ORDER SENT VIA FAX##									
500							500	00	00		4150 00		

Please confirm receipt of this order by fax
Thanks - Betty - E & E Sales
Fax 909-824-9202
Thank (you) Betty

Post it® Fax Note 7671
Date 3/18/03 # of pages ▶ 1
To Deane
From Betty
Co./Dept Order
Co. E & E Sales
Phone #
Phone #
Fax # 559-277-7072
Fax # 909-824-9202

RESTRICTIONS: SEND ORIGINAL INVOICE AND BILL OF LADING TO THE ABOVE DISTRIBUTION CENTER

NOTICE: SUBSTITUTIONS EITHER IN PACKING OR PRICE, WILL NOT BE ACCEPTED WITHOUT PRIOR AUTHORITY FROM BUYING DISTRIBUTION CENTER. WE RESERVE THE RIGHT TO RETURN ANY OR ALL MERCHANDISE SHIPPED WITHOUT PRIOR AUTHORITY, TO REFUSE ANY OR ALL MERCHANDISE SHIPPED LATER THAN 30 DAYS FROM DATE OF ORDER, AND TO DEDUCT FROM PAYMENTS ANY PORTION OF YOUR INCORRECT INVOICE OVER 2% OF THE ORIGINAL

STRAIGHT BILL OF LADING

Dewayne Faulkner Trucking

F/B 2950

CA 108683
1534 W Marinette Ave — Exeter, CA 93221
Phone (559) 592-5311

Shipper No

Date 3/26/03

TO		FROM	
Consignee	CORE MARK / FLEMING / CORONA	Shipper	BROWNIE BAKER
Street	353 MEYER CIRCLE	Street	4870 W JACQUELYN
Destination	CORONA, CA. Zip Code 92879	Origin	FRESNO CA. Zip Code 93722
Unloading Time		Loading Time	

No Shipping Units	Kind of Packaging Description of Articles Special Marks and Exceptions	Weight (Subject to Correction)	RATE	CHARGES
500	BAKED GOODS IN BOXES	3000		
	[illegible]			
	[illegible]			
	[illegible]			
	[illegible]			
	5 [illegible]			
	APPT REQUIRED 909-736-1591			
	RECEIVING DEPT.			
	7 Days [illegible]			

Received by Consignee
X Date

Driver

Subhauler

Truck# 3

Trailer#

Charges due and payable within 7 days after date of statement Amounts past due are subject to a finance charge of 2% per month

Carrier accepts NO responsibility for delay caused by fire theft strikes weather or any cau beyond its control The carrier is not responsible for any shipment unless this order be ratified in writing by shipment

Sau a Ring Vsala 734 31 8

STRAIGHT BILL OF LADING

Dewayne Faulkner Trucking

CA 108683
1534 W Marinette Ave — Exeter, CA 93221
Phone (559) 592-5311

F/B 2950

Shipper No

Date 3/26/03

TO Consignee CORE MARK / FLEMING / CORONA	FROM Shipper BROWNIE BAKER
Street 353 MEGEK CIRCLE	Street 4870 W JACQUELYN
Destination CORONA, CA. Zip Code 92879	Origin FRESNO, CA. Zip Code 93722
Unloading Time	Loading Time

No. Shipping Units	Kind of Packaging Description of Articles Special Marks and Exceptions	Weight (Subject to Correction)	RATE	CHARGES
500	BAKED GOODS IN BOXES	3070		
	DO NOT DOUBLE STACK			
	CF 35-2213-00			
	3 FLOOR RACKS - 43 SHELVES (3')			
		Spotted on		
		Spotted out		
	5 PLTS	Sign		
	APPT REQUIRED 909-736-1591			
	RECEIVING DEPT.			
	THANK YOU			

Received by Consignee
X

Date 3/27

Driver

Subhauler

Truck# 3

Trailer# 511

Charges due and payable within 7 days after date of statement Amounts past due are subject to a finance charge of 2% per month

Carrier accepts NO responsibility for delay caused by fire theft strikes weather or any causes beyond its control The carrier is not responsible for any shipment unless this order be ratified in writing by it prior to shipment

Sequoia Living Visalia 74 3 73

B10 (Official Form 10) (Rev 04/01)

UNITED STATES BANKRUPTCY COURT For the District of Delaware	PROOF OF CLAIM
In re Core-Mark International, Inc	Case Number 03-10944

NOTE. 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): The Brownie Baker
Address Line 1: 4870 W Jacquelyn
Address Line 2:
Address Line 3:
City ST ZIP: Fresno CA 93722

☐ 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 the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: Core-Mark

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated. _____

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)

Your social security No _____

☐ Money loaned ☐ Other (Describe Briefly)

Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date Debt Incurred (MMDDYY): 03 28 03

3. If Court Judgment, Date Obtained: _____

4. CLASSIFICATION OF CLAIM. 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.

☐ SECURED CLAIM
Attach evidence of perfection of security interest
Brief Description of Collateral.
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any $ _____

☑ UNSECURED NONPRIORITY CLAIM
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.

☐ UNSECURED PRIORITY CLAIM - Specify the priority of the claim.
☐ 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)
☐ 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)
☐ Taxes or penalties of governmental units 11 U.S.C. § 507 (a)(7)
☐ Other Specify applicable paragraph of 11 U.S.C. § 507(a) _____

5. AMOUNT OF CLAIM AT TIME CASE FILED

(Secured)	(Unsecured Nonpriority)	(Unsecured Priority)
	544320	

☐ Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges

6. CREDITS AND SETOFFS. 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.

7. SUPPORTING DOCUMENTS. *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.

8. TIME-STAMPED COPY. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

FILED
AUG 22 2003
BMC

Date: 4/23/03

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):
Sara Sutton Administrative Assistant

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Sara Sutton

The Brownie Baker, Inc

4870 Jacquelyn • Fresno, CA 93722
(559) 277-7070 • FAX (559) 277-7077
(800) 598-6501 • www brownie baker com

INVOICE

INVOICE NUMBER 044589

INVOICE DATE 3/28/03

PAGE 1

SOLD TO
COREMARK - BAKERSFIELD
200 CORE MARK COURT
BAKERSFIELD, CA 93307

SHIP TO
CUSTOMER TO PICK UP

PLEASE REMIT TOP STUB WITH PAYMENT WITHIN 15 DAYS

Invoice No 044589
SHIP VIA
SHIP DATE PICK UP ACN
DUE DATE
TERMS 4/12/03
Net 15 Days

CUST ID
P O NUMBER [illegible]
P O DATE [illegible]
OUR ORDER NO
SALESPERSON

ITEM I D	ITEM DESCRIPTION	PACK	ORDERED	SHIPPED	CASE PRICE	TOTAL
1641	BLUEBERRY 6OZ/ 16CT	16CT	252 00	252 00	7 20	1,814.40
1642	BANANA NUT6OZ/ 16CT	16CT	126 00	126 00	7 20	907 20
1644	ALMOND POPPY 6OZ, 16CT	16CT	126 00	126 00	7 20	907 20
1645	DBL CHCCOLATE 6OZ/ 16CT	16CT	252 00	252 00	7 20	1,814 40

Pay 1443
3-31-03

SUBTOTAL	5 443 20
TAX	0 00
PAYMENT TOTAL	$5 443 20

The Brownie Baker Inc

Fleming — FLEMING CONVENIENCE — PURCHASE ORDER

REGISTER #

SHIP TO
BAKERSFIELD 023
200 CORE MARK COURT
BAKERSFIELD
CA 93307
USA

VENDOR
BROWNIE BAKER INC
E & F SALES
LAKE MATHEWS CA 92570
SCOTT HOAG

ORDER DATE 2003-03-24 909-789-1592
ARRIVAL DATE 2003-03-31 Monday 909-789-1593
PAYMENT TERMS
DISCOUNT TERMS 30 Days
FOB

PAGE 1 OF 1
PURCHASE ORDER # 23-0741350
WE ABOVE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICE, BILL OF LADING, SHIPPING CONTAINERS AND PACKING LIST.
FLEMING ORDER #

CS RCVD	PURCHASED BY	VENDOR #	SUB #	BUYER #
		06218	00	231

WEIGHT 5292 CU VOL CASES 756

QUANTITY ORDERED	PACK UNIT	VEN CODE	ITEM NUMBER	ITEM DESCRIPTION	PACKING DESCRIPTION	CASE PACK	BILL TRUCK ORDERED	ONE INVOICE ALLOWANCE	OTHER ALLOWANCES	UNIT COST	EXTENDED COST	AS	ITEM SELECTION
126	CS	28498 00044	570325	B BAKER MUFFIN ALMOND POPPY	16/6 Z	1	126	141 12	00	8 30	1045 80		40-825011
126	CS	28498 00042	356541	B BAKER MUFFIN BANANA NUT	16/6 Z	1	126	141 12	00	8 30	1045 80		10-823449
252	CS	28498 00041	356527	B BAKER MUFFIN BLUEBERRY	16/6 Z	1	252	282 24	00	8 30	2091 60		10-824455
252	CS	28498 00015	356584	B BAKER MUFFIN DBL CHOC CHIP	16/6 Z	1	252	282 24	00	8 30	2091 60		40 825629
				********** ##ORDER SENT VIA FAX## PICK UP ADDRESS BROWNIE BAKER 4870 W JACQUELYN FRESNO CA 93722 (800) 596-6501									
756							756	846 72	00		6274 80		

Scott
"Thank You"
Rene

INSTRUCTIONS: SEND ORIGINAL INVOICE AND BILL OF LADING TO THE ABOVE DISTRIBUTION CENTER

NOTICE: SUBSTITUTIONS MADE IN PACKING OR PRICE WILL NOT BE ACCEPTED WITHOUT PRIOR AUTHORITY FROM BUYING DISTRIBUTION CENTER. WE RESERVE THE RIGHT TO REFUSE ANY OR ALL MERCHANDISE SHIPPED WITHOUT PRIOR AUTHORITY TO REFUSE ANY OR ALL MERCHANDISE SHIPPED OVER THAN 30 DAYS FROM DATE OF ORDER, AND TO DEDUCT FROM INVOICE

The Brownie Baker, Inc

August 20, 2003

Bankruptcy Management Corporation
P O Box 900
El Segundo, CA 90245-0900

To Whom It May Concern

After receiving the "Notice of Commencement of Chapter 11 Bankruptcy Cases and Meeting of Creditors" in regards to **Fleming Companies, Inc , et al** , I submitted nine claims totaling $21,972 64 Since that time, Core-Mark (part of Fleming Companies, Inc) sent payment for one of the claims for $4,788 00 Therefore, our remaining claim is $17,184 64 The Proof of Claim we received from you on August 4, 2003 has our claim scheduled as $9,526 49 I am sending the supporting documents again for the remaining eight claims If after reviewing these claims you still come up with $9,526 49, please advise us of your calculations

Thank you,

Sara Sitton

Sara Sitton
Administrative Assistant

4870 W Jacquelyn Fresno, CA 93722 (559) 277-7070 FAX 277-7077