UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PROOF OF CLAIM
In re	Case Number

660294

Bar Date Ref # 1 NV-1033

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A 'request for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

0354653660294

Brigham Enterprises Inc
25 Ripley Ave
Toronto ON M6S 3P2
Canada

Creditor Telephone Number ( )

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

CREDITOR TAX I D #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR MX005

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

1 BASIS FOR CLAIM

☑ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensation (Fill out below)

Your social security number _____

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

2 DATE DEBT WAS INCURRED MAR 18 03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE $ 488 17 (unsecured) $ _____ (secured) $ _____ (unsecured priority) $ 488 17 (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 25 2003
BMC

DATE SIGNED Aug 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)

S Stewart

Fleming Companies Claim
06206

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

INVOICE

Brigham ENTERPRISES INC.

INVOICE #
66426
INVOICE DATE
March 18, 2003
TERMS: 2% 10 NET 30

25 Ripley Avenue Toronto, Ontario M6S 3P2
Telephone Local (416) 762-7278 (Extension 222 for Account Inquiries)
Toll Free 1-800-668-0628 Fax (416) 762-7270

GST # R139732127

SOLD TO COREMARK INTERNATIONAL '
(FOR JACKLIN RD) ATTN A/P
7800 RIVERFRONT GATE
BURNABY, BC
V5J 5L3

SHIP TO COREMARK INTERNATIONAL '

2924 JACKLIN ROAD
VICTORIA, BC
V9B 3Y5

CUSTOMER #	SALES REP	WH	ORDER #	ORDER DATE	SHIP VIA	CUSTOMER P.O. #
M*005	VA	1	60958	March 18, 2003	CANPAR	300747471

ORD QTY	SHIP QTY	BACK ORDER	ITEM NUMBER	DESCRIPTION	SUGGESTED RETAIL EACH	COST EACH	UNIT COST EXT	TOBACCO TAX EXT	PTT MEMO EXT	TOTAL
32	32	0	71-3000	BACKWOODS CIGARS- BLACK 'N SWE	5 04	4 02	128 64	0 00	120 00	128 64
24	24	0	67-2000	OLIVER TWIST - MINT MILD 7g (6)	4 20	4 20	100 80	0 00	26 88	100 80
36	36	0	67-1000	OLIVER TWIST - ORIGINAL 7g (6)	4 20	4 20	151 20	0 00	40 32	151 20
18	18	0	67-6000	OLIVER TWIST - WINTERGREEN 7g (6	4 20	4 20	75 60	0 00	20 16	75 60
					SUBTOTAL		456 24	0 00	207 36	456 24
					G S T					31 93

TOTAL DUE: $488.17

1

NOTE If you pay by **March 28, 2003** *you may deduct* **$9 12** *early payment discount from the Total Due*

THANK YOU FOR YOUR ORDER

#Name?

VALUE OF PRODUCTS NOT INCLUDING PTT $456 24

CONDITIONS CLAIMS FOR DEFECTIVE GOODS MUST BE MADE WITHIN 15 DAYS OF RECEIPT OF GOODS
ALL RETURNS REQUIRE RETURN AUTHORIZATION NUMBER IN ADVANCE
GOODS REMAIN THE PROPERTY OF BRIGHAM ENTERPRISES INC UNTIL THE INVOICE IS PAID IN FULL