

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

PROOF OF CLAIM



s158928

Scheduled Claim Ref # 7-F2-17455

YOUR CLAIM IS SCHEDULED AS

\$1 117 20 UNSECURED

In re
Core-Mark Mid-Continent, Inc

Case Number
03-10950

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

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

Name of Creditor and Address

0354429413185

MARKETING SALES ESSENTIAL
1822 N UNIVERSITY DR
PLANTATION FL 33322

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 Telephone Number **915 519 1111**

CREDITOR TAX ID #
65-1001325

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
00699

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

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 _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED 3/14/03 **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 1140.00 (unsecured) \$ 0 (secured) \$ 0 (unsecured priority) \$ 1140.00 (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5 SECURED CLAIM
 Check this box if your claim is secured by collateral (including a right of setoff).
 Brief description of collateral:
 Real Estate
 Motor Vehicle
 Other _____
 Value of collateral \$ _____
 Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____

6 UNSECURED PRIORITY CLAIM
 Check this box if you have an unsecured priority claim.
 Specify the priority of the claim:
 Wages, salaries, or commissions (up to \$4,650*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(3)
 Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4)
 Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(6)
 Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7)
 Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)
 Other. Specify applicable paragraph of 11 U.S.C. § 507(a) _____
Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 p.m., September 15, 2003, Pacific Daylight Time.
 BY MAIL TO: Bankruptcy Management Corporation, P.O. BOX 900, El Segundo, CA 90245-0900
 BY HAND OR OVERNIGHT DELIVERY TO: Bankruptcy Management Corporation, 1330 East Franklin Avenue, El Segundo, CA 90245

THIS SPACE FOR COURT
FILED
AUG 25 2003
BMC
 Filing Companies Claim
 06402

DATE SIGNED: 8/19/03
 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):
Doreen M. Quinto Controller



MARKETING & SALES ESSENTIALS, INC

INVOICE

NUMBER 003701
DATE 03/14/03
PAGE 1

BILL TO: 00000
CORPORATE MTD CAPITAL
PO BOX 01118

SHIP TO: 000
LORRAINE MTD (CONTRACT)
7500 2ND STREET NW

ALBUQUERQUE Nm Nm 87193
SALESPERSON: 02
ORDER DATE 02/28/03
CREDIT TERMS 2% 10 NET 30

ALBUQUERQUE Nm 87107
PURCHASE ORDER: 48-0498330
SHIP DATE: 03/14/2003
SHIP VIA: FOUR-DAY AIR FREIGHT

REMARKS: FHW 505 317-7017 X 118

Table with columns: QTY ORDER, QTY SHIP, QTY BO, UM, PRODUCT, DESCRIPTION, UNIT PRICE, PROMO ALLOW., EXTENDED PRICE. Includes rows for GUMMI PLUM B Y 48 and SWEET ALMOND C X 10 CT.

** THE MAXIMUM AUTHORIZED DISCOUNT IS \$2.80. IF PAID IN FULL BY 03/24/03 **

Summary table with columns: QTY, UNIT PRICE, SUB-TOTAL, EXTENDED PRICE. Shows a sub-total of \$1,140.00 and a balance due of \$1,140.00.

PLEASE PRINT PAYMENT TO:
MARKETING & SALES ESSENTIALS, INC
1822 N. UNIVERSITY DRIVE
PLANTATION, FL. 33327

Mercede Executive Park, 1822 N University Dr, Plantation, FL 33322
(954) 452-5191 • Fax (954) 452-5141 • Toll Free (877) 915-5191

TEL # 505-292-5100 ATKINSON CRAWFORD NEW MEXICO MEMO # 0077961
 5506 VISTA LEJANA NE
 FAX # 505-292-5111 ALBUQUERQUE NM 87111 PAGE 1

ORDER DATE SHIP DATE ARRIVAL DATE CUSTOMER PO # TERMS SHIP VIA
 02/25/2003 03/11/2003 48-0498330 2&10N30

PRIN E FRUTTI SOLD TO CORE MARK MID CONTINENT
 EFRUT MKTNG & SALES ESSENTIALS 0601 P.O. BOX 91178
 1822 N. UNIVERSITY DRIVE ALBUQUERQUE NM 87199
 PLANTATION FL 33322

BROKER ID SHIP TO CORE MARK MID CONTINENT
 CUSTOMER # 001 5600 2ND STREET NW
 FOB ALBUQUERQUE NM 87107

SALES REP LG LARRY GIBSON

TEL # 505-343-9577 EXT 118

QTY	PRODUCT	PACK/SIZE	DESCRIPTION	GROSS WT	PRICE	EXT
20	00507	6/48CT	GUMMI PIZZA	15 50	39.6000	744.00
					2 4000-	
20	00513	6/60CT	SOUR MINI BURGER	11 60	21 6000	396 00
					1 8000-	

*Attn Cindy (CSR)
 No Not Duplicate
 Cle*

40 QTY 1020 HASH 35 CUBES 44 PAL'TS 542 LBS \$1140 00

