

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

PROOF OF CLAIM



s121828

Scheduled Claim Ref # 1-F2-16222

YOUR CLAIM IS SCHEDULED AS

\$4 944 41 UNSECURED **FILED**

AUG 28 2003

BMC

In re
Core-Mark International, Inc

Case Number
03-10944

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

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

Name of Creditor and Address

MIDDLEBY COOKING SYSTEM GROUP
1400 TOASTMASTER DR
ELGIN IL 60120

0354429415922

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 ()

CREDITOR TAX ID #
581315813

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
86938

Check here replaces if this claim 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 _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ 4,944.41 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ 4,944.41 (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 28 2003

Fleming Companies Claim



06901

DATE SIGNED
8/8/03

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)

[Handwritten signature]

MIDDLEBY COOKING SYSTEMS GROUP

INVOICE

1400 Toastmaster Drive Elgin IL 60120 9272 (800) 323 2210 * FAX (800) 635-4725
 In Illinois (847) 741-3300 * FAX (847) 741 2710

REMIT TO
 Middleby Cooking Systems Group
 P O Box 96031
 Chicago, IL 60693



Toastmaster



REPRINT

SOLD TO

FLEMING CONVENIENCE
 P O BOX 93237
 LAS VEGAS NV 89193-3237
 USA

SHIP TO

SNACKERS TEXACO
 3315 S VALLEY VIEW
 LAS VEGAS NV 89102
 USA

DATE 3/03/03 EXPORT N
 DUE ON 4/02/03 TERMS NET 30 DAYS

CUSTOMER	ORDER	SLSREP	P O NUMBER	INVOICE NUMBER
1 8693800	CO 421778	9000	65-992	544625
SHIP VIA			SHIP DATE	SHIP WEIGHT
LIFTGATE REQUIRED			3/03/03	269 000 LB

LINE NO	ITEM NUMBER/DESCRIPTION	QUANTITY/PRICE	NET SALES AMOUNT
	Reference order number ALS		
	G26000PC66U OVEN G26 W/PIVOTING HT USED	EA 1 00 4,716 00	4,716 00
	Serial number 078611201		
	G26STACK KIT, STACKING PIN	EA 1 00 40 00	40 00
	901-FREIGHT OUT		188 41
	NO TAXES		00

FEIN # 58-1315813

CONDITIONS OF SALE
 ARE ON REVERSE SIDE

NET SALES	4,756 00	TRADE DISCOUNT	00
MISC CHARGES	00	TERMS DISCOUNT	00
FREIGHT	188 41	AMOUNT DUE	4,944 41
TAXES	00		



Toastmaster



1 OLD DOMINION FREIGHT LINE, INC. (ODFL)
 P.O. BOX 6090A - CHARLOTTE, N.C. 28260
 (336) 899-5000



VGS DES C0421778 65992 3/09/03 ^{DUP} RP

8614 481232 3/03/03 0820557312

SNACKERS TEXACO 3315 SOUTH VALLEY VIEW LAS VEGAS NV 89102	Dist I/L Car	MIDDLEBY COOKING SYSTEMS GROUP 1400 TOASTMASTER DRIVE ELGIN IL 60120	Page No 1
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08205573127	HUSSMAN SOUTHBEND C/O FACTS PO BOX 5826 ROCKFORD IL 61125	P/C P	C/I
		E/C T	R *

1	HANDLING UNITS: 1 UNITS OF TYPE SKID HYDRAULIC LIFT GATE SERVICE - DELIVERY 1 BOX Food Cabinets or Counters, gas or electrically heated, in boxes or crates NMFC # 026100 / SUB # 00 FUEL INCREASE	270	
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1	8203926	8112	270	C.O.D.
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RECEIVED IN GOOD CONDITION EXCEPT AS NOTED	Exceptions:	CASH <input checked="" type="checkbox"/>	CHK <input type="checkbox"/>	CHG <input type="checkbox"/>
Company: <i>STLL \$0665</i>	Driver: <i>[Signature]</i>	Pos. Del'd <i>[Signature]</i>	Date Del'd <i>3-10-03</i>	
Seal # (if Appl)			COPY ORIGINAL FREIGHT	

STRAIGHT BILL OF LADING
ORIGINAL NOT NEGOTIABLE

PAGE OF

BOL NBR CO 421778
DATE 3/3/03
TERMS PREPAY & B'LL
CARRIER OLD DOMINION
SEC 7
PU DATE 3/3/03

08205573127
08205573127

PU TIME

SHIPPER
MIDDLEBY COOKING SYSTEMS GROUP
1400 TOASTMASTER DRIVE
ELGIN IL
60120 US
THIRD PARTY

CONSIGNEE
SVALKEPC TRADING
3315 S VALLEY BLVD
135 LEGAS BLVD
99101

BILL TO OR REMIT TO
MIDDLEBY COOKING SYSTEMS GROUP
1400 TOASTMASTER DR
ELGIN IL
60120 US

ISSUING OFFICE OR AGENT

GENERAL COMMENTS

* 1 SETSATE DELIVER REQUIRED

PIECES	IN	H	DESCRIPTION	WEIGHT	RATE	CHARGES	CLASS
1		PLT	Containing 4 Boxes ITEM G26000PC66 NMFC 26-60	270.00			950
1			TOTAL CUSTOMER ORDER # 85492	270			

REMIT COD TO	COD AMT \$	COD FEE
		PREPAID <input type="checkbox"/> \$ COLLECT <input type="checkbox"/>
ADDRESS <small>NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per</small>	<small>Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small>	TOTAL CHARGES \$
	_____ (Signature of Consignor)	FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT
		CHECK BOX IF COLLECT <input type="checkbox"/>

RECEIVED subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order except as noted (contents and condition of contents of packages unknown) marked consigned and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of property under the contract) agrees to carry to its usual place of delivery at said 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 destination and as to each party at any time interested in all or any said property that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER MIDDLEBY COOKING SYSTEMS GROUP	CARRIER OLD DOMINION	DATE 3/12/03
PER	PER	DATE 3/10/03

Mark with X or RQ if appropriate to designate Hazardous Materials or Hazardous Substances as defined in the Department of Transportation Regulations governing the transportation of hazardous materials. The use of this column is an optional method for identifying hazardous materials on bills of lading per Section 172.201 (a) (1) (III) of Title 49 Code of Federal Regulations. Also when shipping hazardous materials the shipper's certification statement prescribed in Section 172.204 (a) of the Federal Regulations must be indicated on the bill of lading unless a specific exception from this requirement is provided in the Regulations for a particular material.

02/26/03 WED 10 03 FAX 8184075835 COREMARK SALES Fax 702-876-7983 Feb 26 2003 10 42

FLEMING CONVENIENCE

3950 W. Harmon Ave.

Las Vegas, NV 89103

telephone# 702-876-5220 fax# 702-876-7983

mm

CR
2/26

421778

PURCHASE ORDER

SHIP TO		VENDOR		ORDER DATE	PAGE 1 OF 1		
SNACKERS TEFALO		MIDDLEBY MARSHALL		2-25-03	PURCHASE ORDER#		
3315 S. VALLEY VIEW		C/O STAGE KOLSTAD		ARRIVAL DATE	65-992		
LAS VEGAS NEV. 89102		800 245 5573		PAYMENT DATE	THE ABOVE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES BILLS OF LADING SHIPPING CONTAINERS AND PACKING LISTS		
PURCHASED BY		VENDOR#		DISCOUNT BRACKET			
<i>David Pomaner</i>				FOB	TOTAL WGT	CU VOL	CASES
SPECIAL INSTRUCTIONS		SUB#		PPY & ADD			
<i>Drop ship w/ tilt date</i>		BUYER					
QUANTITY ORDERED	UFG CODE	AVENDOR	ITEM #				
<i>1</i>	<i>G-26</i>	<i>DEMO UNIT</i>	<i>000PC66CU</i>		<i>4716.00</i>		
<i>1</i>	<i>G-26 STACK</i>	<i>STACK</i>			<i>40.00</i>		
			<i>FREIGHT</i>		<i>202.55</i>		
			<i>PER QUOTE 876301</i>		<i>86938</i>		
			<i>DATED 2-21-03</i>				
			<i>DROP-SHIP-SHIP TO</i>	REQUEST DATE	<i>2/28</i>	<i>3/3</i>	
			<i>SEE ABOVE</i>	FREIGHT	<i>A (B) C D E P</i>		
				COMM RATE		<i>SPLIT TERR YES/NO</i>	
				TERMS		<i>67-MM</i>	

TOTAL *4958.55*