

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

PROOF OF CLAIM



s159352

Scheduled Claim Ref # 8 F2-16521

YOUR CLAIM IS SCHEDULED AS

\$3 233 53 UNSECURED

FILED

SEP 03 2003

BMC

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.

In re

Case Number

Core-Mark Interrelated Companies, Inc

03-10951

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

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

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

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

Name of Creditor and Address

0354429415238

MEDTECH LABORATORIES INC
P O BOX 1108
JACKSON WY 83001
USA

Creditor Telephone Number (307) 739 8212

CREDITOR TAX ID #

83 - 0318374

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

17591

Check here 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 _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED 1/13/2003 - 3/4/2003

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ 3,427.44 (unsecured)

\$ (secured)

\$ (unsecured priority)

\$ 3,427.44 (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

SEP 02 2003

Filing Companies Claim



07347

DATE SIGNED

9/2/2003

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)

Harris T Semerem, Director of Calif

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

Medtech, Inc

Date 09/02/03

A/R Aged Trial Balance by Due Date

Customer	Document	Doc Date	Current	1 To 30	31 To 60	61 To 90	Over 90	Reason
17591	ALLIED MERCHANDISING INDUSTRY CORE-MARK INTERRELATED COMPANIES INC							
DB	9221809	1/13/2003					\$ 150 00	Unauthorized and/or Unsupported Deduction
IN	IN068685	2/17/2003					\$ 1 036 44	Unpaid Invoice
IN	IN069631	3/4/2003					\$ 2 241 00	Unpaid Invoice
							Total	\$ 3 427 44

MEDTECH

Invoice

Date	Page
Feb 17, 2003	1
Invoice Number	
IN068685	

PO BOX 1108
 DUNS #11-470-7784
 Jackson WY 83001
 USA
 Phone (307) 733-1680
 Fax (307) 733-0393

Sold To

ALLIED MERCHANDISING INDUSTRY
 311 REED CIRCLE
 ATTN ACCOUNTS PAYABLE
 CORONA, CA 91720
 US

Ship To

ALLIED MERCHANDISING INDUSTRY
 311 REED CIRCLE
 CFA 4AM-11AM-CARR MUST SORT
 CORONA CA 91720
 USA

Order No	Order Date	Customer No	Salesperson	PO Number	Ship Via	Terms
OD066966	Feb 10 2003	17591	78	0920766330	CENF	1PN31

Qty Ord	Qty Shp	Qty B/O	Item Number	Description	Unit Price	UOM	Extended Price
360	360	0	8001374	Cutex 4 oz Nail Strengthener	0 92	EA	331 20
720	720	0	8001336	Cutex 4 oz Regular	0 92	EA	662 40
36	36	0	8001351	Cutex 6 oz Regular	1 19	EA	42 84
				<u>Date Due</u>	<u>Amount Due</u>	<u>Disc Date</u>	<u>Disc Amount</u>
				03/20/03	1 036 44	03/19/03	10 36

Comments MUST SHIP 2-14-03	Tax summary	Subtotal	1,036 44
	OE0001 0 00	Total sales tax	0 00
		Total amount	1,036 44
		Less payment	0 00
		Less pmt disc	0 00
		Amount due	1,036 44

Date 14-Feb-2003

BILL OF LADING

SHIP FROM
 Name MEDTECH LABS INC
 Address 4500 GOODFELLOW
 City/State/Zip ST LOUIS MO 63120
 SID# ZZ66966

Bill of Lading Number 551548



SHIP TO
 Name ALLIED MERCHANDISING Location #
 Address 311 REED CIRCLE
 City/State/Zip MUCORONA CA 91720
 CID#

CARRIER NAME CENTRAL FREIGHT LINE
 Trailer number
 Seal number(s) 9271332

SCAC CENF Load #
Pro number 321799991

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name Nationwide Logistics Inc
 Address 7140 N BROADWAY
 City/State/Zip St Louis MO 63147



Ship On 14-Feb-2003 Deliver On 21-Feb-2003

SPECIAL INSTRUCTIONS
 CALL FOR APPT 7148467533

Freight Charge Terms (Bill or Remit to Shippers Address when Prepaid)

Prepaid Collect 3rd Party

Packing slip must be attached to the bill of lading if checked

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
0920766330	31	384 20	Y	N	Dept
			Y	N	
			Y	N	
			Y	N	
			Y	N	
Pallets @ 44 each	1	44 00	Y	N	
GRAND TOTAL	31	428 2			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H M (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care See Section 2(e) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1				44 00		1 Pallets @ 44 each		
		20		244 00		8001336 CUTEX 4 OZ REGULAR		
		1		18 20		8001351 CUTEX 6 OZ REGULAR		
		10		122 00		8001374 CUTEX 4 OZ NAIL STRENGTH		
1		31		428 2		GRAND TOTAL		

Where the rate is dependent on value shippers are required to state specifically in writing the agreed or declared value of the property as follows
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding
 \$ 2.15 per pound

COD Amount \$
Fee Terms Collect Prepaid
 Customer check acceptable

NOTE Liability Limitation for loss or damage in this shipment may be applicable See 49 U S C + 14706(c)(1)(A) and (B)

RECEIVED subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper if applicable otherwise to the rates classifications and rules that have been established by the carrier and are available to the shipper on request and to all applicable state and federal regulations

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified packaged marked and labeled and are in proper condition for transportation according to the applicable regulations of the DOT
 [Signature] 2-14-03

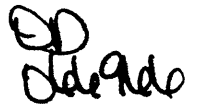
Signature
 [Signature] 4:30 2/14/03
 Shipper

Trailer Loaded
 By Shipper
 By Driver

Freight Counted
 By Shipper
 By Driver/Pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle
 Property described above is received in good order except as noted

POREPORT TXT


 CENF 32179991
 1/NOV/85

ALLIED MERCH IN Purchase Order Report For 02/10/03 Standard X12
 ISA Cntrl # 6 GS Cntrl # 6 ST # 000060001 Version 004010

PO Code Original PO Type New Order
 PO Number 0920766330 PO Date 02/07/03
 Notes -----

Date Requested for Delive|02/21/03
 Routing Motor (Common Carrie|

 Bill and Ship TC-M INTERRELATED CO INC NONE NONE
 11 REED CIRCLE D&B w 4-char suff
 0098634080000
 CORONA, CA 92879

L#	Qty	Unit	P	X	Description	Item #	# EACH	Allow	Total \$
1	10 0	CA	0	36	Cutex 4oz Nail St -	8001374	360 0	00	00?
2	20 0	CA	0	36	Cutex 4oz Regular -	8001336	720 0	00	00?
3	1 0	CA	0	36	Cutex 6oz Regular -	8001351	36 0	00	00?
3	31 0		3	0000	0 As Calculated -	TOTALS	1116 0	00	0000?
3	0		0000	0	0 By ALLIED MERCH I -	TOTALS	00	00	0000

Medtech Notes
 Customer OK
 Items OK | All items found
 Prices ERROR | 3 unit prices did not match the expected price
 \$ Limit ERROR | The TOTAL is below \$200 00
 Totals OK
 Summary ERROR | There were errors this order must be entered manually

1036.44

SEE BACK OF DELIVERY RECEIPT
 DATE 02/14/03
 10 SLS 053 WIL C1FTV225
 FREIGHT BILL # CFL#32170000-1
 SHIPPER 7150 D BT
 MEDTECH
 4500 GOODFELLOW
 SAINT LOUIS MO 63120

0067203



ROUTING 3967784004 FB# 321700001

DELIVERY RECEIPT
 SCAACENF IL

CONSIGNEE 2560 D
 ALLIED MERCHANDISING IND
 311 REED CIR
 CORONA CA 91719

REF #
 BL 551548
 PO# 0920766330

MON 3/3/03
 900

3057433001 LBS

UNITS	P	HM	DESCRIPTION	WEIGHT IN LBS	RATE	CHARGES	EXTRA SERVICE PERFORM
			WP(S)STC CTNS CHEMICALS 70 TOILET PREPS AND O'ARTICLES NAMES RVN# \$2.25 PER POUND CONSUMER COMMODITY ORM-D *****SHIPPER LOAD AND COUNT***** STC 31 CFA 714 846 7533 4.25% FUEL SURCHARGE FC DIFFERENCE IN BILLED AS WEIGHT BILLED AS DISCOUNT GENFB 675 0066340.0000DSCA *CENF 2000 06/10/02 10955 TRFB 8995YN	428			YES ___ NO ___ DRIVER UNITS DATE TIME
			RECEIVED IN GOOD ORDER EXCEPT AS NOTED	RECEIVING CO NAME	SURCHARGE	CONTINUED	AMT COLLEC
			PRINT LAST NAME	SEAL #	INTACT ON RECEIPT	AMT DUE	

SEE BACK OF DELIVERY RECEIPT
 DATE 02/14/03
 10 SLS 053 WIL C1FTV225
 FREIGHT BILL # CFL#32170000-1
 SHIPPER 7150 D BT
 MEDTECH
 4500 GOODFELLOW
 SAINT LOUIS MO 63120



ROUTING 3967784004 FB# 321700001

DELIVERY RECEIPT
 SCAACENF IL

CONSIGNEE 2560 D
 ALLIED MERCHANDISING IND
 311 REED CIR
 CORONA CA 91719

REF #
 BL 551548
 PO# 0920766330

3057433001 LBS

UNITS	P	HM	DESCRIPTION	WEIGHT IN LBS	RATE	CHARGES	EXTRA SERVICE PERFORM
			SW PALLETS INTACT UNLESS NOTED *PREPAID CHARGES ON INVOICE COPY ONLY* ** THANK YOU FOR YOUR BUSINESS AND ** * CONFIDENCE, CENTRAL FREIGHT LINES * * NASSTRAC CENTRAL REGION * * CARRIER OF THE YEAR-2001 AND 2002 *	428			YES ___ NO ___ DRIVER UNITS DATE TIME
			RECEIVED IN GOOD ORDER EXCEPT AS NOTED	RECEIVING CO NAME	SURCHARGE		AMT COLLEC
			PRINT LAST NAME	SEAL #	INTACT ON RECEIPT	AMT DUE	

MEDTECH

Invoice

Date Mar 4 2003	Page 1
Invoice Number IN069631	

PO BOX 1108
DUNS #11-470-7784
Jackson WY 83001
USA
Phone (307) 733-1680
Fax (307) 733-0393

Sold To

ALLIED MERCHANDISING INDUSTRY
311 RE ED CIRCLE
ATTN ACCOUNTS PAYABLE
CORONA, CA 91720
US

Ship To

ALLIED MERCHANDISING INDUSTRY
311 REED CIRCLE
CFA 4AM-11AM-CARR MUST SORT
CORONA CA, 91720
USA

Order No OD068223	Order Date Feb 28 2003	Customer No 17591	Salesperson 78	PO Number 0920768870	Ship Via CENF	Terms 1PN31
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Qty Ord	Qty Shp	Qty B/O	Item Number	Description	Unit Price	UOM	Extended Price
72	72	0	8001374	CUTEX 4OZ NAIL STRENGTHENER	0 92	EA	66 24
1 800	1,800	0	8001336	CUTEX 4 OZ REGULAR	0 92	EA	1,656 00
540	540	0	8001333	CUTEX 2 OZ REGULAR	0 60	EA	324 00
108	108	0	8001351	CUTEX 6 OZ REGULAR	1 19	EA	128 52
72	72	0	8001306	CUTEX 4 OZ NON-ACETONE	0 92	EA	66 24
				<u>Date Due</u>	<u>Amount Due</u>	<u>Disc Date</u>	<u>Disc Amount</u>
				04/04/03	2 241 00	04/03/03	22 41

Comments MUST SHIP 3-3-03	Tax summary	Subtotal	2,241 00
	OE0001 0 00	Total sales tax	0 00
		Total amount	2,241 00
		Less payment	0 00
		Less pmt disc	0 00
		Amount due	2,241 00

Date 03-Mar-2003

BILL OF LADING

Page 1 of 1

SHIP FROM					SHIP TO					THIRD PARTY FREIGHT CHARGES BILL TO:				
Name MEDTECH LABS INC Address 4500 GOODFELLOW City/State/Zip ST LOUIS MO 63120 SID# ZZ68223					Name ALLIED MERCHANDISING Address 311 REE D CIRCLE City/State/Zip MUCORONA CA 91720 CID#					Name Nationwide Logistics Inc Address 7140 N BROADWAY City/State/Zip St Louis MO 63147				
SPECIAL INSTRUCTIONS CALL FOR APPT 7148467533					CARRIER NAME CENTRAL FREIGHT LINE Trailer number Seal number(s)					SCAC CENF Load # Pro number 37939814-2				
CUSTOMER ORDER INFORMATION					Freight Charge Terms (Bill or Remit to Shipper's Address when Prepaid) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3 rd Party <input type="checkbox"/>					[] Packing slip must be attached to the bill of lading if checked (check box)				
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO								
0920768870		72	815 40	Y	N	Dept								
				Y	N									
				Y	N									
				Y	N									
Pallets @ 44 each		1	44 00	Y	N									
GRAND TOTAL		72	859 4											
HANDLING UNIT		PACKAGE		WEIGHT	H M (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care See Section 2(e) of NMFC Item 360</small>	LTL ONLY							
QTY	TYPE	QTY	TYPE				NMFC #	CLASS						
1				44 00		1 Pallets @ 44 each								
		2		24 40		8001306 CUTEX 4 OZ NON-ACETONE								
		15		102 00		8001333 CUTEX 2 OZ REGULAR								
		50		610 00		8001336 CUTEX 4 OZ REGULAR								
		3		54 60		8001351 CUTEX 6 OZ REGULAR								
		2		24 40		8001374 CUTEX 4 OZ NAIL STRENGTH								
1		72		859 4		GRAND TOTAL								
Where the rate is dependent on value shippers are required to state specifically in writing the agreed or declared value of the property as follows The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \$ 2 15 per pound						COD Amount \$ Fee Terms Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable <input type="checkbox"/>								
NOTE Liability Limitation for loss or damage in this shipment may be applicable See 49 U S C * 14706(c)(1)(A) and (B)						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges								
RECEIVED subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper if applicable otherwise to the rates classifications and rules that have been established by the carrier and are available to the shipper on request and to all applicable state and federal regulations						Signature NICKLES MAR 03 2003 TB Shipper								
SHIPPER SIGNATURE / DATE <i>[Signature]</i> 3/3/03 <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the DOT.</small>				Trailer Loaded <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver FN		Freight Counted <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order except as noted</small>						

POREPORT TXT

00
068223
CENT
379 39814
FNO 69631

ALLIED MERCH IN Purchase Order Report For 02/28/03 Standard X12
ISA Cntrl # 7 GS Cntrl # 7 ST # 000070001 Version 004010

PO Code Original PO Type New Order
PO Number 0920768870 PO Date 02/27/03
Notes -----

Date Requested for Delive|03/13/03
Routing Motor (Common Carrie|

3/3

Bill and Ship TC-M INTERRELATED CO INC NONE NONE
311 REED CIRCLE D&B w 4-char suff
0098634080000

CORONA, CA 92879

L#	Qty	Unit	P	X	Description	Item #	# EACH	Allow	Total \$
1	2 0	CA	0	36	CUTEX 4oz NAIL ST -	8001374	72 0	00	00?
2	50 0	CA	0	36	CUTEX 4oz REGULAR -	8001336	1800 0	00	00?
3	15 0	CA	0	36	CUTEX 2oz REGULAR -	8001333	540 0	00	00?
4	3 0	CA	0	36	CUTEX 6oz REGULAR -	8001351	108 0	00	00?
5	2 0	CA	0	36	CUTEX 4oz NON-ACE -	8001306	72 0	00	00?
5	72 0		5	0000	0 As Calculated -	TOTALS	2592 0	00	0000?
5	0		0000	0	0 By ALLIED MERCH I -	TOTALS	00	00	0000

Medtech Notes
Customer OK
Items OK | All items found
Prices ERROR | 5 unit prices did not match the expected price
\$ Limit ERROR | The TOTAL is below \$200 00
Totals OK
Summary ERROR | There were errors this order must be entered manually

7241

SEE BACK OF DELIVERY RECEIPT

DATE 03/03/03

1 SLS 044 WIL CIFTY312

FREIGHT BILL # CFL#37939814-2

SHIPPER 7150 D BT

MEDTECH

4500 GOODFELLOW

SAINT LOUIS MO 63120

ROUTING 3967784004 FB# 379398142

Central Freight Lines, Inc.

CORPORATE HEADQUARTERS P.O. BOX 3888 WACO, TX 76788-3888 PHONE (817) 772-2124

Handwritten notes: 3/14/03, 730, 100, DELIVERY RECEIPT SEARCHED

CONSIGNEE 2560 ALLIED MERCHANDISING 311 REED CIRCLE CORONA CA 91720

REF # BL 552294 PO# 0920768870

Handwritten number 8

0000000000 LBS

UNITS	P	HM	DESCRIPTION	WEIGHT IN LBS	RATE	CHARGES	EXTRA SERVICE PERFORM
1			WPC578TC CTNS CHEMICALS TOILET PREPS AND O/ARTICLES NAMES RVNX \$2.25 PER POUND CONSUMER COMMODITY DRM-D *****SHIPPER LOAD AND COUNT*** STC 72 CFA 714 846 7533 4.50% FUEL SURCHARGE FC DIFFERENCE IN BILLED AS WEIGHT BILLED AS DISCOUNT CENFB 675 0066340.0000DSCA *CENF 2000 06/10/02 10855 TRFB @@@SYN	70 141 1000			YES NO DRIVER UNITS DATE TIME
			RECEIVED IN GOOD ORDER EXCEPT AS NOTED	RECEIVING CO NAME	SURCHARGE	AMT DUE	AMT COLLE
			X	PRINT LAST NAME	SEAL #	INTACT ON RECEIPT	
				9999999999		X	

SEE BACK OF DELIVERY RECEIPT

DATE 03/03/03

1 SLS 044 WIL CIFTY312

FREIGHT BILL # CFL#37939814-2

SHIPPER 7150 D BT

MEDTECH

4500 GOODFELLOW

SAINT LOUIS MO 63120

ROUTING 3967784004 FB# 379398142

Central Freight Lines, Inc.

CORPORATE HEADQUARTERS P.O. BOX 3888 WACO, TX 76788-3888 PHONE (817) 772-2124

DELIVERY RECEIPT SEARCHED IL

CONSIGNEE 2560 ALLIED MERCHANDISING 311 REED CIRCLE CORONA CA 91720

REF # BL 552294 PO# 0920768870

0000000000 LBS

UNITS	P	HM	DESCRIPTION	WEIGHT IN LBS	RATE	CHARGES	EXTRA SERVICE PERFORM
1			SW PALLETS INTACT UNLESS NOTED *PREPAID CHARGES ON INVOICE COPY ONLY* ** THANK YOU FOR YOUR BUSINESS AND ** * CONFIDENCE, CENTRAL FREIGHT LINES * * NASSTRAC CENTRAL REGION * * CARRIER OF THE YEAR-2001 AND 2002 *	859			YES NO DRIVER UNITS DATE TIME
			RECEIVED IN GOOD ORDER EXCEPT AS NOTED	RECEIVING CO NAME	SURCHARGE	AMT DUE	AMT COLLE
			X	PRINT LAST NAME	SEAL #	INTACT ON RECEIPT	
						X	