

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



s120562

Scheduled Claim Ref # 1-F2-14786  
**YOUR CLAIM IS SCHEDULED AS**

In re  
**Core-Mark International, Inc**

Case Number  
**03-10944**

\$3 459 93 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 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  
  
0354429377986  
  
AMERICAN RIVER PACKAGING  
INC  
4225 PELL DRIVE  
SACRAMENTO CA 95838

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 (916) 929-7169  
CREDITOR TAX ID #  
**94-2661408**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here  replaces or  amends a previously filed claim dated \_\_\_\_\_ if this claim

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)  
 Money loaned  Other (describe briefly)  
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 \$ **6,570.59** (unsecured) \$ (secured) \$ (unsecured priority) \$ **6,570.59** (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 05 2003

**BMC**

Filing Companies Claim



08316

DATE SIGNED: 8/28/03  
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):  
*Phillip Glenn, Director of Finance*

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



4225 PELL DR (916) 929-7969  
 PO BOX 38903 FAX (916) 920-0892  
 SACRAMENTO CA 95838

FILE COPY

20

65899

SOLD TO

SHIP TO

COREMARK  
 3970 PELL CIRCLE  
 SACRAMENTO, CA 95838

COREMARK  
 3970 PELL CIRCLE  
 SACRAMENTO, CA 95838

( ) -

A LATE CHARGE OF 1 1/2% PER MONTH WILL BE CHARGED ON ALL PAST DUE ACCOUNTS

SHIP VIA	ARP	SHIP DATE	TERMS	INVOICE DATE	PACKING SLIP #	PO #	DESCRIPTION	IDENT	ORDER DATE	DUE	ORDER QTY	SHIP QTY	BO	UNIT PRICE	AMOUNT
		2003/01/06	10 30	2003/01/06	65899	MARTY	TARGET BOX 18 3/4 X 13 1/4 X 12	2338800	12/31/02	01/06/03	5000	5500	0	519 0000	2854 50
<p>CHECK 904085031          RETURNED NSF          SEE ATTACHED</p>															
65225	NON-TAXABLE	TAXABLE	SALES TAX	MISC	INVOICE TOTAL										
	0 00	2854 50	221 22		3075 72										





4225 PELL DR (916) 929 7969  
 PO BOX 38903 FAX (916) 920-0892  
 SACRAMENTO CA 95838

20

65904

OLD TO

SHIP TO

COREMARK  
 3970 PELL CIRCLE  
 SACRAMENTO, CA 95838

COREMARK  
 31300 MEDALLION DR  
 HAYWARD, CA 94544

( ) - A LATE CHARGE OF 1 1/2% PER MONTH WILL BE CHARGED ON ALL PAST DUE ACCOUNTS

SHIP VIA	ARP	SHIP DATE	2003/01/06	TERMS	1% 10 30	INVOICE DATE	2003/01/06	PACKING SLIP #	65904
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PO #	DESCRIPTION	IDENT	ORDER DATE	DUE	ORDER QTY	SHIP QTY	B O	UNIT PRICE	AMOUNT
WANTY	TARGET BOX 18 3/4 X 13 1/4 X 12	2338800 1 # 565	12/31/02	01/06/03	5000	5055	0	519 0000	2628 74
69066	NON-TAXABLE	TAXABLE	SALES TAX	MISC	INVOICE TOTAL >				2332 4
	0 00	2628 74	203 73						



4225 PELL DR (916) 929 7969  
 PO BOX 38903 FAX (916) 920 0892  
 SACRAMENTO CA 95838

20

67097

SOLD TO

SHIP TO

COREMARK  
 3970 PELL CIRCLE  
 SACRAMENTO, CA 95838

COREMARK  
 3970 PELL CIRCLE  
 SACRAMENTO, CA 95838

( ) - A LATE CHARGE OF 1 1/2% PER MONTH WILL BE CHARGED ON ALL PAST DUE ACCOUNTS

pg 1	SHIP VIA ARP	SHIP DATE 2003/03/20	TERMS 10 30	INVOICE DATE 2003/03/20	PACKING SLIP # 67097
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PO #	DESCRIPTION	IDENT	ORDER DATE	DUE	ORDER QTY	SHIP QTY	B O	UNIT PRICE	AMOUNT
ARTY	CR-101 2 X 60 MASK TAP MASKING TAPE	23189002	03/19/03	03/20/03	240	240	0	1 2000A	288 00
PTY	#180 2 X 110 CLR 1 8 M TAPE	23189003	03/19/03	03/20/03	360	360	0	1 0400A	374 40

0	NON-TAXABLE 662 40	TAXABLE 0 00	SALES TAX 0 00	MISC	INVOICE TOTAL ►	662 40
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