

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



s121021

Scheduled Claim Form - FD-1096  
**YOUR CLAIM IS SCHEDULED AS**

**FILED**

-\$139.50 UNSECURED

SEP 08 2003

**\$ 271.70**

**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.

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.

Name of Creditor and Address

0354429403083

HOLIDAY INN  
600 W DONLON STREET  
BLYTHE CA 92225

Creditor Telephone Number (760) 921 2300

CREDITOR TAX ID #

93-1201292

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

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)

MOTEL - PROVIDES ACCOMMODATION TO DRIVERS

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ 271.70

(unsecured)

\$

(secured)

\$

(unsecured priority)

\$

(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 08 2003

Filing Companies Claim



08566

DATE SIGNED

9/4/03

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)

*[Signature]* VIJAY Amin GEN MANAGER

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



600 W Donion St  
 Blythe CA 92225  
 760/921 2300  
 Fax 760/921 2307

Indipendently owned and operated by ANUP, Inc

Last Invoice Date      This Invoice Date

Page

03/11/07      03/23/07

PLEASE PRINT NAME AND ADDRESS  
 OF THE PERSON TO WHOM THIS INVOICE IS TO BE SENT  
 IF DIFFERENT FROM THE ABOVE

Amount Enclosed

Please Return This Portion With Your Payment

Date	Invoice Number	Folio Number	Room	Description	Charges	Payment	Balance
03/16/07				PREVIOUS BALANCE	254.45		
				PAYMENTS		11.00	
				BALANCE FORWARD			
03/21/07	4505	115116	100	PANGEE	75.20		
03/23/07	4505			052307 B.LITAG			

THANK YOU FOR CHOOSING HOLIDAY INN

BALANCE DUE

Aging Current	Over 30	Over 60	Over 90	Over 120	Balance Due
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Full payment is due upon receipt of invoice. All accounts are considered past due after 15 days.

# Holiday Inn EXPRESS®

600 W Donlon St  
Blythe CA 92225  
760/921 2300  
Fax 760/921 2307

**Name & Address**

J RANGEL  
ZXZXZX  
8868 PICO VISTA  
  
PICO-RIVIERA CA 90660

Room	136/11
Arrive Date	03/20/03
Dept Date	03/21/03
Folio #	115116
Room Rate	\$ 55.00
Account	3 COREM
Mkt/Seg	3 COR

TVA Page 1

Owned and Operated by ANUP, Inc.

I authorize you to bill full balance of my account to my credit card which was presented upon registration at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for an amount of such charges.

SIGNATURE

The management is not responsible for any valuable, not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for an amount of such charges.

X  
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE	
0320	412	33	XXX	562-692-1114	5.70	00	5.70	
0320	412	45	XXX	562-692-1114	9.55	00	13.25	
0320	113	0320000	TDP	PREFERRED ROOM	55.00	00	68.25	
0320	811	0320001	TDP	ROOM TAX	5.50	00	73.75	
0321	412	3	XXX	562-692-1114	1.45	00	75.20	
<b>***TOTAL***</b>								<b>\$ 75.20</b>

ACCT NO
CARD MEMBER NAME
ESTABLISHMENT NO & LOCATION
CARD MEMBER'S SIGNATURE <b>X</b>

DATE OF CHARGE	FOLIO NO	CHECK NO
AUTHORIZATION		ID
PURCHASES & SERVICES		
TOTAL AMOUNT		



600 W Donion St  
 Blythe CA 92225  
 760/921 2300  
 Fax 760/921 2307

Independently owned and operated by ANUP, Inc

Last Invoice Date

This Invoice Date

Page

03/23/03

03/30/03

Amount Enclosed

Please Return This Portion With Your Payment

Date	Invoice Number	Folio Number	Room	Description	Charges	Payment	Balance
03/23/03				PREVIOUS BALANCE PAID BALANCE FORWARD			
03/28/03	4510	115431	110	1 NIGHT			
03/30/03	4510			09300 BILLING			

THANK YOU FOR CHOOSING HOLIDAY INN

PLEASE PRINT

Aging Current	Over 30	Over 60	Over 90	Over 120	Balance Due
---------------	---------	---------	---------	----------	-------------

Full payment is due upon receipt of invoice All accounts are considered past due after 15 days

# Holiday Inn EXPRESS®

600 W Donlon St  
Blythe CA 92225  
760/921 2300  
Fax 760/921 2307

C  
21  
1/9  
and

**Name & Address**

J RANGEL  
ZXZXZX  
8868 PICO VISTA  
  
PICO-RIVIERA CA 90660

Room	118/11
Arrive Date	03/27/03
Dept Date	03/28/03
Folio #	115431
Room Rate	\$ 55.00
Account	3-COREM
Mkt/Seg	3-COR

KDS PAGE 1

Owned and Operated by ANUP Inc

I authorize you to bill full balance of my account to my credit card which was presented upon registration

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X  
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE	
0327	412	51	XXX	562-692-1114	1.45	.00	1.45	
0327	113	0327000	TDP	PREFERRED ROOM	55.00	.00	56.45	
0327	811	0327001	TDP	ROOM TAX	5.50	.00	61.95	
0328	412	5	XXX	562-692-1114	2.35	.00	64.30	
***TOTAL***								\$ 64.30

Over 120

ad past due atte

ACCT NO
CARD MEMBER NAME
ESTABLISHMENT NO & LOCATION
CARD MEMBER'S SIGNATURE <b>X</b>

DATE OF CHARGE	FOLIO NO / CHECK NO
AUTHORIZATION	ID
PURCHASES & SERVICES	
TOTAL AMOUNT	

CORE-MARK INTERNATIONAL INC.

Check No 904081979  
50 937

11

395 Oyster Point Blvd  
Suite 415  
So San Francisco, CA 94080

JPMORGAN CHASE BANK  
6040 TARBELL ROAD  
SYRACUSE, NY 13206

CORE-MARK

DATE

RETURN TO: FED UTICA  
FOR REASON INDICATED BELOW

DO NOT  
REDEPOSIT

REFER TO MAKER

AMOUNT \$  
APR 01 2003  
52049

\$\*\*\*\*\*69 35

Pay to the  
Order of

HOLIDAY INN EXPRESS  
600 W DONLON STREET  
BLYTHE, CA 92225

RETURNED BY:  
JPMORGAN CHASE BANK

322270518

*[Signature]*  
TREASURER

TREASURER

⑈904081979⑈ ⑆ 1309379⑆ 010809668⑈

⑈0000006935⑈

CORE-MARK INTERNATIONAL INC.

Check No 904085076  
50 937

11

395 Oyster Point Blvd  
Suite 415  
So San Francisco, CA 94080

JPMORGAN CHASE BANK  
6040 TARBELL ROAD  
SYRACUSE, NY 13206

CORE-MARK

DATE

2003

RETURN TO: FED UTICA  
FOR REASON INDICATED BELOW

DO NOT  
REDEPOSIT

REFER TO MAKER

AMOUNT \$

\$\*\*\*\*\*62.85

Pay to the  
Order of

HOLIDAY INN EXPRESS  
600 W DONLON STREET  
BLYTHE, CA 92225

RETURNED BY:  
JPMORGAN CHASE BANK

322270518

*[Signature]*  
TREASURER

TREASURER

⑈904085076⑈ ⑆ 1309379⑆

010809668⑈  
FL05-5551

⑈0000006285⑈

⑈0999202342⑈

⑈0000006285⑈