In to Core	UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PRC	OF OF CLAIM				
Content form and Address Name of Creditor and Address Calestanower Calestan	In re	Case N	lumber		Bar Date Ref #		
Check box 6 you have greated a proof of beam with the convencement of the case A request for payment of an administrative expense among after the convencement of the case A request for payment of an administrative expense may be filled pursuant to 11 U.S.C. § 503. Name of Creditor and Address JM SMUCKER LLC 13.5 S. LASALLE	Core Mark Mid-Continent Inc.	1 13	3-10950				
Sand Content of Creditor and Address Sand Content of Sand	NOTE This form should not be used to make a claim for an administrate expense arising after the commencement of the case. A 'request for	ative payment	Check box if you are aware that anyone else has				
Check box if you have sever recovered any notices where recovered any notices and the case of the case o	Name of Creditor and Address						
ACCOUNT OR OTHER NUMBER BY WHICH Check here replaces previously filed claim dated Pass Previousl	J M SMUCKER LLC 135 S LASALLE DEPT 4601 CHICAGO IL 60674	0000	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				
CA3 - D1/3 4D70 CREDITOR IDENTIFIES DEBTOR Check hear in this claim I BASIS FOR CLAIM Money loaned Dither (describe briefly) Towns social security number Unad compensation (Fill out below) Your social security number Unad compensation for services performed from to (date) DATE DEBT WAS INCURRED Money loaned Dither (describe briefly) DATE DEBT WAS INCURRED Money loaned TOTAL AMOUNT OF CLAIM TOTAL AMOUNT OF CLAIM TOTAL AMOUNT OF CLAIM Total Compensation Check this box if claim includes interest or other charges in addition to the principal amount of the claim Check this box if your claim is secured by collisteral (including a inglit of seltoff) Brief description of collateral Real Estate Motor Vehicle Other Value of collateral Real Estate Motor Vehicle Other Value of collateral Real Estate Motor Vehicle Other Value of collateral Real Estate Nother Vehicle Other Value of collateral in U.S. & \$507(a)(8) Nother Specify applicable paragraph of 11U.S. & \$507(a)(8) Nother Sp		R BY WHI	<u></u>		or BMC you do not need to file again		
BASIS FOR CLAIM	CREDITOR IDENTIFIES DEBT		Check here	or a previou	usly filed claim dated		
Retiree benefits as defined in 11 U S C § 1114(a) Services performed Taxes Wages salaines and compensation (Fill out below) Your social security number Unpaid compensation (Fill out below) Your social security number Unpaid compensation (Fill out below) Your social security number Unpaid compensation for services performed from (date) Unpaid compensation of the claim Unpaid compensation of the claim Unpaid for services Unpaid for service			am	ends	•		
Unpaid compensation for services performed from (date) (date) (date) 2 DATE DEBT WAS INCURRED TWORD, 2003 3 IF COURT JUDGMENT, DATE OBTAINED 4 TOTAL AMOUNT OF CLAIM \$ 7, 429 41 \$ ((eccured)) \$ 14,378.21 \$ 21,807.62 \$ ((ordin)) \$ (total) \$ (unsecured principle) \$ ((ordin)) \$ (total) \$ (Indecured principle) \$ ((ordin)) \$ ((ord	Goods sold Personal injury/wrongful death			-			
2 DATE DEBT WAS INCURRED [March 2003] 3 IF COURT JUDGMENT, DATE OBTAINED 4 TOTAL AMOUNT OF CLAIM \$ 7, 479 41 \$ ((insecured)) ((insecured)) \$ 1, 807 6.2 ((total)) 4 TOTAL AMOUNT OF CLAIM \$ 7, 479 41 \$ ((insecured)) \$ ((insecured printy)) \$ 1, 807 6.2 ((total)) 4 TOTAL AMOUNT OF CLAIM \$ 7, 479 41 \$ ((insecured)) \$ ((insecured printy)) \$ ((total)) \$ ((tot	Money loaned Other (describe briefly)		•				
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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. SECURED CLAIM	4 TOTAL AMOUNT OF CLAIM \$ 7,429 41 \$	(1					
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 \$ Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ TERDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) BY MAIL TO BANKUPLOY Management Corporation PO BOX 900 El Segundo CA 90245-0900 BATCE SIGNED ATURE TO CHARGE ST SET SIGNED SIGN pint the name and title if any of the celdation of attering the discussory of attorney if any of the celdation of a displatment on the claim of this completed proof of claim The original of this completed proof of claim of the documents are voluments are voluments. Signed on this proof of claim of the documents are not available explain if the documents are voluments are	1			mized statement o	of all interest or additional charges		
Wages salanes 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 USC § 507(a)(3) Other Value of collateral \$ Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ Other Spectry applicable paragraph of 11 USC § 507(a)(6) Taxes or penalties owed to governmental units 11 USC § 507(a)(8) Other Spectry applicable paragraph of 11 USC § 507(a)(7) Taxes or penalties owed to governmental units 11 USC § 507(a)(8) Other Spectry applicable paragraph of 11 USC §	Check this box if your claim is secured by collateral (including a			ured priority claii	m		
Real Estate	Brief description of collateral	Specif	y the priority of the claim				
Other		befo	ore filing of the bankruptcy petition	or cessation of the			
Up to \$2 100° of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC \$507(a)(6) Value of collateral \$				• • • • • •	5507(a)(4)		
Almount of arrearage and other charges at time case filed included in secured claim above, if any \$ Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ Other Specify applicable paragraph of 11 USC \$507(a) Reclaimed Claim Amounts are subject to adjustment on 4t101 and every 3 years thereafter (See attached) 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) BY MAIL TO Bankruptcy Management Corporation PO BOX 900 El Segundo CA 90245-0900 Bankruptcy Management Corporation PO BOX 900 El Segundo CA 90245-0900 SIGNand print the name and title if any of the creditor or other person authonized to file this claim (attach copy of power of attorney if any) DATE SIGNED SIGNand print the name and title if any of the creditor or other person authonized to file this claim (attach copy of power of attorney if any)	Other	Up	to \$2 100* of deposits toward pure	chase lease or rei	ntal of property or services		
Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ Taxes or penalties owed to governmental units 11 USC \$507(a) (8) Other Specify applicable paragraph of 11 USC \$507(a) (8) (10 Mc Paragraph of 11 USC \$507(a) (10 Mc Paragraph of 11 USC \$	Value of collateral \$	Alın	nony maintenance or support owe	·			
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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) This SPACE FOR COURT use on the interview of the creditor of the completed proof of claim or hand delivered (FAXES NOT ACCEPTED) BY MAIL TO Bankruptcy Management Corporation PO BOX 900 EI Segundo CA 90245-0900 BY HAND OR OVERNIGHT DELIVERY TO Bankruptcy Management Corporation PO BOX 900 EI Segundo CA 90245-0900 BY HAND OR OVERNIGHT DELIVERY TO Bankruptcy Management Corporation PO BOX 900 EI Segundo CA 90245 BMC SIGNand print the name and title if any of the creditor or other person authorized to lightly claim (attach copy of power of attorney if any) BY COMPANIENT OF THE PROOF OF CLAIM Fileming Companies Claim Fileming Companies Claim	included in secured claim above, if any \$	An	nounts are subject to adjustment on 4/1/	'01 and every 3 years	thereafter I See A HA Class		
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 DATE SIGNED OQ-04-03 BY HAND OR OVERNIGHT DELIVERY TO Bankruptcy Management Corporation 1330 East Franklin Avenue El Segundo CA 90245 BMC SIGN and print the name and title if any of the creditor or other person authonized to the this claim (attach copy of power of attorney if any) Fleming Companies Claim Fleming Companies Claim	8 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security agre if the documents are not available explain. If the documents are volumed by DATE-STAMPED COPY To receive an acknowledgment of your support o	dited and d <u>uments,</u> seements a ninous att	deducted for the purpose of m such as promissory notes pur and evidence of perfection of l ach a summary	aking this proof on chase orders invited DO NOT SE	of claim voices itemized statements of END ORIGINAL DOCUMENTS		
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P O BOX 900 El Segundo CA 90245-0900 DATE SIGNED O 9 - 0 4 - 0 3 SIGN and print the name and title if any of the creditor or other person authonized to fleethis claim (attach copy of power of attorney if any) Fleming Companies Claim Fleming Companies Claim		_		- 1	SEP 0 8 2003		
DATE SIGNED SIGN and print the name and title if any of the creditor or other person authorized to Fleming Companies Claim				auvii	<u> </u>		
DATE SIGNED SIGN and print the name and title if any of the creditor or other person authorized to Fleming Companies Claim					BMC		
Penalty for presenting fraudulent claim is a fine of up to \$50 000 or imprisonment for up to 5 years or both. 18 U.S.C. \$8 152 AND 3571	109-04-03 Step this claim (attach copy of power of att	orney if an	y) .				
	Druce Jones Customer	Deruic nt for up to	L Manager 5 years or both 18USC 861	52 AND 3571	() () () () () () () () () () () () () (

ANSACTION REPORT	
ansmission ansaction(s) completed	
O TY DATE/TIME DESTINATION	DURATION PGS RESULT MODE
O TX DATE/TIME DESTINATION 73 APR 1 15 38 16508723658	0° 02 11 006 ОК N ЕСМ

The J.M. Smucker Company Customer Service

Strawberry Lane Orrville, Ohio 44667

TO:	m michael Wolch	FROM:	Bur Jones
FAX:	(650) 872-3658	FAX:	(330) 684-3069
PHONE:		PHONE:	(330) 684-3305
PAGES:	Cover Sheet)	DATE:	4-1-03
Re	clamation Claim -	please	process.
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	Bure		
		•	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)

The J.M. Smucker Company Customer Service

Strawberry Lane Orrville, Ohio 44667

TO FAX	m michael Wolsh (650) 872-3658	FAX	(330) 684-3069
PHONE.			(330) 694-3305
PAGES (Including	Cover Sheet)	DATE	4-1-03
Re	clamation Claim -	please	process.
	clamation claim -	,	•
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This Transmission Contains Confidential Information Intended For Use Only By The Above Named Recipient Reading, Discussion, Distribution, Or Copying Of This Message Is Strictly Prohibited By Anyone Other Than The Named Recipient, Or His Or Her Employees Or Agents If You Have Received This Fax In Error, Please Immediately Notify Me By Telephoning (330) 682-3000, And Return The Original Message To The Sender At The Above Address Via The Mail.



Since 1897

Aprıl 1, 2003

Mr Michael Walsh Core-Mark International Fax (650) 872-3658

Dear Mr Walsh

Please consider this letter the formal demand for reclamation of products received by Core-Mark International on or after March 21, 2003

In addition, this document shall serve as a written demand for either the segregation and immediate return of product (or pick up of product by Smucker's) issued on various invoices dated from March 20th to March 31st, *or* payment in full in the amount of \$14,378 21

Please be aware that this claim is based on Section 2-702 of the Uniform Commercial Code Thus, we ask that primary consideration be directed toward resolving this matter using the above stated options

It has been indicated that the above-mentioned product, jellies, jams, oils, peanut butter and toppings were shipped from one of our several distribution centers

Sincerely,

THE J M SMUCKER COMPANY

Bruce Jones

Customer Service Manager

cc Rob Fox

SALES OFFICES ORRVILLE OHIO (330) 684 3000 MEMPHIS TENNESSEE (901) 362 3550 SALINAS CALIFORNIA (831) 424 2761



INVOICE

THE J M SMUCKER COMPANY CORPORATE OFFICES ORRVILLE, OHIO 44667 Phone (330) 684 3000

Invoice Number	Invoice Date						
1364223	03/21/03						
Terms of Sale							
2/17 NET 30 CASH IN BANK							
Customer P O							
7-1205940							
Requested Del Date Order Date							
03/24/03	03/17/03						

SOLD TO

CORE-MARK 31300 MEDALLION STREET HAYWARD CA 94540 **SHIPPED TO**

CORE-MARK 31300 MEDALLION STREET HAYWARD CA 94540

REMIT TO

Page 1

of 1

J M SMUCKER LLC 135 S LASALLE, DEPT 4601 CHICAGO IL 60674-4601

CUSTOME	RNO	SHIPPED FROM	SHII	PPED VIA		SHIPDATE	FOB				DSM	SHIPMENT	METHOD	
3037500		2 SALINAS D	Vık	ung - Salınas Tei	r	03/20/03	FOB ORIGI	IN			91999	TRUCK		
ORDERED									BROKER	UNIT PRICE	DEDU		NET PRICE	TOTAL AMOUNT
15		15 5150025162	CRISO	CO 3	2 OZ VEGETA	BLE OIL			9025300	17	09		17 09	
36		36 5150024392	CRISO	CO 1	6 OZ VEGETA	BLE OIL		ļ	9025300	27	89		27 89	1004 04
15		15 5150024128	ЛF	1	8 OZ CREAMY	PEANUT BU	TTER		9025300	20	49		20 49	
57		57 5150000935	MAR	Y ELLEN 1	0 OZ STRAWB	ERRY JAM			9025300	16	17		16 17	921 69
3		3 CHEP		C	CHEP PALLET			[1		0 00
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SALES OFFICES ORRVILLE OHIO (330) 684 3000 MEMPHIS, TENNESSEE (901) 362 3550 SALINAS CALIFORNIA (831) 424 2761



INVOICE

THE J M SMUCKER COMPANY CORPORATE OFFICES ORRVILLE OHIO 44667 Phone (330) 684 3000

	T
Invoice Number	Invoice Date
1363006	03/19/03
Terms of Sale	
2/17 NET 30 CASH I	N BANK
Customer P O	
35-2209960	
Requested Del Date	Order Date
03/20/03	03/07/03

SOLD TO

CORE-MARK/CORONA 353 MEYERS CIRCLE CORONA CA 91720 SHIPPED TO

CORE-MARK/CORONA 353 MEYERS CIRCLE CORONA CA 91720 **REMIT TO**

Page 1

of 1

J M SMUCKER LLC 135 S LASALLE, DEPT 4601 CHICAGO IL 60674-4601

CUSTOMER	DMER NO SHIPPED FROM SHIPPED VIA SHIPDATE FOB							DSM	SHIPMENT	METHOD				
		SALINAS D		ring - Salinas Te	r	03/18/03)B ORIGIN			91999	TRUCK		
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306		306		05000	5342 55			5761 58		<u> </u>		3/01	00	THE STATUTORY TRUST

SALES OFFICES ORRVILLE OHIO (330) 684 3000 MEMPHIS TENNESSEE (901) 362 3550 SALINAS, CALIFORNIA (831) 424 2761



INVOICE

THE J M SMUCKER COMPANY CORPORATE OFFICES ORRVILLE OHIO 44667 Phone (330) 684 3000

Invoice Date								
03/19/03								
Terms of Sale								
2/17 NET 30 CASH IN BANK								
Requested Del Date Order Date								
03/07/03								

SOLD TO

COREMARK INT L INC PO BOX 2547 FORT WORTH TX 76113 2547 SHIPPED TO

CORE MARK FT WORTH 6401 WILL ROGERS BLV FORT WORTH TX 76134 4207 **REMIT TO**

Page 1

of 1

J M SMUCKER LLC 135 S LASALLE DEPT 4601 CHICAGO IL 60674-4601

			l neum	DED 1114		SHIPDATE	FOB			DSM	SHIPMENT	METHOD	
CUSTOMER		SHIPPED FROM		PED VIA			FOB ORIGIN			91999	TRUCK		
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SALES OFFICES ORRVILLE, OHIO (330) 684 3000 MEMPHIS TENNESSEE (901) 362 3550 SALINAS CALIFORNIA (831) 424 2761



INVOICE

THE J M SMUCKER COMPANY CORPORATE OFFICES ORRVILLE OHIO 44667 Phone (330) 684 3000

Invoice Date							
03/23/03							
Terms of Sale 2/17 NET 30 CASH IN BANK							
Order Date							
03/17/03							

SOLD TO

CORE-MARK DISTRIBUTORS P O BOX 99 CLACKAMAS OR 97015 SHIPPED TO

CORE-MARK DISTRIBUTORS 13551 S E JOHNSON ROAD MILWAUKIE OR 97222 **REMIT TO**

Page 1

of 1

J M SMUCKER LLC 135 S LASALLE, DEPT 4601 CHICAGO IL 60674-4601

									DSM	SHIPMENT	METHOD	
CUSTOMER	NO SF	IIPPED FROM	SHIPPED VIA	SHIPDA		FOB			91999			
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ORDERED	SHIPPED	DESCRIPTION					BROKER	UNIT PRICE	CH	ARGE		
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UNITS ORI	DERED.	UNITS SHIPP	ED BILLWEIGHT	SHIP WEIGHT	INVO	ICE GROSS	SALES DEDUCTION	FREIGHT		NET AMOUNT	88 INV TOTAL	3530 88
163		163	05000	3284 55		3530 88				3530	SAPE SOLD SUBJECT TO	THE STATUTORY TRUST US C. 499E(C)) THE SELLER

Customer #	Fleming Division	Invoice/Credit #	Invoice/Credit Date	Invoice/Credit Amount		Division Total
30375	Core-Mark Hayward	1364223	March 24, 2003	\$ 2,489 43	R	\$ 2,489 4
21810	Core-Mark Clackamas	1364699	March 24, 2003	\$ 3,530 88	R	\$ 3,530 8
22577	Core-Mark Corona	1358045	March 5, 2003	\$ 7,032 23	7	A 10.702.0
		1363006	March 19, 2003	\$ 5,761 58	K	\$ 12,793 8
26705	Core-Mark Int Fort Worth	1361505 1363005	March 19, 2003 March 19, 2003	\$ 397 18 \$ 2,596 32	R	\$ 2,993 5