

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

PROOF OF CLAIM



s120923

Scheduled Claim Ref # 1-F2-15185

YOUR CLAIM IS SCHEDULED AS

\$1 485 24 UNSECURED

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

0354429398213

GOLDEN BRIGHT ENT LTD
#105 106
7073 VENTURE ST
DELTA BC V4G 1H8

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 #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces or amends a previously filed claim dated _____

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 MARCH 6TH, 2003

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 2,182.27 (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 15 2003

BMC

Filing Companies Claim



13778

DATE SIGNED 12 SEP/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] **DANNY S GUNARA (VICE PRESIDENT)**

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



CORE-MARK INTERNATIONAL, INC.

PURCHASE ORDER

REGISTER #
SHIP TOVANCOUVER
7800 RIVERFRONT GATE
BURNABY
BC V5J 5L3
CAN
PURCHASED BYVENDOR
GOLDEN BRIGHT ENT LTD
#105-106
DELTA BC V4G 1H8
MARTINA PRASETYA
VENDOR # 53817
SUB # 00
BUYER # 206ORDER DATE 2003-02-27 604-940-8508
ARRIVAL DATE 2003-03-06 Thursday 604-940-8719
PAYMENT TERMS
DISCOUNT BRACKET 30 Days
FOBPAGE 1 OF 1
PURCHASE ORDER # 20-1227601
THE ABOVE PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, BILLS OF LADING, SHIPPING CONTAINERS AND PACKING LISTS.
STANDING ORDER #
WEIGHT 1990
CU VOL
CASES 130

QUANTITY ORDERED	PURCH UNIT	UPC CODE	ITEM NUMBER	ITEM DESCRIPTION	PACKING DESCRIPTION	CASE PACK	SELL UNIT ORDERED	OFF INVOICE ALLOWANCE	OTHER ALLOWANCES	UNIT COST	EXTENDED COST	S/E	WHSE LOCATION	
40	CS	62794 36802	368027	BAG PLASTIC TSHIRT LRG	12X7X23 1000S	1	40			16 80	672 00		31-293802	
40	CS	62794 36801	368019	BAG PLASTIC TSHIRT MED	10X5X20 1000S	1	40			13 00	520 00		35-316211	
25	CS	62794 36800	368001	BAG PLASTIC TSHIRT SML	8X5X17 2000S	1	25			18 00	450 00		31-273403	
25	CS	62794 36799	367995	BAG PLASTIC TSHIRT XSML	6X4X15 2000S	1	25			15 90	397 50		35-316113	
				***** ##ORDER SENT VIA FAX## PLS CONFIRM PO ASAP										
130								130	00	00	2039 50			

12 30pm

GOLDEN BRIGHT ENTERPRISES LIMITED



INVOICE

Unit # 105-106, 7073 Venture Street
 Delta, BC V4G 1H8 Canada
 Tel (604)940-8508
 Fax (604)940-8719

DATE	INVOICE #
3/6/03	1391

BILL TO
Core-Mark International 7800 Riverfront Gate Burnaby, B C V5J 5L3 Canada Tel (604)430-2181 Cust I D BCORE

SHIP TO
Core-Mark International 7800 Riverfront Gate Burnaby, B C V5J 5L3 Canada Tel (604)430-2181 Cust I D BCORE

P O NO	Terms	Due Date	REP	Ship Date	Ship Via	FOB
20-1227601	Net 30	4/5/03	DSG	3/6/03	Kwick Way	Delta
Product ID	Product Name			QTY	Unit Price	Price
1LP18	LARGE PLAIN T-SHIRT BAGS (1000 PCS/BOX)			40	16 80	672 00T
1MP16	MEDIUM (PLAIN) T-SHIRT BAG (1000 PCS/BOX)			40	13 00	520 00T
2SP11	SMALL (PLAIN) T-SHIRT BAGS (2000 PCS/BOX)			25	18 00	450 00T
2XSP11	EXTRA SMALL T-SHIRT BAG, 2000 PCS/BOX			25	15 90	397 50T
Business Number 139957757						

GST	142 77
PST	0 00
Grand Total	\$2,182 27

Thank you for your business

2% per month will be charged on overdue accounts Refer your invoice# with pymt