



UNITED STATES BANKRUPTCY COURT For the District of Delaware		PROOF OF CLAIM
In re Core-Mark Interrelated Companies, Inc		Case Number 03-10951
<p>NOTE: This claim 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.</p>		
Creditor Name (Person or entity debtor owes) Swedish Match North America Inc.		<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Address Line 1 c/o Michael D Mueller		
Address Line 2 Christian & Barton, LLP		
Address Line 3 909 E Main St, Suite 1200 City, ST ZIP Richmond, VA 23219		

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 13290-0001	<input type="checkbox"/> replaces <input type="checkbox"/> amends Check here if this claim a previously filed claim dated _____
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1 BASIS FOR CLAIM <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (Describe Briefly)			2 Date Debt Incurred (MMDDYY) <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>1</td><td>0</td><td>0</td> </tr> </table>	1	2	3	1	0	0
1	2	3	1	0	0				
Your social security No _____ Unpaid compensation for services performed from _____ (date) to _____ (date)			3 If Court Judgment, Date Obtained <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following. (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK ONE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

<input type="checkbox"/> SECURED CLAIM Attach evidence of perfection of security interest. Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly)	<input type="checkbox"/> UNSECURED PRIORITY CLAIM - Specify the priority of the claim. <input type="checkbox"/> Wages, salaries or commissions (up to \$4,650) earned not more than 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) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____
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Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____

UNSECURED NONPRIORITY CLAIM
 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

5 AMOUNT OF CLAIM AT TIME CASE FILED

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Secured)										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Unsecured Nonpriority)										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Unsecured Priority)										

Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges

6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8 TIME-STAMPED COPY To receive an acknowledgment of the filing of your claim enclosed a stamped, self-addressed envelope and copy of this proof of claim.

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FILED
SEP 15 2003
BMC

Date 9/12/03	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). Michael D Mueller Attorney for Creditor
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Filing Companies Claim

 13924

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

**SWEDISH MATCH NORTH AMERICA INC
STATEMENT OF ACCOUNT**

Core-Mark Interrelated Companies Inc

Ship to Allied Merchandisers
311 Reed Circle
Corona CA 92879-1349

Account Number 13290-0001

ACCOUNT NUMBER	TRANS DATE	INVOICE	PURCHASE ORDER NUMBER	PRODUCT LINE	AMOUNT	DUE DATE
13290	12/31/2000	APO3731	CREDIT	OVERPAYMENT	\$ (1 248 00)	12/31/2000
13290	12/31/2000	A122301	CREDIT	OVERPAYMENT	\$ (1 146 60)	12/31/2000
13290	6/1/2001	5289920	CREDIT	RETURN	\$ (295 00)	6/1/2001
13290	2/12/2003	D9221780	DEDUCTION	DAMAGED	\$ 225 00	2/12/2003
13290	2/21/03	7059080	0920767770	LIGHTERS	\$ 11,700 00	3/21/03
13290	2/28/2003	7081780	0920768730	LIGHTERS	\$ 4 900 00	3/31/2003
13290	3/12/2003	7120480	0920770400	LIGHTERS	\$ 9 400 00	4/11/2003
13290	3/19/2003	7142700	0920771410	LIGHTERS	\$ 9 925 00	4/18/2003
					<u>\$ 33 460 40</u>	

ORIGINAL INVOICE

CUSTOMER SERVICE@SMNA.COM
 ACCOUNTS RECEIVABLE@SMNA.COM

PLEASE
 REMIT
 TO

ATTN CRICKET LIGHTERS
 CRICKET
 PO BOX 42984
 PITTSBURGH PA 15264-2987

FAX NO 1-800-367-3677
 1-270-685-7274

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
13290 -0001	02/21/03	705908-00

BILL TO ***PLEASE FORWARD TO ACCOUNTS PAYABLE SHIP TO

ALLIED MERCHANDISEERS
 311 REED CIRCLE

ALLIED MERCHANTISERS
 311 REED CIRCLE

CORONA

CA 928791349

CORONA

CA 928791349

SPECIAL REMARKS
 EDI IN'

ORDER DATE	SHIP DATE	REFERENCE NO	CUSTOMER P.O. NUMBER	SALES CODE	WAREHOUSE / ROUTE
2 19/03	02 21 03	0070590800	0920767770	71 0 21	2 / DVNT REG

QTY/UNIT	SIZE	ITEM CODE	NO OF PIECES	UPC NO	DESCRIPTION	UNIT PRICE	AMOUNT
2	010S	40053	001000	00020	ED0-CRICKET PLUS 08	225 00	450 00
60	010S	40051	030000	00239	ED1 CR CIRCLE K T50	177 50	10,650 00
2	010S	40052	001070	00040	ED4-ELECTRONIC 10	300 00	600 00

TOTAL QTY	SHIP WEIGHT
64	1,099.40

GROSS AMOUNT DUE IN 20 DAYS

DISCOUNT IF PAYMENT RECEIVED BY 03/23/03

TOTAL AMOUNT	11,700 00
DISCOUNT	NET AMOUNT
224 00	11,465 00

ORIGINAL INVOICE

CUSTOMER SERVICE@SMNA.COM
 ACCOUNTS RECEIVABLE@SMNA.COM

PLEASE
 REMIT
 TO

11 WITH CRICKET LIGHTERS 11
 CRICKET
 PO BOX 642989
 PITTSBURGH PA 15264-2989

FAX NO 1-800-367-3677
 1-270-685-274

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
13290 -0001	02/28/03	708178-00

BILL TO ***PLEASE FORWARD TO ACCOUNTS PAYABLE

SHIP TO

ALLIED MERCHANDISERS
 311 REED CIRCLE

ALLIED MERCHANDISERS
 311 REED CIRCLE

CORONA

CA 928791349

CORONA

CA 928791349

SPECIAL REMARKS
 EDI IN

ORDER DATE	SHIP DATE	REFERENCE NO	CUSTOMER P.O. NUMBER	SALES CODE	WAREHOUSE / ROUTE
1/26/03	02 29 03	0070817900	0920768730	71 0 21	2 / DVNT REG

QTY/UNIT	SIZE	ITEM CODE	NO OF PIECES	UPC NO	DESCRIPTION	UNIT PRICE	AMOUNT
2	0105	10053	001000	00020	ED0-CRICKET PLUS DS	225 00	450 00
10	0105	13051	010000	00205	ED1 CR CIRCLE W T50	177 50	3,550 00
3	0105	10052	001500	00040	ED4-ELECTRONIC 10	300 00	900 00

TOTAL QTY	SHIP WEIGHT
25	437 70

GROSS AMOUNT DUE IN 30 DAYS

DISCOUNT IF PAYMENT RECEIVED BY 03/30/03

TOTAL AMOUNT	4,900 00
DISCOUNT	NET AMOUNT
58 00	4,802 00

ORIGINAL INVOICE

CUSTOMER SERVICE@SMNA.COM
ACCOUNTS RECEIVABLE@SMNA.COM

PLEASE
REMIT
TO

ALLIED CRICKET LIGHTERS
CRICKET
PO BOX 842987
PITTSBURGH PA 15264-2987

FAX NO 1-800-367-3677
1-270-685-7274

CUSTOMER NO.	INVOICE DATE	INVOICE NO.
13290 -0001	03/12/03	712048-00

BILL TO ***PLEASE FORWARD TO ACCOUNTS PAYABLE

SHIP TO

ALLIED MERCHANDISERS
311 PEED CIRCLE

ALLIED MERCHANDISEPS
311 PEED CIRCLE

CORONA

CA 928791349

CORONA

CA 928791349

SPECIAL REMARKS
EDI INVOICE

ORDER DATE	SHIP DATE	REFERENCE NO	CUSTOMER P.O. NUMBER	SALES CODE	WAREHOUSE / ROUTE
3/10/03	02 12 02	0071204900	0920770400	71 0 21	2 / DVNT PEG

QTY/UNIT	SIZE	ITEM CODE	NO OF PIECES	UPC NO	DESCRIPTION	UNIT PRICE	AMOUNT
1	0105	10053	000500	00020	25300 ED0-CRICKET PLUS 05	225 00	225 00
50	0105	13051	005000	00235	25300 ED1 CP CIRCLE P 150	177 50	8,875 00
1	0105	10052	000500	00040	25300 ED4-ELECTRONIC 10	300 00	300 00

TOTAL QTY	SHIP WEIGHT
52	889 30

GROSS AMOUNT DUE IN 30 DAYS

DISCOUNT IF PAYMENT RECEIVED BY 04/11/03

TOTAL AMOUNT ▶	9,400 00
DISCOUNT	NET AMOUNT
188 00	9,212 00