


UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>DELAWARE</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>FLEMING COMPANIES INC/CORE MARK INTERNATIONAL</b>		Case Number <b>03-10944</b>
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.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>OREGON DEPARTMENT OF TRANSPORTATION</b>		<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 checked="" 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.
Name and address where notices should be sent <b>OREGON DEPARTMENT OF TRANSPORTATION 550 Capitol St NE Salem OR 97301-2530</b>		
Telephone number		<small>THIS SPACE IS FOR COURT USE ONLY</small>
Account or other number by which creditor identifies debtor  <b>21298; Sub B; Sub C</b>		Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends _____
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
<b>2. Date debt was incurred:</b> <u>See Exhibits A, B, C</u>		<b>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <u>14,334.77</u> If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below <input checked="" type="checkbox"/> 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.		
<b>5 Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Surety Bonds</u> Value of Collateral \$ <u>3,500.00 potential</u> Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____		<b>6 Unsecured Priority Claim</b> <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>10,655.57</u> Specify the priority of the claim <input type="checkbox"/> 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) <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"/> Alimony maintenance or support owed to a spouse former spouse or child 11 U.S.C. § 507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a)(____) <small>*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<b>7 Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim <b>8 Supporting Documents:</b> 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 <b>9 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		<small>THIS SPACE IS FOR COURT USE ONLY</small> <div style="font-size: 2em; font-weight: bold; text-align: center;">FILED</div> <div style="font-size: 1.5em; font-weight: bold; text-align: center;">SEP 29 2003</div> <div style="font-size: 2em; font-weight: bold; text-align: center;">DMC</div> <small>Fleming Companies Claim</small>  <small>14404</small>
Date <b>9/5/03</b>	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) <b>Dorothy Sebastian - Revenue Analyst</b>	
<small>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</small>		

# HIGHWAY USE TAX ADJUSTMENT SCHEDULE

NAME OF CARRIER: Core Mark International Inc AUTHORITY NUMBER: 21208  
 ADJUSTMENTS FOR THE PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_ DATE: \_\_\_\_\_

YEAR AND MONTH	REASON FOR ADJUSTMENT	FEE ADJUSTMENT	PENALTY	INTEREST
	ASSESSMENT OF HIGHWAY USE TAX 10/1/00-4/1/03	678070	364056	138216
	Such assessment is not yet final and is subject to revision based upon carrier records			
	A final audit penalty amounting to 10% of the unpaid tax amount will be assessed when audit is final			
	This claim is subject to setoff for bonds potentially totalling \$5,500.00			

EXHIBIT 'A'

678070 364056 138216

Dorothy Sinton

TOTAL ADJUSTMENT 11,803.42

Out of state audit expense will be included on the Notice of Highway Use Tax Assessment







# Oregon

Theodore R. Kulongoski, Governor

## Department of Transportation

Collections Unit  
550 Capitol St NE  
Salem, OR 97301-2530  
1-800-535-8018  
(503) 378-8915  
FAX (503) 378-3060

September 5, 2003

FILE CODE

US BANKRUPTCY COURT  
824 N MARKET ST 3<sup>RD</sup> FL  
WILMINGTON DE 19801

AUTHORITY 21298, Sub B, Sub C

RE Fleming Companies Inc / Core Mark International Inc  
Bankruptcy Case No 03-10944

Enclosed herewith is a Proof of Claim form of the Oregon Department of Transportation (successor to Oregon Public Utility Commission) in the sum of \$14,334.77 for filing in the above-captioned bankruptcy. A portion of this claim is entitled to priority under Title 11 §507 (a) (7) (E) of the Bankruptcy Code.

By *Dorothy Sebastian*  
Dorothy Sebastian, Revenue Analyst  
Collections  
1-800-535-8018

Enclosure