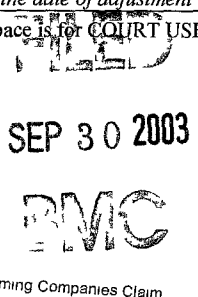

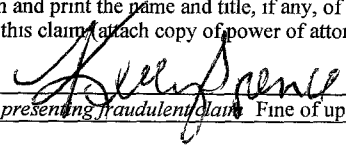


UNITED STATES BANKRUPTCY COURT      DISTRICT OF DELAWARE		PROOF OF CLAIM		
Name of Debtor <b>CORE MARK INTERNATIONAL INC</b>		Case Number <b>03 10944</b>		
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>				
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Kansas Department of Revenue</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.	This Space is for Court Use Only		
Name and address where notices should be sent <b>Kansas Department of Revenue Civil Tax Enforcement P O Box 12005 Topeka, KS 66612-2005 Telephone number 785 296 6124</b>	<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.			
Account or other number by which creditor identifies debtor <b>91-1295550</b>	Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____			
<b>1 Basis for Claim</b> <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes * <input type="checkbox"/> Other <small>* see attachment exhibit 'A'</small>				
<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> * see exhibit A	<b>3 If court judgment, date obtained</b>			
<b>4 Total Amount of Claim at Time Case Filed</b> <b>\$13,000 00</b> If all or part of your claim is secured or entitled to priority also complete line 5 or 6 below <input checked="" type="checkbox"/> Check this box if claim includes interest or other changes in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <b>5 Secured Claim</b>  <input type="checkbox"/> Check this box if your claim is secured by (including a right of setoff).                      Brief Description of Collateral:  <input type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other                      Value of Collateral \$ *see below                      * Any and all of debtor(s) right, title and interest to real property.                       Amount of arrearage and other changes at time case filed included in secured claim if any  <b>\$0 00</b> </td> <td style="width:50%; vertical-align: top;"> <b>6 Unsecured Priority Claim</b>  <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim.                      Amount entitled to priority <b>\$9,000 00</b>                      Specify the priority of the claim:  <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)(____)                      * Amounts are subject to adjustments on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.                 </td> </tr> </table>			<b>5 Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Value of Collateral \$ *see below * Any and all of debtor(s) right, title and interest to real property.  Amount of arrearage and other changes at time case filed included in secured claim if any <b>\$0 00</b>	<b>6 Unsecured Priority Claim</b> <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority <b>\$9,000 00</b> Specify the priority of the claim: <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)(____) * Amounts are subject to adjustments on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
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<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.		This Space is for COURT USE ONLY   SEP 30 2003 BMC Fleming Companies Claim  14539		
<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.				
Date September 29, 2003	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)  			
Penalty for presenting fraudulent claim: Fine of up to \$500 000 or imprisonment for up to 5 years.				



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

**In re Fleming Companies, Inc et al  
Case No 03-10945-(MFW)-11**

**DOCUMENTS APPENDED TO CLAIM**

On June 27, 2005, document(s) were appended to Claim Number **14539** for the following reason(s)

- Stipulation and Settlement Agreement
- New Supporting Documents
- Letter and Notice Dated
- Notice of Withdrawal of Claim
- Other E-mail dated 6/20/05

## Lisa Ruppaner

---

**From** Stephenie Kjontvedt  
**Sent** Tuesday, June 28, 2005 10 07 AM  
**To** Lisa Ruppaner  
**Cc** MJ John  
**Subject** FW Claim #14539 Kansas DOR

Lisa, please have this email appended to claim 14539 as evidence the claim has been satisfied Thx

-----Original Message-----

From Outland, Shannon [mailto:SOutland@AlixPartners.com]  
Sent Monday, June 20, 2005 12 02 PM  
To MJ John  
Cc Franks, John, Stephenie Kjontvedt  
Subject Claim #14539 Kansas DOR

Stephenie/MJ-

Please see e-mail from Julie Fox below confirming that POC #14539 has been satisfied per the Kansas Dept of Revenue

Thanks

-Shannon

-----Original Message-----

From Fox, Julie  
Sent Monday, June 20, 2005 1 59 PM  
To Outland, Shannon  
Cc Stovall, Robert  
Subject FW Claim #14539 Kansas DOR

-----Original Message-----

From Sandy\_Morris@kdor.state.ks.us  
[mailto:Sandy\_Morris@kdor.state.ks.us]  
Sent Monday, June 20, 2005 1 48 PM  
To Fox, Julie  
Subject Re Claim #14539 Kansas DOR

Julie Yes that is correct That claim has been satisfied

"Fox, Julie"

<sandy\_morris@kdor.state.ks.us>  
s.com>

To  
cc

Subject Claim #14539

Kansas DOR

06/20/2005 01 36

PM

Sandy-

Thanks for working on this claim with me over the past few days I just wanted to follow up with you to make sure that you agree that Claim 14539 for \$13,000 has been satisfied via the Kansas settlement and filed corporate returns, correct?

Thanks again

Julie Fox  
214-647-7576

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