

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

**PROOF OF CLAIM**



581284

Bar Date Ref # 2-NVM-41544

In re **CORE-MARK  
353 Meyers Circle Corona CA**

Case Number

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 and Address**

Ben Myerson Candy CO  
928 Towne Ave  
Los Angeles CA 90021

0354653581284

- 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
- 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

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 **(800) 339-1410**

CREDITOR TAX I D #  
**95-246 0478**

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
  - Services performed
  - Money loaned
  - Personal injury/wrongful death
  - Taxes
  - Other (describe briefly)
  - Retiree benefits as defined in 11 U S C § 1114(a)
  - Wages salaries and compensation (Fill out below)
- Your social security number \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2 DATE DEBT WAS INCURRED** **MARCH - 2003**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ **2492.67** (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**  
OCT 02 2003  
**BMC**

DATE SIGNED  
**9/24/2003**

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)  
**Neal J Dineen - Neal J Dineen**

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



14316

Run Date 09/22/03 NLD  
 A/R Date 09/22/03

Full Merason (andy)  
 OFFICE OF FINANCE AGED INVOICE REPORT  
 ALL OPEN INVOICES AS OF 09/22/03

Page 1  
 Time 02:03 PM

CUSTOMER	INVOICE	DISCOUNT	DISCOUNT	AMOUNT	CURRENT	30 DAYS	60 DAYS	90 DAYS	999 DAYS	DAYS
INV DATE	INVOICE NO	INVOICE DATE	DUPLICATE							DELQ
2152400	CORE MARK DIST		CONFIRM							
03/10/03	0000710-PE	03/10/03	NO	1,500.00						
03/27/03	0001121-TH	03/27/03	NO	992.64						179
09/04/03	0111029-TM	09/04/03	NO	<del>1,000.00</del>	2,488.32					18
CUSTOMER 2152400 TOTALS				NO	2,488.32	00	00	2,477.64		00
REPORT TOTALS				NO	2,488.32	00	00	2,477.64		00
NUMBER OF CUSTOMERS										1

249264

Run Date 04-22/05 NLD  
 A/R Date 04-27/05

VEN Madison Candy  
 MONTHLY FINANCIAL AGED INVOICE REPORT  
 ALL OPEN INVOICES AS OF 09/22/03

Page 1  
 Time 02:03 PM

CUSTOMER	INVOICE	DISCOUNT	DISCOUNT	AMOUNT	DATE	10 DAYS	20 DAYS	30 DAYS	45 DAYS	60 DAYS	DAYS DELQ
2152400 CORE MARK DIST											
03/10/03	0000310	PE	03/10/03	00	1,500.00						
03/27/03	0301101-11		03/27/03	00	2.64						
09/04/03	031102	-TR	09/04/03	00	<del>1,488.32</del>						179
											18
CUSTOMER 2152400 TOTALS				00	<del>1,488.32</del>			00		00	
REPORT TOTALS				00	<del>1,488.32</del>			00		00	
NUMBER OF CUSTOMERS											

PHONE 909-730-1541

249267