

UNITED STATES BANKRUPTCY COURT U S DISTRICT OF DELAWARE **PROOF OF CLAIM**

Name of Debtor RAINBOW FOOD GROUP, INC Case Number 03-10967

**NOTE.** This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503

Name of Creditor (The person or entity to whom the debtor owes money or property) Department of the Treasury - Internal Revenue Service

Name and addresses where notices should be sent  
Internal Revenue Service  
ROOM 1150  
31 HOPKINS PLAZA  
BALTIMORE, MD 21201

Telephone number (410) 962-1866 Creditor # \_\_\_\_\_

- 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 the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor  
see attachment

Check here  replaces if this claim  amends a previously filed claim dated \_\_\_\_\_

- 1 Basis for Claim**
- Goods sold
  - Services performed
  - Money loaned
  - Personal injury/wrongful death
  - Taxes
  - Other \_\_\_\_\_

- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (fill out below)

Your SS # \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

**2 Date debt was incurred** see attachment

**3 If court judgment, date obtained.**

**4 Total Amount of Claim at Time Case Filed** \$ 2,600,339 15

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 if any \$ \_\_\_\_\_

**6 Unsecured Priority Claim**

Check this box if you have an unsecured priority claim

Amount entitled to priority \$ 2,380,895 69

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 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 4/1/04 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 acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim


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**FILED**

**JUL 14 2003**

**BMC**

Fleming Companies Claim



01538

Date 07/09/2003

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)

A Jackson for Insolvency Manager

# Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 10  
Attachment

In the Matter of RAINBOW FOOD GROUP, INC  
101 CONVENTION CENTER DRIVE  
SUITE 850  
LAS VEGAS, NV 89109

Docket Number	03-10967
Type of Bankruptcy Case	Chapter 11
Date of Petition	04/01/2003

This claim is not subject to any setoff or counterclaim

## Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code

<i>Taxpayer ID Number</i>	<i>Kind of Tax</i>	<i>Tax Period</i>	<i>Date Tax Assessed</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>
88-0440079	FUTA	12/31/2000	06/23/2003	\$2,051,859 71	\$313,617 97
88-0440079	FUTA	12/31/2002	05/19/2003	\$0 00	\$238 57
88-0440079	WT-FICA	03/31/2003	06/16/2003	\$15,179 44	\$0 00
				\$2,067,039 15	\$313,856 54

**Total Amount of Unsecured Priority Claims \$2,380,895 69**

## Unsecured General Claims

Penalty to date of petition on unsecured priority claims (including interest thereon) \$219,443 46

**Total Amount of Unsecured General Claims \$219,443 46**