

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



s165880

Scheduled Claim Ref # 24-F2-14464

YOUR CLAIM IS SCHEDULED AS

\$1 773 00 UNSECURED

18335-247
32002-304
18334-399
18333-247

18347-323
32880 300
\$ 1,820

In re
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 for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

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.

Name of Creditor and Address

0354429416695

MN WEIGHTS & MEASURES
2277 HIGHWAY 36
ST PAUL MN 55113 3800

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.

The amounts reflected above constitute your claim as scheduled by the Debtor. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. 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 ()

CREDITOR TAX ID #
41-6007162

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
(See Right hand Corner)

Check here replaces or amends a previously filed claim dated _____

1 BASIS FOR CLAIM

Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U.S.C. § 1114(a)

Services performed Taxes Wages, salaries and compensation (Fill out below)

Money loaned Other (describe briefly)

Your social security number _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ \$ 1820.00 \$ _____ \$ _____ \$ 1820 00

(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.

RECEIVED
AUG 04 2003
WEIGHTS & MEASURES

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 to 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

AUG 11 2003

BMC

Filing Clerk's Office



03.14

DATE SIGNED

7/16/03

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)

Sandy Anderson, Acts Receivable

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

2114



MINNESOTA
DEPARTMENT OF
COMMERCE

INVOICE #67233-18335

Weights & Measures

May 9, 2003

Inspection #532975 on May 5, 2003

247.00

Invoice total:

247.00



Please Make Check Payable to MN WEIGHTS AND MEASURES



Please Make Check Payable to MN WEIGHTS AND MEASURES

INVOICE #67233-18335

RAINBOW FOODS #32
12493 CENTRAL AVE NE
BLAINE MN 55434-3921

PLEASE PAY
THIS AMOUNT
\$247.00

Payment due upon receipt.



MINNESOTA
DEPARTMENT OF
COMMERCE

INVOICE #66625-32002

Weights & Measures

March 26, 2003

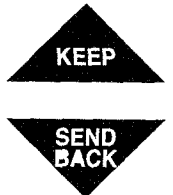
Inspection #552037 on March 12, 2003

304.00

Invoice total: 304.00



Please Make Check Payable to MN WEIGHTS AND MEASURES



Please Make Check Payable to MN WEIGHTS AND MEASURES

INVOICE #66625-32002

RAINBOW FOODS #071
5801 N KERN RD
OAK PARK HEIGHTS MN 55082

PLEASE PAY
THIS AMOUNT
\$304.00

Payment due upon receipt



MINNESOTA
DEPARTMENT OF
COMMERCE

INVOICE #66624-18334

Weights & Measures

March 26, 2003

Inspection #552035 on March 11, 2003

	399.00

Invoice total.	399.00



Please Make Check Payable to MN WEIGHTS AND MEASURES



Please Make Check Payable to MN WEIGHTS AND MEASURES

INVOICE #66624-18334

RAINBOW FOODS #54
1643 W COUNTY ROAD B2
ROSEVILLE MN 55113-3001

PLEASE PAY THIS AMOUNT \$399.00

Payment due upon receipt.



MINNESOTA
DEPARTMENT OF
COMMERCE

INVOICE #66623-18333

Weights & Measures

March 26, 2003

Inspection #552034 on March 10, 2003

247.00

Invoice total:

247 00



Please Make Check Payable to MN WEIGHTS AND MEASURES



Please Make Check Payable to MN WEIGHTS AND MEASURES

INVOICE #66623-18333

RAINBOW FOODS #26
1201 W LARPEN TEUR AVE
ROSEVILLE MN 55113-6318

PLEASE PAY
THIS AMOUNT
\$247.00

Payment due upon receipt



MINNESOTA
DEPARTMENT OF
COMMERCE

INVOICE #66403-18347

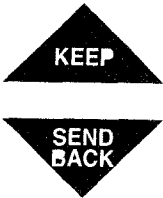
Weights & Measures

March 11, 2003

Inspection #549282 on February 24, 2003

323.00

Invoice total: 323 00



Please Make Check Payable to MN WEIGHTS AND MEASURES



Please Make Check Payable to MN WEIGHTS AND MEASURES

INVOICE #66403-18347

RAINBOW FOODS #217
3505 W BROADWAY AVE
ROBBINSDALE MN 55422-2207

PLEASE PAY
THIS AMOUNT
\$323.00

Payment due upon receipt.



MINNESOTA
DEPARTMENT OF
COMMERCE

INVOICE #65920-32880

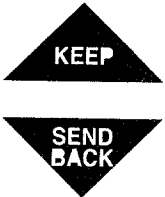
Weights & Measures

February 13, 2003

Inspection #703432 on January 29, 2003

300.00

Invoice total: 300 00



Please Make Check Payable to MN WEIGHTS AND MEASURES



Please Make Check Payable to MN WEIGHTS AND MEASURES

INVOICE #65920-32880

RAINBOW FOODS
3340 124TH AVE NW
COON RAPIDS MN 55433

PLEASE PAY
THIS AMOUNT
\$300.00

Payment due upon receipt