

<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE</b>	<b>PROOF OF CLAIM</b>
In re  <b>Rainbow Food Group, Inc</b>	Case Number  <b>03-10967</b>

  
s165678  
Scheduled Claim Ref # 24-F2-14262  
**YOUR CLAIM IS SCHEDULED AS**  
  
\$7 255 00 UNSECURED

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**

COX & ASSOCIATES  
5533 AUTO CLUB ROAD  
BLOOMINGTON MN 55437

0354429389179

☐ 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.

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 (52) 888-8239

CREDITOR TAX ID # <b>41-0949982</b>	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here <input type="checkbox"/> replaces or amends a previously filed claim dated _____
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**1 BASIS FOR CLAIM**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Goods sold                    | <input type="checkbox"/> Personal injury/wrongful death | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) |
| <input checked="" type="checkbox"/> Services performed | <input type="checkbox"/> Taxes                          | <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) |
| <input type="checkbox"/> Money loaned                  | <input type="checkbox"/> Other (describe briefly)       |   |

Your social security number \_\_\_\_\_

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

**2 DATE DEBT WAS INCURRED** 3/6/03 - 5/16/03

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ 24,655.00 (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 commission (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

DATE SIGNED

8-5-03

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).

NORMA J COX NORMA J COX, PARTNER

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

THIS SPACE FOR COURT  
USE ONLY

**FILED**

AUG 11 2003

**BMC**

Fleming Companies Claim



03384

**revcox@usfamily net**

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**From** <revcox@usfamily net>  
**To** <mamos@email.fleming.com>  
**Sent** Monday, July 14, 2003 9:08 AM  
**Subject** Outstanding invoices

Would you please confirm your receipt and possession of the following Rainbow Foods invoices

- Invoice #R111 March 6, 2003 \$ 7,255.00
- Invoice #R112 April 11, 2003 \$13,775.00
- Invoice #R114 May 16, 2003 \$ 2,105.00
- Invoice #R115 May 16, 2003 \$ 1,520.00

**Total Outstanding \$24,655.00**

**If you require additional copies of these invoices, please advise**

Norma Cox  
Cox & Associates, Inc  
5533 Auto Club Road  
Bloomington, MN 55437

7/14/2003

Invoice # R111

Date March 6, 2003

To Rainbow Foods  
8000 Excelsior Boulevard  
Hopkins, MN 55343-2094

For Sponsorship of Chef Andrew, 11/13/02-2/21/03  
(Includes missed portions of billing from December, 2002  
and January, 2003)

**Total Due \$7,255.00**

Please remit to Cox & Associates, Inc  
5533 Auto Club Road  
Bloomington, MN 55437

Invoice # R112

Date April 11, 2003

To Rainbow Foods  
8000 Excelsior Boulevard  
Hopkins, MN 55343-2094

For Sponsorship of Chef Andrew, 2/23 – 3/30/03

**Total Due \$13,775 00**

Please remit to Cox & Associates, Inc  
5533 Auto Club Road  
Bloomington, MN 55437

*Please remit within 30 days*

Invoice # R114 (revised)

Date May 16, 2003

To Rainbow Foods  
8000 Excelsior Boulevard  
Hopkins, MN 55343-2094

For Sponsorship of Chef Andrew, 3/30-3/31/03  
KMSP-TV \$405 00

Boys Basketball 3/20-3/21/03  
WFTC-TV \$1,700 00

**Total Due \$2,105.00**

Please remit to Cox & Associates, Inc  
5533 Auto Club Road  
Bloomington, MN 55437

Terms Total due in 30 days

Invoice # R115

Date May 16, 2003

To Rainbow Foods  
8000 Excelsior Boulevard  
Hopkins, MN 55343-2094

For Sponsorship of Chef Andrew, 4/1-4/11/03  
KMSP-TV \$ 1,520 00

**Total Due \$1,520 00**

Please remit to Cox & Associates, Inc  
5533 Auto Club Road  
Bloomington, MN 55437

Terms Total due in 30 days