

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

PROOF OF CLAIM



655373

Bar Date Ref # 2-NVM-123408

In re	Case Number
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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

0354653655373

N State Rendering CO
PO Box 1478
Chico CA 95927

- 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 () 800-351-4446

CREDITOR TAX ID # <u>94-2290214</u>	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR <u>259</u>	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> 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 IF COURT JUDGMENT, DATE OBTAINED** _____

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 529.36 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ 529.36 (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.

<p>BY MAIL TO</p> <p>Bankruptcy Management Corporation</p> <p>P O BOX 900</p> <p>El Segundo CA 90245-0900</p>	<p>BY HAND OR OVERNIGHT DELIVERY TO</p> <p>Bankruptcy Management Corporation</p> <p>1330 East Franklin Avenue</p> <p>El Segundo, CA 90245</p>
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THIS SPACE FOR COURT USE ONLY

AUG 11 2003

BMC

DATE SIGNED <u>8/5/03</u>	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). <u>Mary Quiring</u> OFFICE MANAGER
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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

RealWorld - Accounts Receivable 00
 View (customers) NORTH STATE RENDERING CO INC
 Customer # 1444 FOOD 4 LESS #8728 Terms DUE 30 DAYS
 2051 WHITMAN AVE Bal meth Open item
 Start date Earliest Cust typ
 CHICO CA 95928

Doc-#	Typ	Doc-dte	Apply-to	Amount-1	Doc-total
159725	I	5/25/02	159725	30 00	30 00
410120	R	3/25/02		10 00	10 00
20020730	F	3/30/02	20020330	2 00	2 00
158366	I	4/01/02	158366	20 00	20 00
158165	I	4/08/02	158165	30 00	30 00
158525	I	4/08/02	158525	20 00	20 00
158716	I	4/15/02	158716	20 00	20 00
160242	I	4/22/02	160242	20 00	20 00
160256	I	4/27/02	160256	30 00	30 00
80478	I	4/29/02	80478	20 00	20 00
20020430	F	4/30/02	20020430	5 22	5 22
159096	I	5/06/02	159096	30 00	30 00
160852	I	5/06/02	160852	20 00	20 00
160176	I	5/13/02	160176	20 00	20 00

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RealWorld - Accounts Receivable 00
 View (customers) NORTH STATE RENDERING CO , INC
 Customer # 1444 FOOD 4 LESS #8728 Terms DUE 30 DAYS
 2051 WHITMAN AVE Bal meth Open item
 Start date Earliest Cust typ
 CHICO CA 95928

Doc-#	Typ	Doc-dte	Apply-to	Amount-1	Doc-total
157522	I	5/10/02	157522	20 00	20 00
160672	I	5/20/02	160672	30 00	30 00
135620	I	5/28/02	135620	20 00	20 00
20020531	F	5/31/02	20020531	2 00	2 00
20020630	F	6/30/02	20020630	2 00	2 00
20020731	F	7/31/02	20020731	2 00	2 00
20020831	F	8/31/02	20020831	2 00	2 00
1444	C	3/31/03	-00000-	355 22-	355 22-

Blwd 10 00 CR-M 355 22- Total 0 00
 Invc 330 00 DR-M 0 00
 Pmt 0 00 Chg 15 22

End of list account, <F2> - prev page, <F5> - cust data, <F6> = notes, <Enter> - more info

RealWorld - Accounts Receivable 00
 View (customers) NORTH STATE RENDERING CO , INC
 Customer # 259 FOOD 4 LESS #8748 Terms DUF 30 DAYS
 6000 LINDHURST AVE Bal meth Open item
 Start date Earliest Cust typ
 MARYSVILLE, CA 95901

Doc-#	Typ	Doc-dte	Apply-to	Amount-1	Doc-total
135270	I	4/11/01	135870	20 00	20 00
135815	I	4/18/01	135815	20 00	20 00
135773	I	4/25/01	135773	20 00	20 00
135778	I	5/02/01	135778	20 00	20 00
135909	I	5/09/01	135909	20 00	20 00
100897	I	5/16/01	100897	20 00	20 00
135976	I	5/23/01	135976	20 00	20 00
139081	I	5/30/01	139081	20 00	20 00
136000	I	6/06/01	136000	20 00	20 00
141173	T	6/13/01	141173	20 00	20 00
136345	I	6/20/01	136345	20 00	20 00
141516	T	6/27/01	141516	20 00	20 00
141543	I	7/02/01	141543	20 00	20 00
141454	I	7/11/01	141454	20 00	20 00

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RealWorld - Accounts Receivable 00
 View (customers) NORTH STATE RENDERING CO , INC
 Customer # 259 FOOD 4 LESS #8748 Terms DUF 30 DAYS
 6000 LINDHURST AVE Bal meth Open item
 Start date Earliest Cust typ
 MARYSVILLE, CA 95901

Doc-#	Typ	Doc-dte	Apply-to	Amount-1	Doc-total
141495	I	7/20/01	141495	20 00	20 00
139683	I	7/27/01	139683	20 00	20 00
20010731	F	7/31/01	20010731	4 12	4 12
87470771	P	8/31/01	-Open-	324 12-	324 12-
142844	I	10/05/01	142844	20 00	20 00
146590	I	10/12/01	146590	20 00	20 00
148570	T	10/19/01	148570	30 00	30 00
148436	T	10/26/01	148436	20 00	20 00
149428	I	11/02/01	149428	20 00	20 00
148591	I	11/09/01	148591	20 00	20 00
128603	I	11/16/01	128603	20 00	20 00
148481	I	11/20/01	148481	30 00	30 00
151804	I	11/30/01	151804	20 00	20 00
151913	I	12/07/01	151913	20 00	20 00

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 View (customers) NORTH STATE RENDERING CO , INC
 Customer # 259 FOOD 4 LESS #8748 Terms DUF 30 DAYS
 6000 LINDHURST AVE Bal meth Open item
 Start date Earliest Cust typ
 MARYSVILLE, CA 95901

Doc-#	Typ	Doc-dte	Apply-to	Amount-1	Doc-total
146709	I	12/14/01	146709	20 00	20 00
146716	I	12/21/01	146716	20 00	20 00
146744	I	12/28/01	146744	20 00	20 00
20011231	F	12/31/01	20011231	2 08	2 08
20020131	F	1/31/02	20020131	5 70	5 70

154882	I	2/01/02	154882	20 00	20 00
153009	I	2/08/02	153009	20 00	20 00
153049	I	2/15/02	153049	20 00	20 00
152074	I	2/22/02	152074	20 00	20 00
20020228	F	2/28/02	20020228	5 38	5 38
20020330	F	3/30/02	20020330	5 38	5 38
20020430	F	4/30/02	20020430	7 78	7 78
9074	I	5/06/02	9074	88 00	88 00
20020531	F	5/31/02	20020531	10 18	10 18

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RealWorld - Accounts Receivable 00
 View (Customers) NORTH STATE RENDRING CO , INC
 Customer # 259 FOOD 4 LESS #8748 Terms DUE 30 DAYS
 6000 LINDHURST AVE Gal meth Open item
 Start date Earliest Cust typ
 MARYSVILLE CA 95901

Doc-#	Tr	Doc-date	Apply-to	Amount-1	Doc-total
20020630	F	6/30/02	20020630	13 18	13 18
20020731	F	7/31/02	20020731	15 58	15 58
20020831	F	8/31/02	20020831	16 42	16 42
259	C	3/31/03	9074	529 36-	529 36-

Pfwd 0 00 CR-M 529 36- Total 0 00
 Invc 768 00 DR-M 0 00
 Pmnt 324 12- Fcng 85 48

End of cust account <F2>-prev page,<F5> cust data,<F6>=notes,<Enter>=more info