

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

PROOF OF CLAIM



s165963

Scheduled Claim Ref # 24-F2-14547

YOUR CLAIM IS SCHEDULED AS

\$927 75 UNSECURED

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

0354429428257

S AND K TRUCK LINE
DAVE & BARB LUKER
39205 436TH STREET
ST PETER MN 56082

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 #
41-1938657

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces or amends a previously filed claim dated **DON'T KNOW**

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 2/24/2003 **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 92775 (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
AUG 12 2003
BMC

DATE SIGNED: 8/6/03
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):
Barbara L. Luker (BARBARA L. LUKER) Sec

Fleming Companies Claim
 03885

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

STATEMENT

S & K Truck Line, Inc.

39205 436th Street
 St Peter, Minnesota 56082
 (507) 931-2766

To Rainbow Date 12/1/85

Date	Invoice #		
10/1	1249	refined - 4 gal	✓ 70.00
11/1	12517		✓ 29.40
11/10	12560		✓ 45.00
			<hr/>
			316.25
11	12541		✓ 45.00
11	12542		✓ 34.15
11	12566		✓ 53.50
	12567		✓ 11.00
11	12555		— 15.00
	12557		— 35.10
11	12527		— 12.00
11	12531		15.00
	16182		11.70
12	12553		15.00
			<hr/>
			527.25
			<hr/>
			527.25

Handwritten signature

STATEMENT

S & K Truck Line, Inc.

39205 436th Street
 St Peter, Minnesota 56082
 (507) 931-2766

To Rainbow Date 3/15/65

to 1001 State St

Date	Invoice #		
2/5	16848	<i>spec - 7 " ght</i>	\$241-
3/5	16849		42 00
2/4	16870		00 00
2/10	16918		16 80
"	16919		70 25
	16920		19 95
3/11	16942		71 40
3/17	16995		15 10
"	16996		22 20
	16997		15 50
3/19	17017		1 40
3/24	17075		65 15
"	17074		15 00
3/25	17102		35 70
"	17103		15 00
			<u>\$174-</u>
		<i>to 1001 State St</i>	\$197-
		<i>to 1001 State St</i>	27-

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DAVE & BARB LUKER
39205 436TH STREET
ST PETER MN 56082

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CREDITOR TAX ID # **41-1938657**

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 Value of collateral \$ _____
 Amount of arrearage and other charges at time case filed included in secured claim above if any \$ _____

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 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)
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THIS SPACE FOR COURT USE ONLY
FILED
AUG 12 2003
BMC

DATE SIGNED 8/6/03 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).
Barbara L. Luker (BARBARA L. LUKER) Sec. Agent

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

STATEMENT

S & K Truck Line, Inc.

39205 436th Street
St Peter, Minnesota 56082
(507) 931-2766

To Rainbow Date 1/1/15

Date	Invoice #		
1/1	15-173	<i>paid - 1/1/15</i>	✓ 370.00
1/1	15-174		✓ 21.00
1/1	15-175		✓ 11.00
			<hr/>
			316.00
1/1	15-141		✓ 145.00
	15-142		✓ 34.00
1/1	15-155		✓ 53.00
	15-161		
1/1	15-155		15.00
	15-157		8.00
	15-158		12.00
1/1	15-151		15.00
"	15-152		1.00
1/5	15-153		1.00
			<hr/>
			316.00

Bankrupt

S & K Truck Line, Inc.

39205 436th Street

St Peter, Minnesota 56082

(507) 931-2766

To

Rainbow

Date

5-1-78

30 Mr. Ferguson

Date	Invoice #		
<i>3/5</i>	<i>16348</i>	<i>Repair - 4 night</i>	<i>7.34</i>
<i>3/5</i>	<i>16849</i>		<i>42.00</i>
<i>3/14</i>	<i>16270</i>		<i>7.50</i>
<i>3/10</i>	<i>16918</i>		<i>12.50</i>
"	<i>16919</i>		<i>7.00</i>
"	<i>16920</i>		<i>19.75</i>
<i>3/11</i>	<i>16943</i>		<i>7.00</i>
<i>3/17</i>	<i>16975</i>		<i>15.00</i>
"	<i>16946</i>		<i>22.50</i>
	<i>16171</i>		<i>1.00</i>
<i>3/16</i>	<i>17017</i>		<i>1.14</i>
<i>3/14</i>	<i>17075</i>		<i>6.25</i>
"	<i>17074</i>		<i>15.00</i>
<i>2/28</i>	<i>17000</i>		<i>35.00</i>
"	<i>17005</i>		<i>10.00</i>
			<i>75.74</i>
			<i>11.91</i>
			<i>87.11</i>