

UNITED STATES BANKRUPTCY COURT DISTRICT OF DE

PROOF OF CLAIM

Name of Debtor
RICHMAR FOODS INC

Case Number
03-10972 DE

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 and address of Creditor (This person or other entity to whom the debtor owes money or property)
PENNSYLVANIA DEPARTMENT OF REVENUE

- 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

FILED
AUG 13 2003
BMC

Name and address where notices should be sent
Pennsylvania Department of Revenue
Commonwealth of Pennsylvania
Bankruptcy Division
Department 280946
Harrisburg PA 17128 0496

Telephone number (717) 783 8989

Account or other number by which identifies debtor
EIN 680095094
SSN

- Check here if this claim
- Replaces
 - Amends a previously filed claim dated 04/29/2003

THIS SPACE FOR COURT USE ONLY

- 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 _____ to _____
(date) (date)

2 Date debt was incurred "See Attached"

3 If court judgement, date obtained "See Attached"

4 Total Amount of Claim at Time Case Filed \$17,634.04
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 \$ Unknown

Amount of arrearage and other charges at time case filed included in secured claim if any \$0.00

6 Unsecured Priority Claim

Check this box if you have an unsecured priority claim

Amount entitled to priority \$17,334.04

- Wages, salaries or commissions (up to \$4000) * 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)(8)
- Alimony, maintenance, or support owed to a 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 date of adjustment.*

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this 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 a copy of this proof of claim.

FILED
AUG 13 2003
BMC

Date
8/17/03

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)
Sandra K. Kirk
Sandra K Kirk, Chief



BUREAU OF COMPLIANCE
DEPT 280946
HARRISBURG PA 17128 0946

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE



April 29 2003

Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo, CA 90245

Case No 03-10972 DE
RICHMAR FOODS INC
RAINBOW AND RAINBOW FOODS
FESTIVAL FOODS
NETCO FOODS INC
UNIVERSITY FOODS INC

Dear Clerk of Courts

Enclosed is a Proof of Claim in the proceedings against the above reference bankruptcy filed on behalf of the Commonwealth of Pennsylvania, Department of Revenue, by the Bureau of Compliance This represents a claim in the sum of

\$ 17,634 04

Please stamp the acknowledgement, and enter our claim number in the appropriate spaces below Return the copy of this acknowledgement to this bureau in the enclosed pre-addressed envelope

Sincerely,

Pennsylvania Department of Revenue
Bureau of Compliance
(717) 783-2318
TDD# (717) 772-2252 (Hearing Impaired Only)
Fax (717) 783-4331

Enclosures

ACKNOWLEDGEMENT

CLAIM NUMBER

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE



April 29 2003

Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo, CA 90245

Case No 03-10972 DE
RICHMAR FOODS INC
RAINBOW AND RAINBOW FOODS
FESTIVAL FOODS
NETCO FOODS INC
UNIVERSITY FOODS INC

Dear Clerk of Courts

Enclosed is a Proof of Claim in the proceedings against the above reference bankruptcy filed on behalf of the Commonwealth of Pennsylvania, Department of Revenue, by the Bureau of Compliance This represents a claim in the sum of

\$ 17,634 04

Please stamp the acknowledgement, and enter our claim number in the appropriate spaces below Return the copy of this acknowledgement to this bureau in the enclosed pre-addressed envelope

Sincerely,

Pennsylvania Department of Revenue
Bureau of Compliance
(717) 783-2318
TDD# (717) 772-2252 (Hearing Impaired Only)
Fax (717) 783-4331

Enclosures

ACKNOWLEDGEMENT

CLAIM NUMBER



Patricia Little

**SUPPORTING DOCUMENTATION FOR
TAXES DUE THE
COMMONWEALTH OF
PENNSYLVANIA
DEPARTMENT OF REVENUE**

Original Claim
 Amended Claim
This claim supercedes all
Previous claims filed
Date Amended

**RICHMAR FOODS INC
RAINBOW AND RAINBOW FOODS
FESTIVAL FOODS
NETCO FOODS INC
UNIVERSITY FOODS INC**

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**
Petition Filing Date 04/01/2003
Case Number 0310972 DE
Chapter 11

The undersigned is an employee of the PA Department of Revenue and is authorized to make this proof of claim on the behalf of the Commonwealth At this present time of the filing of this proof of claim the Debtor was indebted to the Commonwealth in the

SUM OF \$17,634 04 for the following

- State Sales, Use and Hotel Occupancy Tax, Article II, Tax Reform Code of 1971, as amended, 72 P S 7210
- Personal Income tax, Article III, Tax Reform Code of 1971, as amended, 72 P S 7301
- Employer Withholding Tax, Article IV, Tax Reform Code of 1971, as amended, 72 P S 7301
- Corporate Net Income Tax
- Capital Stock-Franchise Tax
- Corporate Loans Tax
- Other Franchise

SECURED CLAIMS (Tax lien(s) filed before petition date)

See attached statement of account detailing the liability

Total secured claim _____

Pursuant to Section 506(b) of the Bankruptcy Code post petition Interest may be payable

ADMINISTRATIVE PRIORITY CLAIMS - Section 507(a)(1) of the Bankruptcy Code

See attached statement of account detailing the liability

Total administrative _____

**UNSECURED PRIORITY CLAIMS - Section 507(a)(3) of the Bankruptcy code for unliened priority
Liabilities existing before petition date.**

See attached statement of account detailing the liability

Total unsecured priority \$17,334 04

**UNSECURED NON-PRIORITY CLAIMS - unliened non-priority liabilities existing before the
petition filing date.**

See attached statement of account detailing the liability

Total unsecured non-priority claim \$300 00

All payments of this claim have been credited and deducted for the purpose of making this proof of claim

(Representative Bureau of Compliance)



Patricia Little

BANKRUPTCY STATEMENT OF ACCOUNT

Pet Date 4/1/2003
Cause Number 0310972 DE
Chapter 11

RICHMAR FOODS INC
1945 LAKEPOINTE DRIVE
LEWISVILLE TX 75057-6424

Primary Tax Numbers

Emp Identification Number 680095094
Sales Tax License Number 82379404
Social Security Number
Corp Tax Number 2570490
Other Number

Additional Debtors and/or Names	SSN	EIN
RAINBOW AND RAINBOW FOODS		
FESTIVAL FOODS		520784884
NETCO FOODS INC		
UNIVERSITY FOODS INC		

Note

TYPE OF CLAIM		UNSECURED NON-PRIORITY	Tax Number: 6333-106				
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	<input checked="" type="checkbox"/>	9/30/ 1992(02)	\$0 00	\$0 00	\$0 00	\$30 00	\$30 00
CT	<input checked="" type="checkbox"/>	9/30/ 1993(02)	\$0 00	\$0 00	\$0 00	\$30 00	\$30 00
CT	<input checked="" type="checkbox"/>	9/30/ 1994(02)	\$0 00	\$0 00	\$0 00	\$30 00	\$30 00
CT	<input checked="" type="checkbox"/>	9/30/ 1995(02)	\$0 00	\$0 00	\$0 00	\$30 00	\$30 00
CT	<input checked="" type="checkbox"/>	9/30/ 1996(02)	\$0 00	\$0 00	\$0 00	\$30 00	\$30 00
CT	<input checked="" type="checkbox"/>	9/30/ 1997(02)	\$0 00	\$0 00	\$0 00	\$30 00	\$30 00
CT	<input checked="" type="checkbox"/>	9/30/ 1998(02)	\$0 00	\$0 00	\$0 00	\$30 00	\$30 00
CT	<input checked="" type="checkbox"/>	9/30/ 1999(02)	\$0 00	\$0 00	\$0 00	\$30 00	\$30 00
CT	<input checked="" type="checkbox"/>	9/30/ 2000(02)	\$0 00	\$0 00	\$0 00	\$20 00	\$20 00
CT	<input checked="" type="checkbox"/>	9/30/ 2001(02)	\$0 00	\$0 00	\$0 00	\$20 00	\$20 00
CT	<input checked="" type="checkbox"/>	9/30/ 2002(02)	\$0 00	\$0 00	\$0 00	\$20 00	\$20 00
Lien Filing Date		County Lien Filed	Lien Docket Number				
TOTAL			\$0 00	\$0 00	\$0 00	\$300 00	\$300 00

TYPE OF CLAIM		UNSECURED PRIORITY	Tax Number: 2570-490				
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	<input checked="" type="checkbox"/>	7/30-12/31/ 2002(02)	\$200 00	\$0 00	\$0 00	\$0 00	\$200 00
CT	<input checked="" type="checkbox"/>	1/1/03-4/1/ 2003(02)	\$25 00	\$0 00	\$0 00	\$0 00	\$25 00
Lien Filing Date		County Lien Filed	Lien Docket Number				
TOTAL			\$225 00	\$0 00	\$0 00	\$0 00	\$225 00

LEGEND

ST = Sales Use and Hotel Occupancy Tax
CT = Corporation Tax
EMP = Employer Withholding
AN = Individual Income Tax
MT = Mass Transit
MC = Motor Carrier

LF = Liquid Fuels
OF = Oil Franchise
PTA = Public Transportation Assistance Act

Personal Income Tax Estimates Taxable income figures on which tax deficiency is based could be from information obtained from transcripts of filed IRS form 1040 Information can be mailed to debtor or debtor s counsel upon written request without the need for filing a formal objection An amended proof of claim may be filed upon the filing of a properly completed and signed PA 40 tax return

ALL LIENS FILED IN THE PROTHONOTARY OFFICE IN THE COUNTY INDICATED

ALL LIENS FILED IN THE COMMONWEALTH OF PENNSYLVANIA UNLESS INDICATED OTHERWISE



Patricia Little

BANKRUPTCY STATEMENT OF ACCOUNT

Pet Date 4/1/2003
 Cause Number 0310972 DE
 Chapter 11

RICHMAR FOODS INC
 1945 LAKEPOINTE DRIVE
 LEWISVILLE TX 75057-6424

Primary Tax Numbers

Emp Identification Number 680095094
 Sales Tax License Number 82379404
 Social Security Number
 Corp Tax Number 2570490
 Other Number

Additional Debtors and/or Names **SSN** **EIN**
 RAINBOW AND RAINBOW FOODS
 FESTIVAL FOODS 520784884
 NETCO FOODS INC
 UNIVERSITY FOODS INC

Note

TYPE OF CLAIM		UNSECURED PRIORITY	Tax Number:		6333-106		
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	<input checked="" type="checkbox"/>	9/30/ 1992(02)	\$300 00	\$243 00	\$0 00	\$0 00	\$543 00
CT	<input checked="" type="checkbox"/>	9/30/ 1993(02)	\$300 00	\$222 00	\$0 00	\$0 00	\$522 00
CT	<input checked="" type="checkbox"/>	9/30/ 1994(02)	\$300 00	\$201 00	\$0 00	\$0 00	\$501 00
CT	<input checked="" type="checkbox"/>	9/30/ 1995(02)	\$300 00	\$174 00	\$0 00	\$0 00	\$474 00
CT	<input checked="" type="checkbox"/>	9/30/ 1996(02)	\$300 00	\$147 00	\$0 00	\$0 00	\$447 00
CT	<input checked="" type="checkbox"/>	9/30/ 1997(02)	\$300 00	\$120 00	\$0 00	\$0 00	\$420 00
CT	<input checked="" type="checkbox"/>	9/30/ 1998(02)	\$300 00	\$93 00	\$0 00	\$0 00	\$393 00
CT	<input checked="" type="checkbox"/>	9/30/ 1999(02)	\$300 00	\$72 00	\$0 00	\$0 00	\$372 00
CT	<input checked="" type="checkbox"/>	9/30/ 2000(02)	\$200 00	\$32 00	\$0 00	\$0 00	\$232 00
CT	<input checked="" type="checkbox"/>	9/30/ 2001(02)	\$200 00	\$14 00	\$0 00	\$0 00	\$214 00
CT	<input checked="" type="checkbox"/>	9/30/ 2002(02)	\$200 00	\$2 00	\$0 00	\$0 00	\$202 00
CT	<input checked="" type="checkbox"/>	10/1/02-4/1/ 2003(02)	\$200 00	\$0 00	\$0 00	\$0 00	\$200 00

Lien Filing Date	County Lien Filed	Lien Docket Number
TOTAL		
	\$3 200 00	\$1 320 00
		\$0 00
		\$0 00
		\$4 520 00

TYPE OF CLAIM		UNSECURED PRIORITY	Tax Number:		68-0095094		
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
EMP	<input checked="" type="checkbox"/>	1Q03	\$6 944 68	\$0 00	\$0 00	\$0 00	\$6 944 68

Lien Filing Date	County Lien Filed	Lien Docket Number
TOTAL		
	\$6 944 68	\$0 00
		\$0 00
		\$0 00
		\$6 944 68

TYPE OF CLAIM		UNSECURED PRIORITY	Tax Number:		82-379404		
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
ST	<input checked="" type="checkbox"/>	3M03	\$5 644 36	\$0 00	\$0 00	\$0 00	\$5 644 36

Lien Filing Date	County Lien Filed	Lien Docket Number
TOTAL		
	\$5 644 36	\$0 00
		\$0 00
		\$0 00
		\$5 644 36

LEGEND

ST = Sales Use and Hotel Occupancy Tax
 CT = Corporation Tax
 EMP = Employer Withholding
 AN = Individual Income Tax
 MT = Mass Transit
 MC = Motor Carrier

LF = Liquid Fuels
 OF = Oil Franchise
 PTA = Public Transportation Assistance Act

Personal Income Tax Estimates Taxable income figures on which tax deficiency is based could be from information obtained from transcripts of filed IRS form 1040 Information can be mailed to debtor or debtors counsel upon written request without the need for filing a formal objection An amended proof of claim may be filed upon the filing of a properly completed and signed PA 40 tax return

ALL LIENS FILED IN THE PROTHONOTARY OFFICE IN THE COUNTY INDICATED

ALL LIENS FILED IN THE COMMONWEALTH OF PENNSYLVANIA UNLESS INDICATED OTHERWISE