

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

PROOF OF CLAIM



565779

Bar Date Ref # 2-NVM-24483

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.

Name of Creditor and Address

Total Comfort of Wisconsin Inc
W234 N2830 Paul Rd
Pewaukee WI 53072

0354653565779

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 **623-523-2500**

CREDITOR TAX ID #
39 1092230

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
30832

Check here replaces or amends a previously filed claim dated _____ if this claim

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
 \$ **354 38** (unsecured) \$ **NA** (secured) \$ **NA** (unsecured priority) \$ **354 38** (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
FILED
 AUG 18 2003
BMC

DATE SIGNED **8.14.2003** 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)
Ruth E Herrick **RUTH E HERRICK**
CONTROLLER

Filing Companies Claim
 04904

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



W234 N2830 Paul Road
 Pewaukee Wisconsin 53072
 (262) 523-2500 • Fax (262) 523-2530

Invoice

Invoice Number 030204-013

Invoice Date 2/28/2003

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Bill To 30832
 Rainbow Foods
 N81 W151 Appleton Ave
 Menomonee Falls, WI 53051

Service 30832-01
 Location Rainbow Foods
 N81 W151 Appleton Ave
 Menomonee Falls, WI 53051

Work Order ID	Complete Date	PO Number	Terms	Called In By
030204-013	02 /04/2003		Net 30 Days	

Description of Work

Replaced gas regulator for Hobart oven Set up gas pressure and checked for proper operation

Qty	Item ID	Description	Date	Unit Price	Disc %	Amount
<u>Parts</u>						
1 00		Gas Regulator	02/04/2003	92 18		92 18
				SubTotal		<u>92 18</u>
<u>Labor</u>						
3 30	SERV	Mark Lecher	02/04/2003	70 00		245 00
				SubTotal		<u>45 00</u>

Invoice Subtotal	\$337 18
Sales Tax	17 20
Invoice Total	54 38
Payment Received	00
Balance Due	<u><u>\$354 38</u></u>

THANK YOU