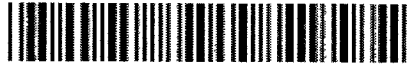


**UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

**PROOF OF CLAIM**



637978

Bar Date Ref # 2 NVM-105090

In re **Rainbow Food Group, INC**

Case Number

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.
- 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.

**Name of Creditor and Address**

0354653637978

Spice 'n Slice  
215 W Lodge Dr  
Tempe AZ 85283

Creditor Telephone Number ( ) **800 - 310 - 4094**

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

CREDITOR TAX ID #  
**86 - 0217033**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here  replaces or  amends a previously filed claim dated \_\_\_\_\_

**1 BASIS FOR CLAIM**

- Goods sold
  - Services performed
  - Money loaned
  - Personal injury/wrongful death
  - Taxes
  - Other (describe briefly)
  - Retiree benefits as defined in 11 U.S.C. § 1114(a)
  - Wages, salaries, and compensation (Fill out below)
- Your social security number \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2 DATE DEBT WAS INCURRED** **03-21-02**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE**

\$ **112.32** (unsecured)      \$ \_\_\_\_\_ (secured)      \$ **112.32** (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**

**6 UNSECURED PRIORITY 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 \$ \_\_\_\_\_

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.

THIS SPACE FOR COURT USE ONLY

**FILED**

**AUG 19 2003**

**BMC**

**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  
**8/12/03**

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).  
**Kimberly Pappas - Manager**

Flaming Companies Claim  
 05300

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**

Grandma Lamure's Spice'n Slice

# Invoice

215 W Lodge Drive  
 Tempe, AZ 85283  
 1-800-310-4094  
 480-456-4744 (fax)

Date	Invoice #
3/21/2002	3-189

<b>Bill To</b>
29 SUPERMARKET 110 S 17TH AVE WAUSAU WI 54401-4227

<b>Ship To</b>
29 SUPERMARKET 1105 S 17TH AVE WAUSAU WI 54401-4227

P O Number	Terms	Due Date	Rep	Ship	Via	Project
	NET 30	4/20/2002	JR	3/21/2002	UPS	
Quantity	Item Code	Description			Price Each	Amount
1	DM	Master Box (6 Dozen)			0 00	0 00
6	DD12	1 Dozen Display			0 00	0 00
12	SSWJ	Jerky Mix			1 56	18 72
12	SSWP	Pepperoni			1 56	18 72
12	SSWS	Salam			1 56	18 72
12	SSWB	Summer Sausage Bologna			1 56	18 72
12	SSWC	Countrv Style Sausage			1 56	18 72
12	SSWX	Southern Style Sausage			1 56	18 72

THANK YOU	<b>Total</b>	\$112 32
	<b>Balance Due</b>	\$112 32

No Lit

