

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

**PROOF OF CLAIM**



s165805

Scheduled Claim Ref # 24-F2-14389

**YOUR CLAIM IS SCHEDULED AS**

\$6 500 82 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.

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.

**Name of Creditor and Address**  
  
0354429405835  
  
JOHNSON BROS-PHILLIPS ST PAUL  
JOHNSON BROTHERS LIQUOR CO  
1999 SHEPARD AVENUE  
ST PAUL MN 55116 3210

Creditor Telephone Number (651) 649-5800

CREDITOR TAX ID #  
41-0810551

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
VARIOUS

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

**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** prior to 3-22-03

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ 4,393.84 (unsecured) \$ (secured) \$ (unsecured priority) \$ 4,393.84 (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 25 2003  
 BMC

DATE SIGNED  
8-21-03

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).  
 Steven G. Potach, attorney for claimant



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

Philips Tire and Sports		St Paul, MN 55118	
1999 Shepard Road		651-649-5500	
Billed To			
RAINBOW FOODS			
FLEMING CORPORATION INC			
1621 MADISON AVENUE			
MANKATO MN 56002			

  

Date	Account No	Account Representative	Date	Account No
6/1/03	151084		6/1/03	151084

  

Reference No	Date	Remarks	Due Date	Amount	Reference No	Balance
930423	3/17/03	NSF CHECK	4/8/03	\$70 90	930423	\$70 90
930424	3/17/03	NSF CHECK	4/8/03	\$3,244 05	930424	\$3,244 05
3276618	3/19/03		3/20/03	-\$79 90	3276618	-\$79 90
				<b>\$3,235 05</b>		
				Sub Total	<b>\$3,235 05</b>	
						Thank You

Phillips Tire and Service 1539 Shepard Road 651-649-5500		St Paul, MN 55110				
Bill To RAINBOW LIQUOR FLEMING CORPORATION INC 3959 2ND STREET SOUTH ST CLOUD, MN 56301						
Date	Account No	Account Representative	Date	Account No		
8/7/03	153940		8/7/03	153940		
Reference No.	Date	Remarks	Due Date	Amount	Reference No.	Balance
929321	3/12/03	NSF CHECK	3/12/03	\$329.73	929321	\$329.73
929322	3/12/03	NSF CHECK	3/12/03	\$278.55	929322	\$278.55
931619	3/19/03		3/19/03	\$379.21	931619	\$379.21
931620	3/19/03		3/19/03	\$171.30	931620	\$171.30
				<b>\$1,158.79</b>		
				Sub Total	<b>\$1,158.79</b>	
				Thank You		