

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

**PROOF OF CLAIM**



549101

Bar Date Ref # 2-NVM-7300

In re **Rainbow Foods, Inc** Case Number **03-10967(MFW)**

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.

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

**FILED**

SEP 05 2003

**BMC**

**Name of Creditor and Address**  
Moore North America  
c/o ABC/Amega, Inc 0354653549101  
1100 Main St  
Buffalo NY 14209

Creditor Telephone Number **716 878-2869**

CREDITOR TAX ID # **16-0331690** ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR **182824**  
Check here if this claim  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** **6/25/02** **3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ **1,544.84** (unsecured) \$ (secured) \$ **1,544.84** (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 FILE ONLY  
**FILED**  
SEP 5 2003  
**BMC**  
Filing Companies Claim  
08323

DATE SIGNED **8/22/03** 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)  
**Aut [Signature]**

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**

**Rainbow Foods, Inc.  
8000 Excelsior Blvd.  
Hopkins, MN 55343**

Statement of Account  
Acct# 182824

<u>Invoice no</u>	<u>Date</u>	<u>PO Number</u>	<u>Amount</u>
14031885	6/25/02		\$1,544 84

Moore North America  
900 Buffalo Ave, PO Box 900  
Niagara Falls, NY 14302-0900

**Rainbow Foods, Inc.  
8000 Excelsior Blvd.  
Hopkins, MN 55343**

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Moore North America  
900 Buffalo Ave, PO Box 900  
Niagara Falls, NY 14302-0900

Megan Wysocki  
Moore Wallace Inc  
c/o ABC-Amega, Inc  
1100 Main Street  
Buffalo, NY 14209-2356

August 29, 2003

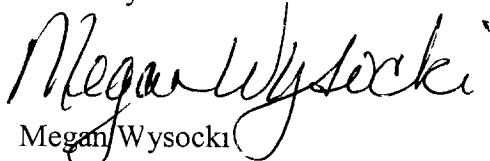
Bankruptcy Management Corp  
PO Box 900  
El Segundo CA 90245-0900

**RE Rainbow Foods, Inc**  
**Case no 03-10967 (MFW)**

Enclosed is our completed proof of claim with copy, along with statement of account in triplicate. Please confirm when our claim is filed with the court. A self-addressed stamped envelope is enclosed for your reply.

Your cooperation is greatly appreciated.

Sincerely



Megan Wysocki  
Attorney Correspondent