

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

**PROOF OF CLAIM**



Scheduled Claim Ref # 24-F2 14268

**YOUR CLAIM IS SCHEDULED AS**

In re  
**Rainbow Food Group, Inc**

Case Number  
**03-10967**

~~\$240.57 UNSECURED~~

~~386.65~~ **386.65**  
~~927.93~~

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**  
  
CYS UNIFORMS / **KEEPER Metc LLC** 0354429389870  
1011 W BROADWAY  
MINNEAPOLIS MN 55411

Creditor Telephone Number **(612) 521-2275**

CREDITOR TAX ID #  
**50-0008049**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here  replaces or  amends a previously filed claim dated **(above \$ made)**

**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** **12-15-02 → 4-1-03**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ ~~386.65~~ **386.65** (unsecured) ~~427.93~~ (secured) (unsecured priority) \$ ~~386.65~~ **386.65** (total) ~~427.93~~

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**  
**BMC**  
**SEP 08 2003**  
**BMC**  
Filing Companies Claim  
08425

DATE SIGNED **9-2-03**  
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): **John Trajan, General Mgr.**

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**

KEEPRS, Inc /Cy's Uniforms  
 550 25th Avenue North  
 Saint Cloud, MN 56303  
 (320)529-9585 or (612)521-2275

I N V O I C E

Invoice Date	Invoice#	Page
3/13/03	11435	1 *

B	RAINBOW FOODS LOSS PREVENTION
I	ATTN JOHN WEBSTER
L	8000 EXCELSIOR BLVD
L	HOPKINS, MN 55343

S	RAINBOW FOODS LOSS PREVENTION
H	ATTN JOHN WEBSTER
I	8000 EXCELSIOR BLVD
P	HOPKINS, MN 55343

02

Employee TINSLEY, MARGARET

Cust Code	Slsmn	Cust P.O.	Shi Via	Terms	Due Date
RAINBOWFDS	JS			NET 30	4/12/03

Line Num	Item Code	Vendor Reference	Item Description	Qty Order	Qty Ship	Qty B O	Gross Price	Disc	Net Price	Ext Price
1	0100340004	P867-3	WHITE PARAGON+ MENS SS patch left , flag right sleeve Remove 8 inches from tail < XLARGE - >	2	2	0	29 95		29 95	E 59 90
2	0100360028	P877 3	WHITE PARAGON+ MENS LS patch left , Flag right sleeve remove 8 inches from tail shorten sleeves 4" < 17 5 34 >	1	1	0	33 95		33 95	E 33 95
3	9900370000	SHORTEN SLEEVES	SHORTEN SLEEVES AT CUFF	1	1	0	7 00		7 00	7 00
4	9900360000	TAPER SHIRT	TAPER SHIRT SIDES	2	2	0	7 00		7 00	14 00
5	0203020007	8610 01	WOMEN'S PLEATED FRONT PANTS let out waist 1" <NAVY 26 >	2	2	0	hem as marked 34 95		34 95	E 69 90
6	9900320000	WAIST AND SEAT	TAKE IN WAIST/TAPER SEAT	2	2	0	9 00		9 00	18 00

PLEASE PAY OFF OF THIS INVOICE  
 STATEMENTS ARE ONLY SENT WHEN REQUESTED THANK YOU!

SUBTOTAL	202 75
SALES TAX	2 54
TOTAL INVOICE	205 29

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3/11/03	11291-01	1 *

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 I ATTN JOHN WEBSTER  
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 L HOPKINS, MN 55343

S RAINBOW FOODS LOSS PREVENTION  
 H ATTN JOHN WEBSTER  
 I 8000 EXCELSIOR BLVD  
 P HOPKINS, MN 55343

02

Employee LITTLE, WILLIAM

Cust Code	Slsmn	Cust P.O.	Shi Via	Terms	Due Date
RAINBOWFDS	JS		PICKUP	NET 30	4/10/03

Line Num	Item Code	Vendor Reference	Item Description	Qty Order	Qty Ship	Qty B O	Gross Price	Disc	Net Price	Ext Price
5			WHITE PARAGON+ MENS LS patch left flag right HE HAS ANOTHER SHIRT HANGING UP							
	0100360019	P877 3	< 16 5 35 >	1	1	0	33 95		33 95	33 95
6	0401020000	0001	3 3/8 X 2 FLAG W/MED GODLD BOR	1	1	0	1 25		1 25	1 25

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SUBTOTAL	35 20
SALES TAX	0 08
TOTAL INVOICE	35 28

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 550 25th Avenue North  
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1/15/03	10003	1 *

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 L HOPKINS, MN 55343

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 I 8000 EXCELSIOR BLVD  
 P HOPKINS, MN 55343

02

Cust Code	Slsmn	Cust P.O.	Shi Via	Terms	Due Date
RAINBOWFDS	GC			NET 30	2/14/03

Line Num	Item Code	Vendor Reference	Item Description	Qty Order	Qty Ship	Qty B O	Gross Price	Disc	Net Price	Ext Price
1	0901200003	238 1 LINE (50)	1/2" NAME TAG 1 LINE (SHIRT) B HARPER ALL CAPS <CLUTCH GLDGSY BLACK >	1	0	1	7 95		7 95	0 00
2	0901200003	238 1 LINE (50)	1/2" NAME TAG 1 LINE (SHIRT) W LITTLE ALL CAPS <CLUTCH GLDGSY BLACK >	1	0	1	7 95		7 95	0 00
3	0700370003	7205	VELCRO INNER BELT ACCUMOLD <LARGE >	1	1	0	21 95		21 95	21 95
4	0401660003	45015	18" POLY/WOOL W/BUTTON TIE <BLACK 18 >	2	2	0	6 95		6 95	13 90

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SUBTOTAL	35 85
SALES TAX	1 43
TOTAL INVOICE	37 28

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1/15/03	9976	1 *

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L	HOPKINS, MN 55343

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H	ATTN JOHN WEBSTER
I	8000 EXCELSIOR BLVD
P	HOPKINS, MN 55343

02

Employee WILLIAM LITTLE

Cust Code	Slsmn	Cust P.O.	Shi Via	Terms	Due Date
RAINBOWFDS	TL			NET 30	2/14/03

Line Num	Item Code	Vendor Reference	Item Description	Qty Order	Qty Ship	Qty B O	Gross Price	Disc	Net Price	Ext Price
1	0711580000	18759-7325	NYLON VELCRO CLIP ON PHONE PCH	1	1 LITTLE	0	27 95		27 95	27 95

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SUBTOTAL	27 95
SALES TAX	1 82
TOTAL INVOICE	29 77

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 P HOPKINS, MN 55343

02

Employee WILLIAM LITTLE

Cust Code	Slsmn	Cust P.O.	Shi Via	Terms	Due Date
RAINBOWFDS	TL		PICKUP	NET 30	2/14/03

Line Num	Item Code	Vendor Reference	Item Description	Qty Order	Qty Ship	Qty B O	Gross Price	Disc	Net Price	Ext Price
1	0203830008	3910	MENS BLACK GAB POLY PANTS <BLACK 36 REGLAR>	1	LITTLE 1	0	42 95		42 95	E 42 95
2	0100360018	P877-3	WHITE PARAGON+ MENS LS <- 16 5 34 >	1	LITTLE 1	0	33 95		33 95	E 33 95
3	9900890000	SHIRT PATCHES	CHARGE TO APPLY PATCHES TO SRT	2	2 LITTLE	0	1 00		1 00	2 00
4	0203830008	3910	MENS BLACK GAB POLY PANTS <BLACK 36 REGLAR>	1	LITTLE 0	1	hem to 31 42 95		42 95	E 0 00
5	0100340003	P867 3	WHITE PARAGON+ MENS SS < LARGE >	1	LITTLE 0	1	emb lt flag rt 29 95		29 95	E 0 00

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SUBTOTAL	78 90
SALES TAX	0 13
TOTAL INVOICE	79 03