UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PRC	OF OF CLAIM	s165869			
In re	Case N	lumber	Scheduled Claim Ref # 24-F2-14453			
Rainbow Food Group, Inc		10967	YOUR CLAIM IS SCHEDULED AS			
			\$89 959 26 UNSECURED			
NOTE This form should not be used to make a claim for an admi expense arising after the commencement of the case. A request an administrative expense may be filed pursuant to 11 U S C § 50	for payment	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of				
MID-WISCONSIN BEVERAGE, FNE. PO BOX 89 WAUSAU WI 54402-0089	429415963	statement giving particulars  Check box if you have never received any notices from the bankruptcy court in this case	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			
Craditor Talanhana Number (4), A 2 1/4 - A 2 2 7		Check box if this address differs from the address on the envelope sent to you by the court				
Creditor Telephone Number (7/5) 844-0833  CREDITOR TAX I D # ACCOUNT OR OTHER NU	MDED DV MUIC		Bankruptcy Court or BMC you do not need to file again			
CREDITOR TAXID # ACCOUNT OR OTHER NUI  CREDITOR IDENTIFIES OR  STATE STATE  WAUSAL STARE	FF306 (24	(08) Check here	laces or a previously filed claim datedends			
1 BASIS FOR CLAIM	Acet	Numbers	Ondo			
Goods sold Personal injury/wrongful dea		ree benefits as defined in 11	USC§ 1114(a)			
Services performed Taxes		ges salaries and compensa				
☐ Money loaned ☐ Other (describe briefly)		Your social security numbe	r			
		Unpaid compensation for se				
2 DATE DEBT WAS INCURRED 1/4/03 Through 3/31/0	-2  3  F C	OURT JUDGMENT, DATE C	(date) (date)			
4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE  (unsecured)  If all or part of your claim is secured or entitled to priority, als Check this box if claim includes interest or other charges in addition	o complete If	tem 5 or 6 below	secured priority) \$ 91, 972 42 (total)  mized statement of all interest or additional charges			
5 SECURED CLAIM		RED PRIORITY CLAIM				
Check this box if your claim is secured by collateral (including a right of setoff)	1	this box if you have an unsec	ured pnonty claim			
Brief description of collateral	Specify	the priority of the claim				
Real Estate	befor	re filing of the bankruptcy petition				
Motor Vehicle	I —	ness whichever is earlier 11 U.S				
Other	I	nbutions to an employee benefit p				
	for pe	ersonal family or household use	• (///			
Value of collateral \$		ony maintenance or support owed 11 U S C § 507(a)(7)	to a spouse former spouse or			
Amount of arrearage and other charges at time case filed included in secured claim above if any \$	Othe Amo	is or penalities owed to government r Specify applicable paragraph of punts are subject to adjustment on 411 espect to cases commenced on or after	of 11 U.S.C. § 507(a)			
7 CREDITS The amount of all payments on this claim has been of SUPPORTING DOCUMENTS Attach copies of supporting defining accounts contracts court judgments mortgages security at the documents are not available explain. If the documents are voluments are voluments are not available of the documents are voluments are voluments. The proof of claim.	<i>ocuments,</i> su agreements a oluminous atta	uch as promissory notes pure nd evidence of perfection of ach a summary	chase orders invoices itemized statements of ien_DO NOT SEND ORIGINAL DOCUMENTS			
The original of this completed proof of claim form must be sen so that it is received on or before 4 00 p m , September 15, 200	3, Pacific Da	ylight Time	TOPEONE			
Bankruptcy Management Corporation P O BOX 900 El Segundo CA 90245-0900	P O BOX 900 1330 East Franklin Avenue					
DATE SIGNED  SIGN and print the name and title if any of the print of	he creditor or ot		BMC Fleming Companies Claim			

Sign and print the name and true if any of the creditor or other person authorized to file this clarb (attach copy of power of attorney if any)

Left 5, 2003 Carloue the Certail Manual

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or temporsonment for up to 5 years or both 18 USC §§ 152 AND 3571

08948

## **Electronic Reclamation Claims For Flemming**

Date 5/5/2003

29 Super Foods #303 110 S 17th Ave Wausau, WI 54401

PO#	Invoice Number	Invoice Date	Invo	oice Amount
NA	159406	3/22/2003	\$	930 16
NA	833557	3/22/2003	\$	5,176 00
NA	160704	3/25/2003	\$	2,114 42
NA	163901	3/28/2003	\$	1,339 05
		Total	\$	9,559 63

29 Super Foods #306 2806 Schofield Ave Schofield, WI 54476

PO#	Invoice Number	Invoice Date Invoice		oice Amount
NA	159504	3/22/2003	\$	1,211 59
NA	159505	3/22/2003	\$	156 20
NA	833558	3/22/2003	\$	7,764 00
NA	160601	3/25/2003	\$	2,951 60
NA	160602	3/25/2003	\$	232 14
NA	160603	3/25/2003	\$	44 00
NA	161803	3/26/2003	\$	3,316 64
NA	162904	3/27/2003	\$	2,348 42
NA	162905	3/27/2003	\$	107 25
NA	833595	3/28/2003	\$	3,882 00
Total \$ 22,013				

Grand Total \$

Sumitted By Scott K Campbell Mid-Wisconsin Beverage PO Box 89 Wausau, WI 54402-0089

Phone 715-842-0833 Fax 715-845-1107

E-Mail scott campbell@cool-drinks com

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