

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

**PROOF OF CLAIM**



484323  
Bar Date Ref # 24-G5-6538  
**YOUR CLAIM IS SCHEDULED AS**

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.

**Name of Creditor and Address**  
  
0354651484323  
MCKESSON AUTOMATED PRESCRIPTION SYSTEMS INC  
4333 SHREVEPORT HIGHWAY  
PINEVILLE LA 71361-4118

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.

Creditor Telephone Number (214) 641-2636  
CREDITOR TAX ID #  
72-0509679

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
202163

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

**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) \_\_\_\_\_  
 Monthly Leased Equipment Fee  
 Your social security number \_\_\_\_\_  
 Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2 DATE DEBT WAS INCURRED**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ 530.82 (unsecured) \$ \_\_\_\_\_ (secured) \$ 530.82 (total) (unsecured priority)

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**  
**SEP 09 2003**  
**BMC**

DATE SIGNED: 9-4-03  
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):  
James Carson, CREDIT DEPT

Filing Companies Claim  
09297



# APS

FOR THE MONTH OF **MARCH**

PLEASE REMIT PAYMENT TO  
**McKesson Automation Systems Inc**  
New Orleans LA 70162-2816  
P O Box 62816

<b>Invoice Date</b>	03/31/2003
<b>Invoice No</b>	736607

CONTRACT#	PURCHASE ORDER#	LOCATION	ACCOUNT#
		RAINBOW PHARMACY #78	202163

RAINBOW FOODS, INC  
SSC RETAIL - ATTN PATTY WHEELOCK  
P O BOX 268877  
OKLAHOMA, OK 73126

Prior Amount Due On Acct	\$1,061 64
Payments Received	1,061 64
Adjustment Amount	0 00
Finance Charges	0 00
March Charges	530 82
<b>Total Amount Due on Acct</b>	<b>\$530 82</b>

Invoice is due Net 10 Days

Return this stub with your payment

P O Box 4118 McKesson APS (318) 641-2400  
Pineville, LA 71361-4118

Invoice#	736607
Invoice Date	03/31/2003

FOR THE MONTH OF **MARCH**

Retain this portion for your records

Prior Balance	Pmts Rec'd	Adj Amount	Disc on Pmts	Fin Charges	New Charges	Amount Due
1,061 64	1,061.64	0.00	0.00	0.00	530.82	\$530.82

CONTRACT#	PURCHASE ORDER#	LOCATION	ACCOUNT#
		RAINBOW PHARMACY #78	202163

QTY	DESCRIPTION	LEASE FEE	DISCOUNT	NET
47	Hospital Read Out Cell	411 25	20 56	\$390 69
1	Computer Link	113 40	5 67	\$107 73
		524 65	26 23	498 42

CURRENT FEES	498 42
TAXES	32 40
NEW CHARGES	\$530 82

Invoice is due Net 10 Days