

<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE</b>	<b>PROOF OF CLAIM</b>
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Bar Date Ref # 2 NVM 75749

In re <b>Rainbow Food Group</b>	Case Number <b>03-10967 (MFW)</b>
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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.

**Name of Creditor and Address**

**Crystal Farms  
6465 Wayzata Blvd  
Suite 200  
Minneapolis, MN 55426**

Creditor Telephone Number **(952-544-8101)**

CREDITOR TAX ID # **41-1669454**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR **1012**

Check here if this claim  replaces or amends a previously filed claim dated **8/15/03**

**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** before **4/1/03**

**3 IF COURT JUDGMENT DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ **1,198,341.88** \$ **1,198,341.88**

(unsecured)      (secured)      (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.

<b>BY MAIL TO</b> Bankruptcy Management Corporation P O BOX 900 El Segundo, CA 90245-0900	<b>BY HAND OR OVERNIGHT DELIVERY TO</b> Bankruptcy Management Corporation 1330 East Franklin Avenue El Segundo, CA 90245
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**THIS SPACE FOR COURT  
FILED  
US ONL**

**SEP 11 2003**

**BMC**

Fleming Companies Claim

**DATE SIGNED** **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)

**9/9/03** *Julie Trombley* Julie Trombley, Credit 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 357

**See Other Side For Instructions**





September 10, 2003

Original Proof of Claim filed August 15, 2003 under case number 03-10945 (MFW) for \$2,107,698.10

Julie Trombley  
Crystal Farms  
6465 Wayzata Blvd, Suite 200  
Minneapolis MN 55426  
Direct phone 952-542-1270  
Fax 952-544-8069  
[Julie.Trombley@MichaelHoods.com](mailto:Julie.Trombley@MichaelHoods.com)