

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

PROOF OF CLAIM



s165827

Scheduled Claim Ref # 24-F2-14411

YOUR CLAIM IS SCHEDULED AS

\$314 UNSECURED

RECEIVED
AUG 04 2003

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

Name of Creditor and Address

LAWRENCE SIGN
945 PIERCE BUTLER ROUTE
ST PAUL MN 55104

0354429410124

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

LAWRENCE SIGN

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 (651) 488 6711

CREDITOR TAX ID #
41-1957902

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here 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 2003 - see attached

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 5,013.62 (unsecured) \$ _____ (secured) \$ 5,013.62 (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.

FILED
SEP 12 2003
BMC

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

Filing Companies Claim

10885

DATE SIGNED **9/11/03**

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)

Thomas M Chamberland Controller *Thomas M Chamberland*

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



945 Pierce Butler Route
St Paul, MN 55104

Production Invoice

Date	Invoice #
1/17/2003	152922

Bill To
Rainbow Foods Retail Operations 8000 Excelsior Blvd Hopkins, MN 55343

Location
Rainbow Foods #66 481 Hwy 96 Shoreview, MN

P O Number	Contact	Terms	Salesperson	Project #
91924		Due on receipt	Ted	1662
Description		Contract Amt	Prior Amt	Current Amt
Replace 1 - 9060 PBKM transformer to repair letter "R" Remove neon unit from letter "N" Repair / replace neon unit at plant Reinstall neon unit, letter "N" Labor materials				435 00 206 55T
			Subtotal	\$641 55

Phone 651-488-6711 Fax 651-488-6715
Thank you for the opportunity to serve you

Sales Tax (6 5%)	\$13 43
Total	\$654 98
Payments to date	\$0 00
Balance due	\$654 98



945 Pierce Butler Route
St Paul, MN 55104

Service Invoice

<i>Date</i>	<i>Invoice #</i>
2/27/2003	153168

Bill To
Rainbow Foods Retail Operations 8000 Excelsior Blvd Hopkins, MN 55343

Location
Rainbow Foods 1276 Town Center Drive Eagan, MN 55125

<i>P O Number</i>	<i>Contact</i>	<i>Terms</i>	<i>Salesperson</i>	<i>Project #</i>
92691	Steve	Due on receipt	Ted	1826
<i>Quantity</i>	<i>Description</i>	<i>Price Each</i>	<i>Amount</i>	
	Check letter "B" for repair Take pattern for broken face Furnish and install new large letter "B" Lexan and trim, also replace one 6060PBKM transformer for "B" Remove neon letter "R" Replace neon and reinstall			
7.5	Labor, shop	62.00		465.00
11	Labor, field	89.00		979.00
	materials	809.00		809.00
			Subtotal	\$2,253.00
Phone 651-488-6711 Fax 651-488-6715			Sales Tax (6.5%)	\$52.59
Thank you for the opportunity to serve you			Total	\$2,305.59



945 Pierce Butler Route
St Paul, MN 55104

Service Invoice

Date	Invoice #
2/27/2003	153181

Bill To
Rainbow Foods Retail Operations 8000 Excelsior Blvd Hopkins, MN 55343

Location
Rainbow Foods 289 SW 12th Street Forest Lake, MN 55025

P O Number	Contact	Terms	Salesperson	Project #
	Becky Krugerud	Due on receipt	Ted	1827
Quantity	Description	Price Each	Amount	
	Replace 2 - PBKM - letter "A" 1 - 9060 PBKM - letter "N" to repair building neon letters			
3	Labor (two men) materials	174 00 299 80	522 00 299 80T	
			Subtotal	\$821 80
			Sales Tax (6.5%)	\$19 49
			Total	\$841 29

Phone 651-488-6711 Fax 651-488-6715
Thank you for the opportunity to serve you



945 Pierce Butler Route
St Paul, MN 55104

Production Invoice

<i>Date</i>	<i>Invoice #</i>
1/17/2003	152923

Bill To
Rainbow Foods c/o Lanmark Engineering 6110 Blue Circle Drive Minnetonka, MN 55343

Location
Rainbow Foods 1540 New Brighton Blvd Minneapolis, MN 55413

<i>P O Number</i>	<i>Contact</i>	<i>Terms</i>	<i>Salesperson</i>	<i>Project #</i>
Steve		Due on receipt	House	1627
<i>Description</i>		<i>Contract Amt</i>	<i>Prior Amt</i>	<i>Current Amt</i>
12-09-02 Remove three neon units, letter "O" Repair and refasten trim for letters "B" & "W" Repair / replace neon units 01-03-03 Replace two 9060 PBKM transformers for letter "O" and reinstall repaired neon units Labor materials				707 25 471 50T
			Subtotal	\$1,178 75

Phone 651-488-6711 Fax 651-488-6715
Thank you for the opportunity to serve you

Sales Tax (7 0%)	\$33 01
Total	\$1,211 76
Payments to date	\$0 00
Balance due	\$1,211 76