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UNITED STATES BANKRUPTCY COURT District of Arizona

PROOF OF CLAIM

Name of Debtor: Nutracea, a California corporation

Case Number: 09-28817

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 (the person or other entity to whom the debtor owes money or property):

BEAVERHEAD HOME CENTER

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

BEAVERHEAD HOME CENTER
915 NORTH MONTANA ST
DILLON, MT 59725-8417

Court Claim Number (If known)

FILED

NOV 30 2009

Telephone number: 406-683-4911

Filed on: UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF ARIZONA

Name and address where payment should be sent (if different from above):

Check this box if the creditor or trustee has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 2543.58

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. (Balance includes fin. chgs)

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

2. Basis for Claim: Goods Sold (See instruction #2 on reverse side.)

Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4).

3. Last four digits of any number by which creditor identifies debtor: 6811

3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)

Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:

Value of Property: \$ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$ 2543.58

Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 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)(...).

Amount entitled to priority:

\$

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: 11-26-09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Robin Winden

FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Beaverhead Home Center
915 North Montana
Dillon, MT 59725

STATEMENT

PAGE: 1

B.H.C., INC.
 915 NORTH MONTANA
 DILLON, MONTANA 59725
 1-406-683-4912 FAX
 (406) 683-4911

CLOSING DATE: 11/25/09

ACCT: 36811

CLOSING DATE : 11/25/09

B.H.C., INC.

NutraCea
 RICEX CORP ATTN LINDA BAILEY
 5090 N. 40TH ST.
 PHOENIX AZ 85018

NutraCea
 ACCOUNT : 36811



PLEASE DETACH AND RETURN
 REMITTANCE STUB WITH YOUR PAYMENT

DATE	REFERENCE	ST	C	DESCRIPTION	DEBIT	CREDIT	REFERENCE	AMOUNT
				PREV BALANCE	2493.71		PREV BAL	2493.71
11/25/09	311479	1	F	SERVICE CHARGE	49.87		311479	49.87
				NEW BALANCE	2543.58			

COPY

YOUR ACCOUNT IS SERIOUSLY PAST DUE! WHEN CAN WE EXPECT PAYMENT?

CURRENT	1-30 DAYS	31-60 DAYS	61-90 DAYS	OVER 90 DAYS
49.87	48.90	47.94	47.00	2349.87

NEW BAL: 2543.58

SERVICE CHARGE-- TERMS: NET 10TH
 MONTHLY % : 2.00
 ANNUAL % : 24.00

SERVICE CHRG: 49.87
 S/C BALANCE : 2493.71
 S/C MIN AMT : 0.00
 S/C METHOD : A

CUT HERE ↑↑↑

36811

Transaction Codes

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AMOUNT PAID