

FORM 10. PROOF OF CLAIM

United States Bankruptcy Court
District of Arizona PROOF OF CLAIM

In re (Name of Debtor) Nutracea A California Corp Case Number 09-28817

FILED
DEC 7 2009
DEC

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor
(The person or entity to whom the debtor owes money or property)
Atlas Van Lines

Name and Addresses Where Notices Should be Sent
Atlas Van Lines Inc
1212 St George Road
Evansville In 47711

Telephone No. 812-424-4326 x 2286

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement given to you.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

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

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: DC97870

Check here if this claim replaces amends } a previously filed claim, dated: _____

1. BASIS FOR CLAIM

Goods sold
 Services performed
 Money loaned
 Personal injury/wrongful death
 Taxes
 Other (Describe briefly): _____

Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Wages, salaries, and compensations (Fill out below)
Your social security number _____
Unpaid compensations for services performed from _____ (date) to _____ (date)

2. DATE DEBT WAS INCURRED 2/26/09

3. IF COURT JUDGMENT, DATE OBTAINED: _____

4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.

SECURED CLAIM \$ _____
Attach evidence of perfection of security interest
Brief Description of Collateral:
 Real Estate Motor Vehicle Other (Describe briefly) _____

Amount of arrearage and other charges included in secured claim above, if any \$ _____

UNSECURED NONPRIORITY CLAIM \$ 12,701.81
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM \$ _____
Specify the priority of the claim.

Wages, salaries, or commissions (up to \$ 2000, earned not more than 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 - U.S.C. § 507(a)(4)

Up to \$ 900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6)

Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7)

Other - 11 U.S.C. §§ 507(a)(2), (a)(5) - (Describe briefly) _____

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ 12,701.81 (Unsecured) \$ _____ (Secured) \$ _____ (Priority) \$ 12,701.81 (Total)

Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

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7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date 12/4/09

Sign and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)
Phyllis L Truitt, Director of Credit



INVOICE (REG) NO.
DC97870001

INVOICE DATE
02/26/09

ROBERT DEPAUL
NUTRACEA
5090 N 40TH ST
STE 400
PHOENIX AZ 85018

REMITTANCE INFORMATION

**PLEASE MAKE CHECKS PAYABLE TO:
ATLAS VAN LINES, INC.**

TAX ID: 22-2543019
REMIT TO:
PO BOX 952340
ST LOUIS MO 63195-2340

"Thank you!"

**RETURN ONE COPY OF INVOICE
WITH REMITTANCE**

BOOKING AGENT INFO: 8852, PREMIERE VAN LINES
PHONE #: (306) 242-3177

DESCRIPTION OF SERVICES	CHARGES
OWNER: HUTCHINSON DAVID P.O.#	
FROM: SASKATOON ,SASKATCHEWAN ,SK S7K 4Z7	
TO: CAVE CREEK ,MARICOPA ,AZ 85331	
MILES: 1679 PU DATE: 01/23/09 DELIV DATE: 02/10/09	
PROVISO: 1 TARIFF: 1000 SECTION: 03	
RT DATE: 01/23/09 ACT.WT: 10,480 TRANSPORTATION WT: 10,480	
TRANSPORTATION	15,365.81
FUEL - L/H	460.97
SPECIAL INSURANCE FUND	614.63
ORIGIN SERVICE CHARGE	2,255.30
DESTINATION SERVICE CHARGE	333.26
PACKING CHARGES	5,905.48
UNPACKING CHARGES	1,476.63
LOAD TRLR-NOT WT ADD 1 @ 190.42	190.42
LOAD 3/4 WHEEL ATV 1 @ 190.42	190.42
55.00% BOTTOM LINE DISCOUNT OF \$ 26,792.92	14,736.11-
FVP OPTION A	645.00
AMOUNT DUE IF PAID BEFORE 03/09/09	12,701.81
EXTENDED CREDIT CHARGE	127.02
GROSS AMOUNT DUE AFTER 03/09/09	12,828.83
PAYMENT IN U.S. FUNDS	

NUMBER OF PACKAGES IS SHOWN ON THE INVENTORY NO PAYMENT LESS THAN THE FULL AMOUNT OF THIS INVOICE SHALL BE CONSIDERED PAYMENT IN FULL. PER THE BILL OF LADING COLLECTION COSTS (INCLUDING ATTORNEYS' FEES) WILL BE DUE IF THIS INVOICE IS PLACED FOR COLLECTION.

P.O. BOX 509
EVANSVILLE, IN 47703 SUPPORT DOCUMENTS ATTACHED (IF REQUIRED)
TELEPHONE: (812) 424-2222

D.O. 208015
REV 12/02