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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): TAYLOR PRODUCTS CO., INC.		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. FILED DEC 04 2009 UNITED STATES BANKRUPTCY COURT DISTRICT OF ARIZONA
Name and address where notices should be sent: TAYLOR PRODUCTS CO., INC. 2205 JOTHI AVENUE PARSONS, KS 67357-8477		
Telephone number: 620 421 5550		Filed on: _____
Name and address where payment should be sent (if different from above): Some		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case. <input type="checkbox"/> Check this box if you are a trustee or another party who has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number: _____		
1. Amount of Claim as of Date Case Filed: \$ 17.11 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. <input type="checkbox"/> 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.		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. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).
2. Basis for Claim: goods sold		
3. Last four digits of any number by which creditor identifies debtor: 0932		
3a. Debtor may have scheduled account as: _____		
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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> 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: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		Amount entitled to priority: \$ _____
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: 12/2/09	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. Shirley Cash AR	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.



2205 Jothi Avenue
 Parsons, Kansas 67357-8460
 Phone: 620/421-5550
 Fax: 620/421-5531

Invoice No 0000092018

Customer 000932

Duplicate Copy

Bill to :

**NUTRACEA
 5090 N 40TH ST
 PHOENIX AZ 85018
 USA**

Sold to :

**NUTRACEA
 5090 N 40TH ST
 PHOENIX AZ 85018
 USA**

Phone (602) 522-3000

Fax (602) 522-3001

Sales Order No: 044852

Customer PO Number	Invoice Date	Terms	FOB	Ship Via	Salesperson
10996	09/10/2009	NET 30	FOB - ORIGIN	UPS	BEP
Item	Part / Rev / Description / Details		Quantity	Unit Price	Extended Price
000001	50-7440	Rev 00 U/M EA	2.000	2.5000	5.00
	RUBBER BAG CLAMP PAD,DX5/16"-18				
000020	SHIPPING	Rev NS	1.000	12.1100	12.11
	Shipping/Freight Charge, Ref Shipper No 040722 Shipped on 09/09/2009				
	SHIPPED TO ADDRESS: NUTRACEA 3512 E BENCH RD DILLON MT 59725 USA		Total Item Price Shipping Sales Tax Total Inv Price	5.00 12.11 0.00 \$ 17.11	
	Please pay amount due promptly. Remit To: Taylor Products Co., Inc 2205 Jothi Ave Parsons, KS 67357 Thank you for your business, it is appreciated. Now accepting MasterCard and Visa.				