

NC 3

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Arizona</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>NUTACEA, a California Corporation</b>		Case Number <b>2-09-bk-28817-CGC</b>
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): <b>McDermott Will &amp; Emery LLP</b>		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">DEC 14 2009</div> <div style="font-weight: bold; margin-bottom: 10px;">UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF ARIZONA</div> <div style="font-size: 0.8em;">THIS SPACE IS FOR COURT USE ONLY</div>
Name and address where notices should be sent: c/o David O'Brien 227 West Monroe Street #4400 Chicago, IL 60606		
Telephone number: <b>312.984.2163</b>		
Account or other number by which creditor identifies debtor: <b>081897</b>	Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends	
<b>1. Basis for Claim</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold  <input checked="" type="checkbox"/> Services performed  <input type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Taxes  <input type="checkbox"/> Other _____         </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)            Your SS #: _____            Unpaid compensation for services performed            from _____ to _____  <div style="text-align: center; font-size: 0.8em;">(date) (date)</div> </div> </div>		
<b>2. Date debt was incurred:</b> <u>12/12/09-06/29/09</u>		<b>3. If court judgment, date obtained:</b>
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>99,465.52</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> 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.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300),* 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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)(____). <small>*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.</small>
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  <b>8. Supporting Documents:</b> 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.  <b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date <b>12/09/09</b>	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): <div style="text-align: right;"><b>David O'Brien: Acct Serv. Sup</b> </div>	
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.		

12/9/2009  
3:39 PM

McDermott Will & Emery  
AR Aging by Client Invoice

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Cutoff Period: 200912 Cutoff Date: 12/9/2009 Aging Date: 12/9/2009 Age Set: 30

Currency: USD

Office: 01 - Chicago

Dept: 051 - Intellectual Property, Media and Technology

Billing Attorney: 03000 Wallman, Suzanne

Client	Name	Seq #	Bill #	Bill Date	Totals					Total
					1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	
<b>081897</b>	<b>NutraCea Inc.</b>									
		1965585	2/12/2009	AR Fees					17,483.92	17,483.92
				AR Total					17,483.92	17,483.92
		1972427	2/25/2009	AR Fees					51,121.50	51,121.50
				AR Cost					4,159.05	4,159.05
				AR Total					55,280.55	55,280.55
		1976752	3/27/2009	AR Fees					15,516.00	15,516.00
				AR Cost					5,159.50	5,159.50
				AR Total					20,675.50	20,675.50
		1987219	4/22/2009	AR Fees					4,313.50	4,313.50
				AR Cost					164.31	164.31
				AR Total					4,477.81	4,477.81
		2007025	5/27/2009	AR Fees					465.00	465.00
				AR Cost					131.27	131.27
				AR Total					596.27	596.27
		2018400	6/29/2009	AR Fees					325.50	325.50
				AR Cost					625.97	625.97
				AR Total					951.47	951.47
	<b>Total: 081897</b>			AR Fees					89,225.42	89,225.42
				AR Cost					10,240.10	10,240.10
				AR Total					99,465.52	99,465.52
<b>Tkpr Total: 03000</b>				AR Fees					89,225.42	89,225.42
				AR Cost					10,240.10	10,240.10
				AR Total					99,465.52	99,465.52

# McDermott Will & Emery

December 9, 2009

Clerk's Office  
United States Bankruptcy Court  
District of Arizona  
Phoenix Division  
230 N. First Avenue  
Phoenix, AZ 85003


Gentlemen:

Please find enclosed our Proof of Claim to be filed with you for NUTRACEA in the amount of \$ 99,465.52.

Also enclosed is a preaddressed stamped envelope for returning an acknowledgement of this filing.

Thank you for your cooperation.

Sincerely



David O'Brien  
Account Services Supervisor