

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):

P & A GROUP

Name and address where notices should be sent:

P & A GROUP
17 COURT STREET, SUITE 500
BUFFALO, NY 14202-3204

Telephone number:

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

Telephone number:

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

Court Claim Number: (if known)

DEC 14 2009

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

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

1. Amount of Claim as of Date Case Filed: \$ 1,040.00

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.

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).

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).

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

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:

\$

\*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.

2. Basis for Claim: Services performed

3. Last four digits of any number by which creditor identifies debtor: N/A

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: Real Estate Motor Vehicle Other

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.

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.

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

If the documents are not available, please explain:

Date: 12/14/09 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.

FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$300,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



**Invoice Summary**

NUTRA09

**NUTRACEA HRA 2009**

The P&A Group  
17 Court Street, Suite 500  
Buffalo, NY 14202  
(800)688-2611  
www.padmin.com

Invoice Number: **NUTRA09102009**  
Monthly Administration Fee  
Invoice Date: 09/16/2009  
Due Date: 10/06/2009

Bill To: NUTRACEA HRA 2009  
5090 N 40TH ST SUITE 400  
  
PHOENIX AZ 85018

Question concerning this invoice?  
Call Monday Thru Friday 8:30PM -8:00PM ET  
(716) 852-2611 Ext: 315  
(800) 688-2611 Ext: 315

**Flex Fees for the Month of: October 2009**

Please note our invoicing numbers have changed to reflect the month billed.

**Monthly Administration Fee: \$510.00**

Please make the check payable to: The P&A Group  
17 Court St, Suite 500  
Buffalo, NY 14202

Please Enclose a copy of this invoice with your payment.

Division/Location:

SSN	Last Name	First Name	Monthly Fee
XXX-XX-XXXX	Bailey	Linda	\$10.00
XXX-XX-XXXX	Boothe	John	\$10.00
XXX-XX-XXXX	BOWEN	RICKY	\$10.00
XXX-XX-XXXX	Butler	Matthew	\$10.00
XXX-XX-XXXX	Carroll	Jessica	\$10.00
XXX-XX-XXXX	Cotten	Heather	\$10.00
XXX-XX-XXXX	COTTOM	RYAN	\$10.00
XXX-XX-XXXX	DeJohn	Jason	\$10.00
XXX-XX-XXXX	DePaul	Robert	\$10.00
XXX-XX-XXXX	Dickey	Randy	\$10.00
XXX-XX-XXXX	Dingledine	Ed	\$10.00
XXX-XX-XXXX	Eggenberger	Gerald	\$10.00
XXX-XX-XXXX	Erichsen	Timothy	\$10.00
XXX-XX-XXXX	Fuselier	Jamie	\$10.00
XXX-XX-XXXX	Gee	Michael	\$10.00
XXX-XX-XXXX	Gingras	Leo	\$10.00
XXX-XX-XXXX	Golper	Shana	\$10.00
XXX-XX-XXXX	Harris	Todd	\$10.00
XXX-XX-XXXX	HEARD	JESSE	\$10.00
XXX-XX-XXXX	HEBERT	KENNY	\$10.00
XXX-XX-XXXX	Hibner	Jessica	\$10.00
XXX-XX-XXXX	Holland	Dave	\$10.00
XXX-XX-XXXX	Holloman	Stephen	\$10.00
XXX-XX-XXXX	HUTCHINSON	DAVID	\$10.00
XXX-XX-XXXX	Jackson	Loretta	\$10.00
XXX-XX-XXXX	KOERNER	JOSHUA	\$10.00
XXX-XX-XXXX	Krall	Kevin	\$10.00
XXX-XX-XXXX	Lacota	Teresa	\$10.00
XXX-XX-XXXX	Lynch	Charmaine	\$10.00
XXX-XX-XXXX	Maki	Dave	\$10.00
XXX-XX-XXXX	Marquez	Robin	\$10.00
XXX-XX-XXXX	Mayes	Karen	\$10.00
XXX-XX-XXXX	McDougall	Phil	\$10.00
XXX-XX-XXXX	MCEVOY	TYSON	\$10.00
XXX-XX-XXXX	Minor	Sue	\$10.00
XXX-XX-XXXX	NELSON	HAROLD	\$10.00
XXX-XX-XXXX	Neumann	Kara	\$10.00
XXX-XX-XXXX	Newland	Kody	\$10.00
XXX-XX-XXXX	Ostergardt	Deanna	\$10.00
XXX-XX-XXXX	PAULSON	VICTOR	\$10.00
XXX-XX-XXXX	Pirtle	Steve	\$10.00
XXX-XX-XXXX	PRIMEAUX	PHILIP	\$10.00
XXX-XX-XXXX	REEDER	CATHY	\$10.00
XXX-XX-XXXX	Rego	Cherie	\$10.00
XXX-XX-XXXX	Rich	Christine	\$10.00
XXX-XX-XXXX	Schwerin	Monica	\$10.00
XXX-XX-XXXX	Schwerin	Chad	\$10.00
XXX-XX-XXXX	Thomton	Gary	\$10.00
XXX-XX-XXXX	WARD	DARRELL	\$10.00
XXX-XX-XXXX	WILLIAMS	MARY	\$10.00

Division/Location:

SSN	Last Name	First Name	Monthly Fee
XXX-XX-XXXX	WILLIAMS	SHEA	\$10.00
Division/Location Totals:			51
			\$510.00
<i>Please remit payment to the P&amp;A Group, Thank You.</i>			<b>\$510.00</b>

**This report was generated by The P&A Group, 17 Court Street, Suite 500  
Buffalo, New York 14202 and is solely intended to be used by our clients.**

This Report has been emailed to: [mlewis@nutracea.com](mailto:mlewis@nutracea.com)



**Invoice Summary**

NUTRA09

**NUTRACEA HRA 2009**

The P&A Group  
17 Court Street, Suite 500  
Buffalo, NY 14202  
(800)688-2611  
www.padmin.com

Invoice Number: **NUTRA09112009**  
Monthly Administration Fee  
Invoice Date: 10/21/2009  
Due Date: 11/10/2009

Bill To: NUTRACEA HRA 2009  
5090 N 40TH ST SUITE 400

PHOENIX AZ 85018

Question concerning this invoice?  
Call Monday Thru Friday 8:30PM -8:00PM ET  
(716) 852-2611 Ext: 315  
(800) 688-2611 Ext: 315

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**Flex Fees for the Month of: November 2009**

Please note our invoicing numbers have changed to reflect the month billed.

**Monthly Administration Fee: \$530.00**

Please make the check payable to: The P&A Group  
17 Court St, Suite 500  
Buffalo, NY 14202

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Division/Location:

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XXX-XX-XXXX	HEBERT	KENNY	\$10.00
XXX-XX-XXXX	HERNANDEZ	MISTY	\$10.00
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XXX-XX-XXXX	REEDER	CATHY	\$10.00
XXX-XX-XXXX	Rego	Cherie	\$10.00
XXX-XX-XXXX	Rich	Christine	\$10.00
XXX-XX-XXXX	Schwerin	Monica	\$10.00
XXX-XX-XXXX	Schwerin	Chad	\$10.00
XXX-XX-XXXX	Thornton	Gary	\$10.00
XXX-XX-XXXX	WARD	DARRELL	\$10.00

Division/Location:

SSN	Last Name	First Name	Monthly Fee
XXX-XX-XXXX	WIGGINS	JACKSON	\$10.00
XXX-XX-XXXX	WILLIAMS	MARY	\$10.00
XXX-XX-XXXX	WILLIAMS	SHEA	\$10.00
Division/Location Totals:			53
			\$530.00
<b>Please remit payment to the P&amp;A Group, Thank You.</b>			<b>\$530.00</b>

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