

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): LIBERTY FIRE AND SECURITY SOLU		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. <div style="font-size: 2em; font-weight: bold; text-align: center;">FILED</div> <div style="font-size: 1.5em; text-align: center;">DEC 08 2009</div> <div style="text-align: center;"> UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF ARIZONA </div>
Name and address where notices should be sent: LIBERTY FIRE AND SECURITY SOLU PO BOX 83718 PHOENIX, AZ 85071-3718		
Telephone number: <u>623-266-7168</u>		Filed on: _____
Name and address where payment should be sent (if different from above):		<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 the debtor or trustee in this case.
Telephone number:		
1. Amount of Claim as of Date Case Filed: \$ <u>7,642.60</u> 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 checked="" 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: <u>Goods Sold</u> (See instruction #2 on reverse side.)		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.
3. Last four digits of any number by which creditor identifies debtor: <u>N/A</u> 3a. Debtor may have scheduled account as: <u>N/A</u> (See instruction #3a on reverse side.)		
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. 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:		
Date: <u>12/7/09</u>	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. <div style="text-align: right; font-family: cursive;"> [Signature] Vice President LFS </div>	
		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.



Invoice

Date	Invoice #
1/16/2009	6585

Bill To
Cabot II NutraCea Inc 5090 North 40th, Ste 400 Phoenix, AZ 85018

Project	P.O. No.	Terms	Due Date
	0001178	Net 10	1/26/2009
Quantity	Description	Rate	Amount
1	(40) - 10# ABC Fire Extinguishers, (2) - 20# ABC Fire Extinguishers, (1) - 5# Halotron Sales Tax @ 35% Reduction in Gross Receipts	4,550.48 5.395%	4,550.48 0.00
Payment is Due by the Due Date independent of any payments or moneys owed by others		Total	\$4,550.48



Invoice

Date	Invoice #
11/24/2009	6585

Bill To
Cabot II NutraCea Inc 5090 North 40th, Ste 400 Phoenix, AZ 85018

Project	P.O. No.	Terms	Due Date
	0001178	Net 10	12/4/2009
Quantity	Description	Rate	Amount
1	(40) - 10# ABC Fire Extinguishers, (2) - 20# ABC Fire Extinguishers, (1) - 5# Halotron	4,550.48	4,550.48
	Finance Charges on Overdue Balance	24.00%	1,092.12
	Sales Tax @ 35% Reduction in Gross Receipts	5.395%	0.00
Payment is Due by the Due Date independent of any payments or moneys owed by others		Total	\$5,642.60



Invoice

Date	Invoice #
11/24/2009	7123

Bill To
Cabot II NutraCea Inc 5090 North 40th, Ste 400 Phoenix, AZ 85018

Project	P.O. No.	Terms	Due Date
	0001178	Net 10	12/4/2009
Quantity	Description	Rate	Amount
10	Monthly Administration Fee per proposal - 10 Months has gone unpaid.	200.00	2,000.00
	Sales Tax @ 35% Reduction in Gross Receipts	8.30%	0.00
Payment is Due by the Due Date independent of any payments or moneys owed by others			Total \$2,000.00

PURCHASE ORDER



P.O. NUMBER : 0001178
ORDER DATE : 11/06/08

5090 N. 40TH ST., #400
PHOENIX, AZ 85018
(602) 522-3000

VENDOR NUMBER : LIB01

VENDOR :
LIBERTY FIRE AND SECURITY SOLU
PO BOX 83718
PHOENIX, AZ 85071-3718

SHIP TO :
Nutracea - Phoenix Operations
4502 W. Monterosa
CONTACT RICK BOWEN
PHONE# 602-501-9512
PHOENIX, AZ 85031

CONFIRM TO :
RICK BOWEN

REQUIRED DATE	SHIP VIA	F.O.B.	TERMS
11/06/08	N/A		Net 30

ITEM NUMBER	UNIT	ORDERED	RECEIVED	BCK ORDER	UNIT COST	AMOUNT
/M						4,550.48

FIRE EXTINGUISHERS
SEE PO REQUEST FORM FOR EXACT DETAILS.

For Nutracea Robert DePaul

Net Order:	4,550.48
Sales Tax:	0.00
Freight:	0.00
Order Total:	4,550.48



Fire/Life Safety • Special Hazards • Security • Access Control • CCTV

21620 N. 19th Ave. Suite A-9
Phoenix, AZ 85027
www.libertyfire.net

Date:	10/5/08	
Job#:		
Project:	Nutracore	
Location:	4502 W. Manferosa St.	
Contractor:		
Owner:	Clay	
Present at site:	Hours:	
Danny		

To:

The Following Was Noted:

install door egress relay for card access per clay's request. Signed proposal was for \$760.00, new proposal will be for \$610.00 due to now over the counter permit fee.

Parts, Equipment, Materials Used:

Copies To:	Received By: (Print Name)	Erika Diaz
	Signature:	<i>[Signature]</i>
	Date:	10/5/08



Corporate Office:
 5090 N. 40th Street, Ste. 400
 Phoenix, AZ 85018
 602-522-3000 / Fax 602-522-3001

FXED
 11-5-08
 emailed to Robert

Purchase Order Form

VENDOR

check if new

Contact Name _____

Business Name

Liberty Fire & Security Solutions

Address

21620 N. 19th Ave.

Suite A-9

City / State

Phoenix, AZ Phone (623) 266-7168

Zip Code

85071 Fax (666) 738-7732

REQUESTOR
 [Confirm To Contact]

Rick Bowen

SHIP TO

Nutracea

Location

Phoenix Plant

Address

4502 W. Monterosa

City / State

Phoenix, AZ Phone 623-849-1416

Zip Code

85031 Fax 623-849-1725

TERMS

Date Required

Ship Via

FOB

Other

Please acknowledge receipt of this P.O. to / by (or our Corp. fax):

Quantity / Item	Additional Description	Cost
40	10lb ABC Fire Extinguishers	
2	20lb ABC Fire Extinguishers	
1	5lb Clean Agent Fire Extinguisher	
TOTAL		\$ 4,550.48

Requestor:

Rick Bowen

Manager:

Rick Bowen



21620 N. 19TH Ave.
 Suite# A-9
 Phoenix, AZ 85071
 P: (623) 266-7168
 F: 1(866) 738-7732

DATE 11/03/08
 Quotation # 20081103
 Customer Nutracea
 Prepared by: Larry Marvin

Proposal To: Ricky Bowen
Nutracea
4502 W Monterosa
Phoenix AZ
623-849-1416

PROJECT: Nutracea 4502 W Monterosa

Part Quantity	Part Description
40	10 lb ABC fire extinguisher
2	20 lb ABC fire extinguisher
1	5 lb clean agent fire extinguisher

TERMS & CONDITIONS

- 1 Progress invoices will be issued monthly as our work is performed or material is stored on or off site.
- 2 Payment terms are net 30 days.
- 3 Overdue invoices are subject to a \$200 per month administrative fee and interest as allowed by law.
- 4 Client requested changes must have an approved change authorization prior to work being performed.
- 5 Any rejection of materials or workmanship must be in writing within 30 calendar days of work installed.
- 6 Client agrees to re-imburse Liberty for all attorneys fees and any costs associated with any collections actions taken: including but not limited to, collection fees up to 40% of the face value of outstanding invoices, litigation and/or alternate dispute resolution.
- 7 Construction delays: material and/or equipment cost increases will be billed as a change in scope for projects delayed more than 30 days past the scheduled completion date.
- 8 Time is of the essence. Due to rapidly fluctuating materials costs, this proposal is valid for 30 days.
- 9 Access - the building owner, occupants and general contractor must allow complete access to all areas. A \$300 trip charge will be assessed for return trips caused by access delays.
- 10 Project is to be scheduled. Client is to provide a proposed construction schedule as quickly as possible to allow scheduling our manpower. If a schedule is not provided we cannot guarantee a completion date.
- 11 Sales tax may or may not be included in the fee and will be added to each invoice when required.

SCOPE OF WORK FEE	FEE
Service Repairs	\$ 4,550.48
PROJECT SUBTOTAL	\$ 4,550.48
SALES TAX IF APPLICABLE	\$ -
DEPOSIT RECEIVED	
BALANCE DUE	\$ 4,550.48

SIGNATURES - AUTHORIZATION TO PERFORM WORK BASED ON THE SCOPE LISTED ABOVE

<i>Larry Marvin</i>	11/03/08
Larry Marvin	Date
Ricky Bowen	Date

To: NutraCea
Att: Ricky J. Bowen
Subject: Fire Extinguisher Quote

Fax from Larry Marvin
Liberty Fire and Security
602-571-3289 cell
1-866-738-7732 fax
623-266-7168 office