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B10 (Official Form 10) (12/08)

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):
CAPITAL MACHINE CORP.

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

Name and address where notices should be sent:
CAPITAL MACHINE CORP.
83 NORTH 17TH STREET
SACRAMENTO, CA 95811-0694

Court Claim Number: _____
(If known)

Telephone number:

Filed on: _____

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

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.

Telephone number:

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

1. Amount of Claim as of Date Case Filed: \$ 2,130.98

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.

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.

Specify the priority of the claim.

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

2. Basis for Claim: SERVICES PERFORMED
(See instruction #2 on reverse side.)

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).

3. Last four digits of any number by which creditor identifies debtor: _____

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

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

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
Describe:

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).

Value of Property: \$ _____ Annual Interest Rate: _____ %

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

Amount of arrearage and other charges as of time case filed included in secured claim,

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).

If any: \$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

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.

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: 11-24-09 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 \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

John Collier PRESIDENT

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If any: \$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$

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\$

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JOHN COLLIER / PRESIDENT

Collier Capital Machine Corporation

dba: Capital Machine
83 North 17th Street
Sacramento, CA 95811

Invoice

Date	Invoice #
10/5/2009	3179

Bill To
Nutra-CEA 5090 North 40th St., #400 Phoenix, AZ 85018

Ship To
Nutra-CEA 5090 North 40th St., #400 Phoenix, AZ 85018

P.O. Number	Terms	Ship	Via	F.O.B.
1402	Net 10	10/5/2009	UPS	

Quantity	Description	Price Each	Amount
2	EA. DRILL (3) SETS OF NEW HOLES IN YOUR CYLINDER AS PER SAMPLE HOLES. 90* - 180* - 270*	327.67	655.34
1	EA. LABOR TO REPLACE BEARINGS IN YOUR MTR MACHINE CENTER HEIGHT TO 11" +- 000 - 005	1,090.66	1,090.66
1	EA. MATERIAL TO REPLACE BEARING IN YOUR MTR MACHINE CENTER HEIGHT TO 11" --000 - 005	354.00	354.00T
		Subtotal	\$2,100.00
Phone #		Sales Tax (8.75%)	
916-443-6671		\$30.98	
Fax #		Total	
916-443-6675		\$2,130.98	