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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): FOSTER PRINTING SERVICE, INC.		<input type="checkbox"/> Check this box to indicate that this claim amends a previous claim. <div style="font-size: 2em; font-weight: bold; text-align: center;">FILED</div> Court Claim Number: _____ (if known) <div style="font-size: 1.5em; font-weight: bold; text-align: center;">NOV 30 2009</div> Filed on: UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF ARIZONA
Name and address where notices should be sent: FOSTER PRINTING SERVICE, INC. PO BOX 2089 MICHIGAN CITY, IN 46361-8089		
Telephone number: <u>319-879-9144 x 114</u>		<input type="checkbox"/> 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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Name and address where payment should be sent (if different from above): Telephone number:		
1. Amount of Claim as of Date Case Filed: <u>\$ 1,411.17</u>		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)(___).
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.		
2. Basis for Claim: _____ (See instruction #2 on reverse side.)		Amount entitled to priority: \$ _____ <i>*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.</i>
3. Last four digits of any number by which creditor identifies debtor: <u>4119</u>		
3a. Debtor may have scheduled account as: _____ (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: \$ _____		Amount entitled to priority: \$ _____ <i>*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.</i>
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:	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. <u>Philip J. Skwiat</u>	
		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.

Philip J. Skwiat 11/24/09

F O S T E R
PRINTING SERVICE

Invoice

Number: IN000315464
Date: 4/27/2009
Customer No. 14119

Sold To: NUTRACEA
 5090 N 40TH STREET
 PHOENIX, AZ 85018

 MELISSA KLINE

Your Purchase Order No.:		Our Job Number: 278532	
Description/Comments	Quantity	Amount	
REPRINT SATIN FINISH CANADA BROCHURE	1,000	295.80	
ALTERATIONS		16.25	
ADDITIONAL PROOF CHARGE		13.00	
SHIPPING & HANDLING		115.83	



Please make check payable to:

Foster Printing Service, Inc.
 P.O. Box 2089, Michigan City, IN 46361-8089
 Phone: 219-879-8366 Fax: 219-874-2849

Subtotal before taxes	440.88
Total taxes	0.00
Total amount	440.88
Payment received	0.00
Discount taken	0.00
Amount due	440.88

Terms: Net 30 Days. Thereafter: a service charge of 1.5% per month (18% per year) is added to any amount unpaid after 60 days: a minimum \$2.00 charge applies.

F O S T E R
PRINTING SERVICE

Invoice

Number: IN000316039
 Date: 5/20/2009
 Customer No. 14119

Sold To: NUTRACEA
 5090 N 40TH STREET
 PHOENIX, AZ 85018

 MELISSA KLINE

Your Purchase Order No.: 0001387		Our Job Number: 279224	
Description/Comments	Quantity	Amount	
REPRINT NATURAL GLO BROCHURE	2,500	384.00	
ALTERATIONS		16.25	
SHIPPING & HANDLING		56.71	



Please make check payable to:

Foster Printing Service, Inc.
 P.O. Box 2089, Michigan City, IN 46361-8089
 Phone: 219-879-8366 Fax: 219-874-2849

Subtotal before taxes	456.96
Total taxes	0.00
Total amount	456.96
Payment received	0.00
Discount taken	0.00
Amount due	456.96

Terms: Net 30 Days. Thereafter: a service charge of 1.5% per month (18% per year) is added to any amount unpaid after 60 days: a minimum \$2.00 charge applies.

F O S T E R
PRINTING SERVICE

Invoice

Number: IN000316226
 Date: 5/29/2009
 Customer No. 14119

Sold To: NUTRACEA
 5090 N 40TH STREET
 PHOENIX, AZ 85018

 MELISSA KLINE

Your Purchase Order No.:		Our Job Number: 279250
Description/Comments	Quantity	Amount
REPRINT STABILIZED RICE BRAN BROCHURE	2,500	384.00
PREP CHARGES		16.25
ALTERATIONS		32.50
ADDITIONAL PROOF CHARGE		26.00
SHIPPING & HANDLING		54.58



Subtotal before taxes	513.33
Total taxes	0.00
Total amount	513.33
Payment received	0.00
Discount taken	0.00
Amount due	513.33

Please make check payable to:
Foster Printing Service, Inc.
 P.O. Box 2089, Michigan City, IN 46361-8089
 Phone: 219-879-8366 Fax: 219-874-2849

Terms: Net 30 Days. Thereafter: a **service charge** of 1.5% per month (18% per year) is added to any amount unpaid after 60 days: a minimum \$2.00 charge applies.