

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):

SLEEP INN AND SUITES

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

Name and address where notices should be sent:

SLEEP INN AND SUITES
3211 VENTURE PARK DR
LAKE CHARLES, LA 70615-5443

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: \$ 904.00

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).

2. Basis for Claim: ROOM CHARGES
(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 _____ %

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

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

If any: \$ _____ Basis for perfection: _____

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

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

Amount entitled to priority:

\$ _____

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:

*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.

FILED

Date: 11/25/09

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
NOV 30 2009

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, 157. UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF ARIZONA



BY CHOICE HOTELS

Sleep Inn & Suites

3211 Venture Park Drive
Lake Charles, LA 70615
Phone: (337) 480-0898
Fax: (337) 480-1819
gm.LA122@choicehotels.com

| Amount Due | Due Date |
|------------|--------------|
| 904.00 | Upon Receipt |

Account Number: 249505
Page 1 of 1

| Current | Past 30 Days | Past 60 Days | Past 90 Days | Past 120 Days | Amount Due |
|---------|--------------|--------------|--------------|---------------|------------|
| 0.00 | 0.00 | 0.00 | 0.00 | 904.00 | 904.00 |

NUTRACEA 80.00 A/R ACCT# 311

5090 N 40TH STREET SUITE 400
PHOENIX, 85018

Statement of Account

This is a reminder of your obligation.

Please call (337) 480-0898 if you should have any questions regarding this statement.

| <u>Invoice Date</u> | <u>Name</u> | <u>Account</u> | <u>Account Type</u> | <u>Invoice Number</u> | <u>Amount</u> | <u>Credits</u> | <u>Balance</u> |
|---------------------|----------------------------------|----------------|---------------------|-----------------------|---------------|-------------------|----------------|
| 2/26/09 | PM A/R ACCT#311 PM INVOICE#12638 | | Manual Invoice | 1946954 | 271.20 | 0.00 | 271.20 |
| 2/26/09 | PM A/R ACCT#311 PM INVOICE#12646 | | Manual Invoice | 1946955 | 361.60 | 0.00 | 361.60 |
| 2/26/09 | PM A/R ACCT#311 PM INVOICE#12669 | | Manual Invoice | 1946956 | 271.20 | 0.00 | 271.20 |
| | | | | | | Total Due: | 904.00 |

NUTRACEA 80.00 A/R ACCT# 311

5090 N 40TH STREET SUITE 400
PHOENIX, 85018

| Amount Due | Due Date |
|------------|--------------|
| 904.00 | Upon Receipt |

This is a reminder for your records. If payment has already been submitted, please accept our thanks. We appreciate your business!



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| Amount Due | Due Date |
|------------|--------------|
| 271.20 | Upon Receipt |

Account Number: 249505
Invoice Number: 1946954
Invoice Date: 2/26/09
Page 1 of 1

NUTRACEA 80.00 A/R ACCT# 311
5090 N 40TH STREET SUITE 400
PHOENIX, 85018

Invoice

Please call (337) 480-0898 if you should have any questions regarding this statement.

PM A/R ACCT#311 PM INVOICE#1263

NUTRACEA 80.00 A/R ACCT# 311

| Date | Description | Comments | Amount |
|----------------|-----------------------|----------------------------------|---------------|
| 2/25/09 | Debit Balance Forward | PM A/R ACCT#311 PM INVOICE#12638 | 271.20 |
| Invoice Total: | | | 271.20 |

NUTRACEA 80.00 A/R ACCT# 311
5090 N 40TH STREET SUITE 400
PHOENIX, 85018

Please make checks payable to:

Sleep Inn & Suites

| Account Number | Invoice Number | Amount Due | Due Date |
|----------------|----------------|------------|--------------|
| 249505 | 1946954 | 271.20 | Upon Receipt |

Please return this stub with your payment.



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gm.LA122@choic-hotels.com

| Amount Due | Due Date |
|------------|--------------|
| 361.60 | Upon Receipt |

Account Number: 249505
Invoice Number: 1946955
Invoice Date: 2/26/09
Page 1 of 1

NUTRACEA 80.00 A/R ACCT# 311
5090 N 40TH STREET SUITE 400
PHOENIX, 85018

Invoice

Please call (337) 480-0898 if you should have any questions regarding this statement.

PM A/R ACCT#311 PM INVOICE#1264

NUTRACEA 80.00 A/R ACCT# 311

| Date | Description | Comments | Amount |
|----------------|-----------------------|----------------------------------|---------------|
| 2/25/09 | Debit Balance Forward | PM A/R ACCT#311 PM INVOICE#12646 | 361.60 |
| Invoice Total: | | | 361.60 |

NUTRACEA 80.00 A/R ACCT# 311
5090 N 40TH STREET SUITE 400
PHOENIX, 85018

Please make checks payable to:

Sleep Inn & Suites

| Account Number | Invoice Number | Amount Due | Due Date |
|----------------|----------------|------------|--------------|
| 249505 | 1946955 | 361.60 | Upon Receipt |

Please return this stub with your payment.



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gm.LA122@choic-hotels.com



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| Amount Due | Due Date |
|------------|--------------|
| 271.20 | Upon Receipt |

Account Number: 249505
Invoice Number: 1946956
Invoice Date: 2/26/09
Page 1 of 1

NUTRACEA 80.00 A/R ACCT# 311

5090 N 40TH STREET SUITE 400
PHOENIX, 85018

Invoice

Please call (337) 480-0898 if you should have any questions regarding this statement.

PM A/R ACCT#311 PM INVOICE#1266

NUTRACEA 80.00 A/R ACCT# 311

| Date | Description | Comments | Amount |
|----------------|-----------------------|----------------------------------|---------------|
| 2/25/09 | Debit Balance Forward | PM A/R ACCT#311 PM INVOICE#12669 | 271.20 |
| Invoice Total: | | | 271.20 |

NUTRACEA 80.00 A/R ACCT# 311

5090 N 40TH STREET SUITE 400
PHOENIX, 85018

Please make checks payable to:

Sleep Inn & Suites

| Account Number | Invoice Number | Amount Due | Due Date |
|----------------|----------------|------------|--------------|
| 249505 | 1946956 | 271.20 | Upon Receipt |

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