

<b>UNITED STATES BANKRUPTCY COURT District of Arizona</b>		<b>PROOF OF CLAIM</b>
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 CORRUGATED		<input type="checkbox"/> Check this box if you are amending a previously filed claim. <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FILED</div> Court Claim Number: (if known) <b>NOV 30 2009</b>  <div style="text-align: center; font-weight: bold; font-size: 0.8em;">UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF ARIZONA</div> Filed on:
Name and address where notices should be sent: CAPITAL CORRUGATED CUSTOMIZED PACKAGING SOLUTION PO BOX 278060 SACRAMENTO, CA 95827-8060		
Telephone number:		<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:		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)(____).  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.
1. Amount of Claim as of Date Case Filed: <u>\$1,940.00</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 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: <u>Accounts Receivable</u> (See instruction #2 on reverse side.)		Amount entitled to priority:  \$ _____
3. Last four digits of any number by which creditor identifies debtor: <u>4525</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: \$ <u>1,940.00</u>		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		Amount entitled to priority:  \$ _____
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>11/25/09</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. <u>Kenneth Saunders</u> <u>Kenneth Saunders, Controller</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.





# Capital Corrugated & Carton

PO Box 278060  
 Sacramento, CA 95827  
 Phone: 916-388-7848 Fax: 916-388-7840

## Invoice Reprint

Invoice No: **48645**  
 Invoice Date: 8/6/09  
 Page No: 1

Delivery Receipt No. 44052

*Sold To:* NUTRACEA, Inc.  
 5090 N. 40th St. - Ste 400  
 PHOENIX, AZ 85018

*Ship To:* NUTRACEA  
 2928 RAMCO ST SUITE #120  
 W SACRAMENTO, CA 95691

Terms		Salesman		Ship Via	Truck No		FOB
1 1/2 10 NET 30		Stan Wallace		CC TRUCKING	CC Trk		Destination
Qty Ord.	Order #	Order No./ Description	Customer P.O. No.	Qty Shipped	P/C	Price/Per	Amount
500	50429	CLICK LOCK TRAY 9" 48 X 40 X 9 48 x 40 x 9 D/C NON-JOINED 44ECT-C KRAFT	0001404	550	C	\$3,528.00 / M	\$1,940.40

<i>You May Deduct 19.40 If Paid By 8/16/09</i>	<b>Total MSF</b> 14.984	<b>Total Weight</b> 2,678	<b>Please Pay This Amount =&gt;</b> <b>\$1,940.40</b>
--	----------------------------	------------------------------	---