| UNITED STATES BANKRUPTCY COURT<br>DISTRICT OF DELAWARE | **PROOF OF CLAIM** | **YOUR CLAIM IS SCHEDULED AS:**<br>Schedule/Claim ID s802<br>Amount/Classification<br>$2,253.00 Unsecured<br>Claim # 240 |
|---|---|---|
| Name of Debtor:<br>**QUANTUM FOODS, LLC** | Case Number:<br>**14-10318-KJC** | |

*NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503(a).*

**Name of Creditor** (the person or other entity to whom the debtor owes money or property)

Name and address where notices should be sent:

34257812004499

PAMCO LABELS
P.O. BOX 1000 DEPT. 5
MEMPHIS, TN 38148

RECEIVED
OCT 27 2014
BMC GROUP

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

**If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.**

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number (847) 803-2200 email: RCampagnolo@PamcoLabel.com

THIS SPACE IS FOR COURT USE ONLY

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

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

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

**Court Claim Number (if known):** _____

Filed on: _____

Payment Telephone Number ( ) email:

**1. AMOUNT OF CLAIM AS OF DATE CASE FILED** $ 2253.00

If all or part of your claim is secured, 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.

**2. BASIS FOR CLAIM:** Goods Sold
(See instruction #2)

**3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:** 5436

**3a. Debtor may have scheduled account as:** Pamco Label Company
(See instruction #3a)

**3b. Uniform Claim Identifier (optional):** _____
(See instruction #3b)

**4. SECURED CLAIM:** (See instruction #4)

Check the appropriate box if your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.

**Nature of property or right of setoff:**
**Describe:**

☐ Real Estate ☐ Motor Vehicle ☐ Other _____

**Value of Property:** $ _____

**Annual Interest Rate:** _____ % ☐ Fixed or ☐ Variable
**(when case was filed)**

**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:** $ _____

**5. Amount of Claim Entitled to Administrative Expense status under 11 U.S.C. § 503(b)(9) or Priority under 11 U.S.C. § 507(a). If any part of the claim falls into one of the following categories, check the box specifying the administrative expense or priority and state the amount.**

**Amount entitled to priority:** $ _____

**Amount entitled to administrative Expense under 11 U.S.C. § 503(b)(9):** $ _____

**You MUST specify the priority of the claim:**

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

☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to $12,475*), 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).

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

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

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

☐ Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9).

** Amounts are subject to adjustment on 4/1/13 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. (See instruction #6)

Quantum Foods POC
90076

**7. DOCUMENTS:** *Attached are redacted copies of documents that support the claim,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and definition of "redacted").

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

**DATE-STAMPED COPY:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

**The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 pm, prevailing Eastern Time on November 7, 2014 for Non-Governmental Claimants, Governmental Units, and Administrative Claimants.**

**BY MAIL TO:**
BMC Group, Inc
Attn: Quantum Foods, LLC Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

**BY MESSENGER OR OVERNIGHT DELIVERY TO:**
BMC Group, Inc
Attn: Quantum Foods, LLC Claims Processing
18675 Lake Drive East
Chanhassen, MN 55317

**8. SIGNATURE:** (See instruction #8)

Check the appropriate box.

[X] I am the creditor. [ ] I am the creditor's authorized agent. [ ] I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) [ ] I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information providedin this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Robert B. Campagnolo
Title: A/R Manager
Company: Pamco Label Company

Robert B. Campagnolo (Signature) 10/22/14 (Date)

Address and telephone number (if different from notice address above):
2200 S. Wolf Road
Des Plaines, IL 60018

Telephone number: 847-803-2200 email: RCampagnolo@PamcoLabel.com

*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.*

**LIST OF DEBTORS:**

| | |
|---|---|
| **Quantum Foods, LLC** | **14-10318** |
| **Quantum Foods 213-D, LLC** | **14-10319** |
| **Quantum Culinary, LLC** | **14-10320** |
| **GDC Logistics, LLC** | **14-10321** |
| **Choice One Foods, LLC** | **14-10322** |

PAMCO Label Co., Inc.
2200 S. Wolf Rd. Des Plaines, Illinois 60018-1934
P: (847) 803-2200 F: (847) 803-2209

**Statement Date:** Apr 13, 2014
**Customer No:** 5436
**Page:** 1

# Statement

**To -** **Quantum Foods**
**750 South Schmidt Road**
**Bolingbrook, IL 60440**

| Invoice | Ticket | Date | Due Date | Days | PO Number | Amount | Total Paid | Balance Due |
|---|---|---|---|---|---|---|---|---|
| 369862 | 253925 | 12/16/2013 | 1/15/2014 | 118 | 32418M | $418.00 | $0.00 | $418.00 |
| 373487 | 257058 | 2/14/2014 | 3/16/2014 | 58 | 32805M | $990.00 | $0.00 | $990.00 |
| 373617 | 256945 | 2/17/2014 | 2/17/2014 | 55 | 32903M | $845.00 | $0.00 | $845.00 |

Total Balance $2,253.00

**Please Pay this amount** $2,253.00

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Current | $0.00 | 31-60 Days | $1,835.00 | 61-90 Days | $0.00 | > 90 Days | $418.00 |

PAMCO Label co., inc.
22004 Wolfred, Des Plaines, Illinois 60018-1934
P: (847) 803-2200 F: (847) 803-2209

**INVOICE NUMBER:** 369862
**DATE:** 12/16/2013
**CUSTOMER NO:** 5436
**JOB NUMBER:** 253925
**CUSTOMER PO:** 32418M
**SALESPERSON:** JEFF KORNSTEIN
**PURCHASER:** MATT NAGLAK

# INVOICE

**BILL TO:**

QUANTUM FOODS
750 SOUTH SCHMIDT ROAD
BOLINGBROOK, IL 60440

**SHIP TO:**

QUANTUM FOODS
550 W NORTH FRONTAGE ROAD
BOLINGBROOK, IL 60440

| REMITTANCE ADDRESS | Pamco Label Company<br>PO Box 1000<br>Dept. 5<br>Memphis, TN 38148 |
|---|---|

| | | | |
|---|---|---|---|
| 22,000 | SIX PACK COVER UP | $19.00/M | $418.00 |

**SHIPPED:** 12/10/13 **PK #:** 65736
**SHIPPED VIA:** OUR DELIVERY-MESSENGER

INVOICE TOTAL: $418.00

PAMCO Label co., inc.
2200 s. Wolf Rd. Des Plaines, Illinois 60018-1934
P: (847) 803-2200 F: (847) 803-2209

**INVOICE NUMBER:** 373487
**DATE:** 2/14/2014
**CUSTOMER NO:** 5436
**JOB NUMBER:** 257058
**CUSTOMER PO:** 32805M
**SALESPERSON:** JEFF KORNSTEIN
**PURCHASER:** MATT NAGLAK

# INVOICE

**BILL TO:**

QUANTUM FOODS
750 SOUTH SCHMIDT ROAD
BOLINGBROOK, IL 60440

**SHIP TO:**

QUANTUM FOODS
550 W NORTH FRONTAGE ROAD
BOLINGBROOK, IL 60440

| REMITTANCE ADDRESS | Pamco Label Company<br>PO Box 1000<br>Dept. 5<br>Memphis, TN 38148 |
|---|---|

| | | | | |
|---|---|---|---|---|
| 10 | P1034 | CHILI'S RED LABEL 1-UP | $33.00Rolls | $330.00 |
| 10 | P1033 | CHILI'S GREEN 1 UP LABEL | $33.00Rolls | $330.00 |
| 10 | P1035 | CHILI'S LAVENDER 1 UP LABEL | $33.00Rolls | $330.00 |

**SHIPPED:** 02/06/14 **PK #:** 69599
**SHIPPED VIA:** OUR DELIVERY-MESSENGER

INVOICE TOTAL: $990.00

PAMCO Label co., inc.
2200 s. Wolfard, Des Plaines, Illinois 60018-1934
P: (847) 803-2200 F: (847) 803-2209

**INVOICE NUMBER:** 373617
**DATE:** 2/17/2014
**CUSTOMER NO:** 5436
**JOB NUMBER:** 256945
**CUSTOMER PO:** 32903M
**SALESPERSON:** JEFF KORNSTEIN
**PURCHASER:** MATT NAGLAK

# INVOICE

**BILL TO:**

QUANTUM FOODS
750 SOUTH SCHMIDT ROAD
BOLINGBROOK, IL 60440

**SHIP TO:**

QUANTUM FOODS
550 W NORTH FRONTAGE ROAD
BOLINGBROOK, IL 60440

| REMITTANCE ADDRESS | Pamco Label Company<br>PO Box 1000<br>Dept. 5<br>Memphis, TN 38148 |
|---|---|

| | | | | |
|---|---|---|---|---|
| 30 | P1089 | SUBWAY PULLED PORK AMERICAN | $25.00Rolls | $750.00 |
| 1 | PLATE(S) & FILMWORK | | $70.00 | $70.00 |
| 1 | ARTWORK | | $25.00 | $25.00 |

**SHIPPED:** 02/14/14 **PK #:** 70144
**SHIPPED VIA:** OUR DELIVERY-MESSENGER

INVOICE TOTAL: $845.00

COPY

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

# PROOF OF CLAIM

Name of Debtor:
QUANTUM FOODS, LLC

Case Number:
14-10318-KJC

*NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503(a).*

**YOUR CLAIM IS SCHEDULED AS:**
Schedule/Claim ID s802
Amount/Classification
$2,253.00 Unsecured

**Name of Creditor** (the person or other entity to whom the debtor owes money or property)

Name and address where notices should be sent:
34257812004499
PAMCO LABELS
P.O. BOX 1000 DEPT. 5
MEMPHIS, TN 38148

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OCT 27 2014
BMC GROUP

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

**If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.**

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number (847) 803-2200 email: RCampagnolo@PamcoLabel.com

THIS SPACE IS FOR COURT USE ONLY

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

Payment Telephone Number ( ) email:

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box to indicate that this claim amends a previously filed claim.
**Court Claim Number (if known):** _____
Filed on: _____

**1. AMOUNT OF CLAIM AS OF DATE CASE FILED** $ 2253.00

If all or part of your claim is secured, 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.

**2. BASIS FOR CLAIM:** Goods Sold
(See instruction #2)

**3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:** 5436

**3a. Debtor may have scheduled account as:** Pamco Label Company
(See instruction #3a)

**3b. Uniform Claim Identifier (optional):** _____
(See instruction #3b)

**4. SECURED CLAIM:** (See instruction #4)

Check the appropriate box if your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.

**Nature of property or right of setoff:**
**Describe:**

☐ Real Estate ☐ Motor Vehicle ☐ Other _____

**Value of Property:** $ _____

**Annual Interest Rate:** _____ % ☐ Fixed or ☐ Variable
**(when case was filed)**

**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:** $ _____

**5. Amount of Claim Entitled to Administrative Expense status under 11 U.S.C. § 503(b)(9) or Priority under 11 U.S.C. § 507(a). If any part of the claim falls into one of the following categories, check the box specifying the administrative expense or priority and state the amount.**

**Amount entitled to priority:** $ _____

**Amount entitled to administrative Expense under 11 U.S.C. § 503(b)(9):** $ _____

**You MUST specify the priority of the claim:**

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

☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7)

☐ Wages, salaries, or commissions (up to $12,475*), 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).

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

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

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

☐ Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9).

** Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

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Quantum Foods POC

90076

**7. DOCUMENTS:** *Attached are redacted copies of documents that support the claim,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and definition of "redacted").

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**DATE-STAMPED COPY:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

**The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 pm, prevailing Eastern Time on November 7, 2014 for Non-Governmental Claimants, Governmental Units, and Administrative Claimants.**

**BY MAIL TO:**
BMC Group, Inc
Attn: Quantum Foods, LLC Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

**BY MESSENGER OR OVERNIGHT DELIVERY TO:**
BMC Group, Inc
Attn: Quantum Foods, LLC Claims Processing
18675 Lake Drive East
Chanhassen, MN 55317

**8. SIGNATURE:** (See instruction #8)

Check the appropriate box.

[X] I am the creditor. [ ] I am the creditor's authorized agent. [ ] I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) [ ] I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information providedin this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Robert B. Campagnolo
Title: A/R Manager
Company: Pamco Label Company

Robert B. Campagnolo 10/22/14
(Signature) (Date)

Address and telephone number (if different from notice address above):
2200 S. Wolf Road
Des Plaines, IL 60018

Telephone number: 847-803-2200 email: RCampagnolo@Pamcolabel.com

*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.*

LIST OF DEBTORS:

| | |
|---|---|
| Quantum Foods, LLC | 14-10318 |
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| Quantum Culinary, LLC | 14-10320 |
| GDC Logistics, LLC | 14-10321 |
| Choice One Foods, LLC | 14-10322 |

PAMCO Label co., inc.
2200 s. Wolf rd. Des Plaines, Illinois 60018-1934
Phone (847)803-2200 Fax (847)803-2209

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PAMCO Label co., inc.
2200 s. Wolf rd. Des Plaines, Illinois 60018-1934
Phone (847)803-2200 Fax (847)803-2209

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2200 S. Wolf Rd. Des Plaines, Illinois 60018-1934
Phone (847)803-2200 Fax (847)803-2209

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BMC GROUP

BMC Group, Inc.
Attn: Quantum Foods Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

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