




UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE		PROOF OF CLAIM	
Name of Debtor: QUANTUM FOODS, LLC		Case Number: 14-10318-KJC	YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID s744 Amount/Classification \$19,408.00 Claim # 334
<i>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).</i>			
Name of Creditor (the person or other entity to whom the debtor owes money or property) Doctor's Associates Inc.		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED NOV 06 2014 BMC GROUP </div> <p>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.</p> <p>If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.</p> <p>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.</p> <p>THIS SPACE IS FOR COURT USE ONLY</p>	
Name and address where notices should be sent:  34257812006255 M KOZLOWSKI, DOCTOR'S ASS INC. 325 BIC DRIVE MILFORD, CT 06461			
Creditor Telephone Number (203) 877-4281 email: capecel-1@subway.com		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number (if known): _____ Filed on: _____	
Name and address where payment should be sent (if different from above): Doctor's Associates Inc. Attn: Lindsey Capece 325 BIC Drive Milford, CT 06461			
Payment Telephone Number (203) 877-4281 email: capecel-1@subway.com		<input type="checkbox"/> 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.	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>25,670.69</u>			
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. <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>services performed</u> (See instruction #2)			
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>3089</u>		3a. Debtor may have scheduled account as: <u>Doctor's Associates Inc.</u> (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.		Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____		Basis for Perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		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:			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).	
<input type="checkbox"/> 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).		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	
<input type="checkbox"/> 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).		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).	
		<input type="checkbox"/> 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 instr		Quantum Foods POC  90131	

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.

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

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

Print Name: DAVID A. COUSINS
Title: DULY AUTHORIZED
Company: DOCTOR'S ASSOCIATES INC


(Signature)

11/5/14
(Date)

Address and telephone number (if different from notice address above):

Telephone number: _____ email: _____

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



DOCTOR'S ASSOCIATES INC.
 325 Bic Drive, Milford, CT 06461
 (203) 877-4281

March 28, 2013

to: Kerry Deutsch
 Quantum Foods
 Via Email

project title: Lot Inspection
 project description: Meatballs
 invoice number: S003469B 0213
 term: 30 Days

Remit to: M. Kozlowski, Doctor's
 Associates Inc. R&D, 325 Bic Drive,
 Milford, CT 06461

DESCRIPTION	QUANTITY	UNIT PRICE	COST
Physical & Sensory Evaluation and Reporting Services: S003469B	18	\$ 275.00	\$ 4,950.00
Sent: 08/28/12 - Lot #2142, #2152			
Sent: 09/04/12 - Lot #2352			
Sent: 09/24/12 - Lot #2422, #2512			
Sent: 09/25/12 - Lot #2572, #2632			
Sent: 10/03/12 - Lot #2692			
Sent: 10/15/12 - Lot #2832			
Sent: 10/18/12 - Lot #2762			
Sent: 11/05/12 - Lot #2902, #2972			
Sent: 11/09/12 - Lot #3062			
Sent: 12/12/12 - Lot #3172, #3252, #3322			
Sent: 01/17/13 - Lot #3542			
Sent: 02/28/13 - Lot #0283			
Lab Testing and Reporting Services: Lots #2352, #2422, #2512, #2632, #0283	5	\$ 215.00	\$ 1,075.00
Lab Testing and Reporting Services: Lots #2832, #2972, #2902, #3062, #3172, #3252, #3322, #3542	8	\$ 180.00	\$ 1,440.00
Shipping:	13	\$ 45.00	\$ 585.00
TOTAL			\$ 8,050.00

reminders: (1) 12-4-13 emailed w/ invoice - LATE FEE = \$8,630.69



DOCTOR'S ASSOCIATES INC.

325 Bic Drive, Milford, CT 06461

(203) 877-4281

July 31, 2013

to: Kerry Deutsch
Quantum Foods
Via Email

project title: QA Physical Evaluation and
Lab Analysis - Product Match

project description: Pastrami

invoice number: Pastrami 0713

term: 30 Days

**Remit to: M. Kozlowski, Doctor's
Associates Inc. R&D, 325 Bic Drive,
Milford, CT 06461**

DESCRIPTION	QUANTITY	UNIT PRICE	COST
Physical Evaluation and Reporting Services: Navel Pastrami Product Match	1	\$ 550.00	\$ 550.00
Lab Analysis and Reporting Services: Navel Pastrami Product Match	1	\$ 185.00	\$ 185.00
Shipping Fees:	1	\$ 25.00	\$ 25.00
TOTAL			\$ 760.00



DOCTOR'S ASSOCIATES INC.

325 Bic Drive, Milford, CT 06461
(203) 877-4281

July 23, 2013

to: Kerry Deutsch
Quantum Foods
Via Email

project title: QA Physical Evaluation
and Lab Testing

project description: Roast Beef

invoice number: S003300B 0613

term: 30 Days

**Remit to: M. Kozlowski, Doctor's
Associates Inc. R&D, 325 Bic
Drive, Milford, CT 06461**

DESCRIPTION	QUANTITY	UNIT PRICE	COST
Physical Evaluation and Reporting Services: S003300B	1	\$ 550.00	\$ 550.00
Lab Testing and Reporting Services: S003300B	1	\$ 215.00	\$ 215.00
Shipping Fees:	1	\$ 30.00	\$ 30.00
TOTAL			\$ 795.00

**DOCTOR'S ASSOCIATES INC.**325 Bic Drive, Milford, CT 06461
(203) 877-4281

June 18, 2013

to: Kerry Deutsch
Quantum Foods
Via Email**project title:** QA Physical Evaluation
and Lab Testing**project description:** Shaved Steak**invoice number:** S003104B 0513**term:** 30 Days**Remit to: M. Kozlowski, Doctor's
Associates Inc. R&D, 325 Bic
Drive, Milford, CT 06461**

DESCRIPTION	QUANTITY	UNIT PRICE	COST
Physical Evaluation and Reporting Services: S003104B	1	\$ 550.00	\$ 550.00
Lab Testing and Reporting Services: S003104B	1	\$ 215.00	\$ 215.00
Lab Testing and Reporting Services: NLEA S003104B	1	\$ 960.00	\$ 960.00
Shipping to Lab	1	\$ 50.00	\$ 50.00
TOTAL			\$ 1,775.00

**DOCTOR'S ASSOCIATES INC.**

325 Bic Drive, Milford, CT 06461

(203) 877-4281

August 27, 2013

to: Kerry Deutsch
Quantum Foods
Via Email

project title: QA Physical Evaluation and
Lab Analysis

project description: Pulled Pork

invoice number: S004050C 0813

term: 30 Days

**Remit to: M. Kozlowski, Doctor's
Associates Inc. R&D, 325 Bic Drive,
Milford, CT 06461**

DESCRIPTION	QUANTITY	UNIT PRICE	COST
Physical Evaluation and Reporting Services: Pulled Pork S004050C	1	\$ 1,100.00	\$ 1,100.00
Lab Analysis and Reporting Services: Pulled Pork S004050C	1	\$ 240.00	\$ 240.00
Shipping Fees:	1	\$ 25.00	\$ 25.00
		TOTAL	\$ 1,365.00

**DOCTOR'S ASSOCIATES INC.**

325 Bic Drive, Milford, CT 06461

(203) 877-4281

September 25, 2013

to: Kerry Deutsch
Quantum Foods
Via Email

project title: QA Physical Evaluation and
Lab Analysis - Lot Inspection

project description: Chicken Salad

invoice number: S003378C 0713

term: 30 Days

**Remit to: M. Kozlowski, Doctor's
Associates Inc. R&D, 325 Bic Drive,
Milford, CT 06461**

DESCRIPTION	QUANTITY	UNIT PRICE	COST
Physical Evaluation and Reporting Services: Orchard Chicken Salad Lot Inspection S003378C Sent 7/31/13 - Lot 1553	1	\$ 275.00	\$ 275.00
Lab Analysis and Reporting Services: Lot Inspection S003378C Lot 1553	1	\$ 235.00	\$ 235.00
Shipping Fees:	1	\$ 60.00	\$ 60.00
TOTAL			\$ 570.00

* Invoices outstanding for more than 30 days will receive a 1% late fee per month unpaid.



DOCTOR'S ASSOCIATES INC.

325 Bic Drive, Milford, CT 06461

(203) 877-4281

September 9, 2013

to: Kerry Deutsch
Quantum Foods
Via Email

project title: QA Physical Evaluation
and Lab Analysis

project description: Meatballs

invoice number: S003469B 0713

term: 30 Days

**Remit to: M. Kozlowski, Doctor's
Associates Inc. R&D, 325 Bic
Drive, Milford, CT 06461**

DESCRIPTION	QUANTITY	UNIT PRICE	COST
Physical Evaluation and Reporting Services: S003469B	1	\$ 550.00	\$ 550.00
Lab Analysis and Reporting Services: S003469B	1	\$ 215.00	\$ 215.00
Shipping:	1	\$ 45.00	\$ 45.00
TOTAL			\$ 810.00

* Invoices outstanding for more than 30 days will receive a 1% late fee per month unpaid.

**DOCTOR'S ASSOCIATES INC.**

325 Bic Drive, Milford, CT 06461

(203) 877-4281

September 25, 2013

to: Kerry Deutsch
Quantum Foods
Via Email

project title: QA Physical Evaluation and
Lab Analysis - Lot Inspection

project description: Pulled Pork

invoice number: S004050C 0913

term: 30 Days

**Remit to: M. Kozlowski, Doctor's
Associates Inc. R&D, 325 Bic Drive,
Milford, CT 06461**

DESCRIPTION	QUANTITY	UNIT PRICE	COST
Physical Evaluation and Reporting Services: Applewood Smoked Pulled Pork Lot Inspection S004050C Sent 8/22/13 - Lot 613 Sent 9/25/13 - Lot 1483, 1863, 2133	4	\$ 275.00	\$ 1,100.00
Lab Analysis and Reporting Services: Lot Inspection S004050C (Lot 613)	1	\$ 235.00	\$ 235.00
Shipping Fees:	1	\$ 25.00	\$ 25.00
TOTAL			\$ 1,360.00

* Invoices outstanding for more than 30 days will receive a 1% late fee per month unpaid.

**DOCTOR'S ASSOCIATES INC.**

325 Bic Drive, Milford, CT 06461

(203) 877-4281

September 25, 2013

to: Kerry Deutsch
Quantum Foods
Via Email

project title: QA Physical Evaluation
and Lab Testing

project description: Roast Beef

invoice number: S003300G 0913

term: 30 Days

**Remit to: M. Kozlowski, Doctor's
Associates Inc. R&D, 325 Bic
Drive, Milford, CT 06461**

DESCRIPTION	QUANTITY	UNIT PRICE	COST
Physical Evaluation and Reporting Services: S003300G	1	\$ 550.00	\$ 550.00
Lab Testing and Reporting Services: S003300G	1	\$ 215.00	\$ 215.00
Shipping Fees:	1	\$ 30.00	\$ 30.00
TOTAL			\$ 795.00

* Invoices outstanding for more than 30 days will receive a 1% late fee per month unpaid.



DOCTOR'S ASSOCIATES INC.

325 Bic Drive, Milford, CT 06461
(203) 877-4281

October 24, 2013

to: Kerry Deutsch
Quantum Foods
Via Email

project title: QA Physical Evaluation
and Lab Testing

project description: Shaved Steak

invoice number: S003104G 0913

term: 30 Days

**Remit to: M. Kozlowski, Doctor's
Associates Inc. R&D, 325 Bic
Drive, Milford, CT 06461**

DESCRIPTION	QUANTITY	UNIT PRICE	COST
Physical Evaluation and Reporting Services: S003104G	1	\$ 550.00	\$ 550.00
Lab Testing and Reporting Services: S003104G	1	\$ 625.00	\$ 625.00
Shipping to Lab	1	\$ 50.00	\$ 50.00
TOTAL			\$ 1,225.00

**DOCTOR'S ASSOCIATES INC.**

325 Bic Drive, Milford, CT 06461

(203) 877-4281

December 26, 2013

to: Kerry Deutsch
Quantum Foods
Via Email

project title: QA Physical Evaluation
and Lab Analysis

project description: Meatballs

invoice number: S003469B 1013

term: 30 Days

**Remit to: M. Kozlowski, Doctor's
Associates Inc. R&D, 325 Bic
Drive, Milford, CT 06461**

DESCRIPTION	QUANTITY	UNIT PRICE	COST
Physical Evaluation and Reporting Services: S003469B	1	\$ 550.00	\$ 550.00
Lab Analysis and Reporting Services: S003469B	1	\$ 185.00	\$ 185.00
Shipping:	1	\$ 45.00	\$ 45.00
TOTAL			\$ 780.00

* Invoices outstanding for more than 30 days will receive a 1% late fee per month unpaid.

**DOCTOR'S ASSOCIATES INC.**

325 Bic Drive, Milford, CT 06461

(203) 877-4281

December 24, 2013

to: Kerry Deutsch
Quantum Foods
Via Email

project title: QA Physical Evaluation
and Lab Testing - Lot Inspection

project description: Pastrami

invoice number: S004531C 1213

term: 30 Days

**Remit to: M. Kozlowski, Doctor's
Associates Inc. R&D, 325 Bic
Drive, Milford, CT 06461**

DESCRIPTION	QUANTITY	UNIT PRICE	COST
Physical Evaluation and Reporting Services: Navel Pastrami (S004531C) Production Inspection	12	\$ 275.00	\$ 3,300.00
#1 - sent 10/1/13 (Lot 2413) #2 - sent 10/11/13 (Lot 2563) #3 - sent 12/9/13 (Lot 2693) 10 samples of #2323			
Physical Evaluation and Reporting Services: Navel Pastrami (S004531C) Sensory Only	1	\$ 110.00	\$ 110.00
#1 - sent 10/11/13 (Lot 2563)			
Lab Testing and Reporting Services: Navel Pastrami (S004531C) - Reports #1 & #2	2	\$ 625.00	\$ 1,250.00
Shipping to Lab	1	\$ 35.00	\$ 35.00
TOTAL			\$ 4,695.00



DOCTOR'S ASSOCIATES INC.
 325 Bic Drive, Milford, CT 06461
 (203) 877-4281

GRAPHICS INVOICE

INVOICE DATE: January 21, 2014

INVOICE NUMBER: Graphics-40568 Include Invoice Number on Payment

COMPANY: Quantum

CONTACT NAME: Iwona Falat ifalat@quantumfoods.com

PAYABLE TO: Subway DAI **TERMS:** 30 Days

REMIT TO: Doctor's Associates Inc. R&D **cc: L. Wurst**
 Attn: M. Kozlowski
 325 Bic Drive
 Milford, CT 06461

CHICKEN ENCHILADA S004690C High Resolution File Sent 1/2/14	PRICE
Revision to existing English only Label Layout (12/31/13)	\$ 90.00
TOTAL	\$ 90.00

* Invoices outstanding for more than 30 days will receive a 1% late fee per month unpaid.

PAYABLE IN US \$ DOLLARS

Electronic Payment Information	Account Name: Franchise World Headquarters, LLC Wires: HSBC Bank USA, NA ABA # 021001088 ~ SWIFT: MRMDUS33 ~ Acct #: 547186215
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**DOCTOR'S ASSOCIATES INC.**

325 Bic Drive, Milford, CT 06461

(203) 877-4281

February 3, 2014

to: Kerry Deutsch
Quantum Foods
Via Email

project title: QA Physical Evaluation
and Lab Testing

project description: Roast Beef

invoice number: S003300G 0114

term: 30 Days

**Remit to: M. Kozlowski, Doctor's
Associates Inc. R&D, 325 Bic
Drive, Milford, CT 06461**

DESCRIPTION	QUANTITY	UNIT PRICE	COST
Physical Evaluation and Reporting Services: S003300G	1	\$ 550.00	\$ 550.00
Lab Testing and Reporting Services: S003300G	1	\$ 650.00	\$ 650.00
Shipping Fees:	1	\$ 35.00	\$ 35.00
TOTAL			\$ 1,235.00

* Invoices outstanding for more than 30 days will receive a 1% late fee per month unpaid.



DOCTOR'S ASSOCIATES INC.
325 Bic Drive, Milford, CT 06461
(203) 877-4281

February 3, 2014

to: Kerry Deutsch
Quantum Foods
Via Email

project title: QA Physical Evaluation
and Lab Testing

project description: Shaved Steak

invoice number: S003104G 1213

term: 30 Days

**Remit to: M. Kozlowski, Doctor's
Associates Inc. R&D, 325 Bic
Drive, Milford, CT 06461**

DESCRIPTION	QUANTITY	UNIT PRICE	COST
Physical Evaluation and Reporting Services: S003104G	1	\$ 550.00	\$ 550.00
Lab Testing and Reporting Services: S003104G	1	\$ 185.00	\$ 185.00
Shipping to Lab	1	\$ 50.00	\$ 50.00
TOTAL			\$ 785.00



serviced by

FRANCHISE WORLD HEADQUARTERS, LLC

325 Bic Drive, Milford, CT 06461 • (203) 877-4281

November 5, 2014

VIA FEDERAL EXPRESS TO:

BMC Group, Inc.
Attn: Quantum Foods, LLC Claims Processing
18675 Lake Drive East
Chanhassen, MN 55317

**Re: Quantum Foods, LLC Chapter 11 Bankruptcy Case No. 14-10318 (KJC)- Doctor's Associates Inc.
Proof of Claim**

Dear Claims Processor:

I am an attorney in the Dispute Resolution Group at Franchise World Headquarters, LLC, which provides legal counsel to Doctor's Associates Inc. Enclosed please find the "pre-petition" proof of claim and the "post-petition" proof of claim for the creditor, Doctor's Associates Inc.

This creditor has been identified in the Quantum Foods, LLC bankruptcy proceeding as M. KOZLOWSKI, DOCTOR'S ASSN INC. Schedule/Claim ID s744 and DOCTOR'S ASSOCIATES INC. R & D Schedule/ Claim ID s596. We believe that both of the claims for the same creditor, Doctor's Associates Inc. Therefore, we ask that Schedule/Claim ID s744 and Schedule/Claim ID s596 be identified as Doctor's Associates Inc.

Doctor's Associates Inc.'s total "pre-petition" claim is \$25,670.90. The proof of claim forms received indicate that the claim for Schedule/Claim ID s744 is scheduled as \$19,408.00, and the claim for Schedule/Claim ID s596 is scheduled as \$2,110.00. I have attached "pre-petition" invoices totaling \$25,670.90 for services performed by Doctor's Associates Inc. for debtor, which we believe to be accurate and in good faith.

Doctor's Associate Inc.'s total "post-petition" claim is \$9,253.00. I have attached unpaid invoices totaling \$9,253.00 for "post-petition" services performed by Doctor's Associates Inc. for debtor, which we also believe to be accurate and in good faith.

I have also enclosed two self-addressed stamped envelopes and copies of the "pre-petition" proof claim and the "post-petition" proof of claim. Please provide acknowledgement of Doctor's Associates Inc.'s proof of claim.

Please feel free to contact me at (203) 877-4281 ext. 1879 if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Lindsey Capece". The signature is written in a cursive style with a large initial "L".

Lindsey Capece

Attorney

Dispute Resolution Group

C F V

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID s744

Name of Debtor:
QUANTUM FOODS, LLC

Case Number:
14-10318-KJC

Amount/Classification
\$19,408.00 Unsecured

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)
Doctor's Associates Inc.

Name and address where notices should be sent:
34257812006255
M KOZLOWSKI, DOCTOR'S ASS INC.
325 BIC DRIVE
MILFORD, CT 06461

RECEIVED
NOV 06 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.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (203) 877-4281 email: capece-1@subway.com

Name and address where payment should be sent (if different from above):
Doctor's Associates Inc.
Attn: Lindsey Capece
325 BIC Drive
Milford, CT 06461

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 (203) 877-4281 email: capece-1@subway.com

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 25,670.69

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: services performed

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
3089

3a. Debtor may have scheduled account as:
Doctor's Associates Inc.

3b. Uniform Claim Identifier (optional):

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.

Quantum Foods POC

6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction

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.

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

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

Print Name: DAVID A. COUSINS
Title: DULY AUTHORIZED
Company: DOCTOR'S ASSOCIATES INC
Address and telephone number (if different from notice address above): _____

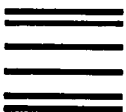
Telephone number: _____ email: _____

(Signature)  (Date) 11/5/14

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

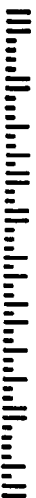
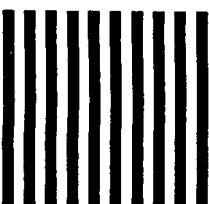
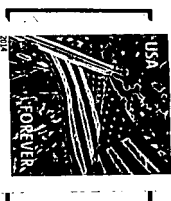


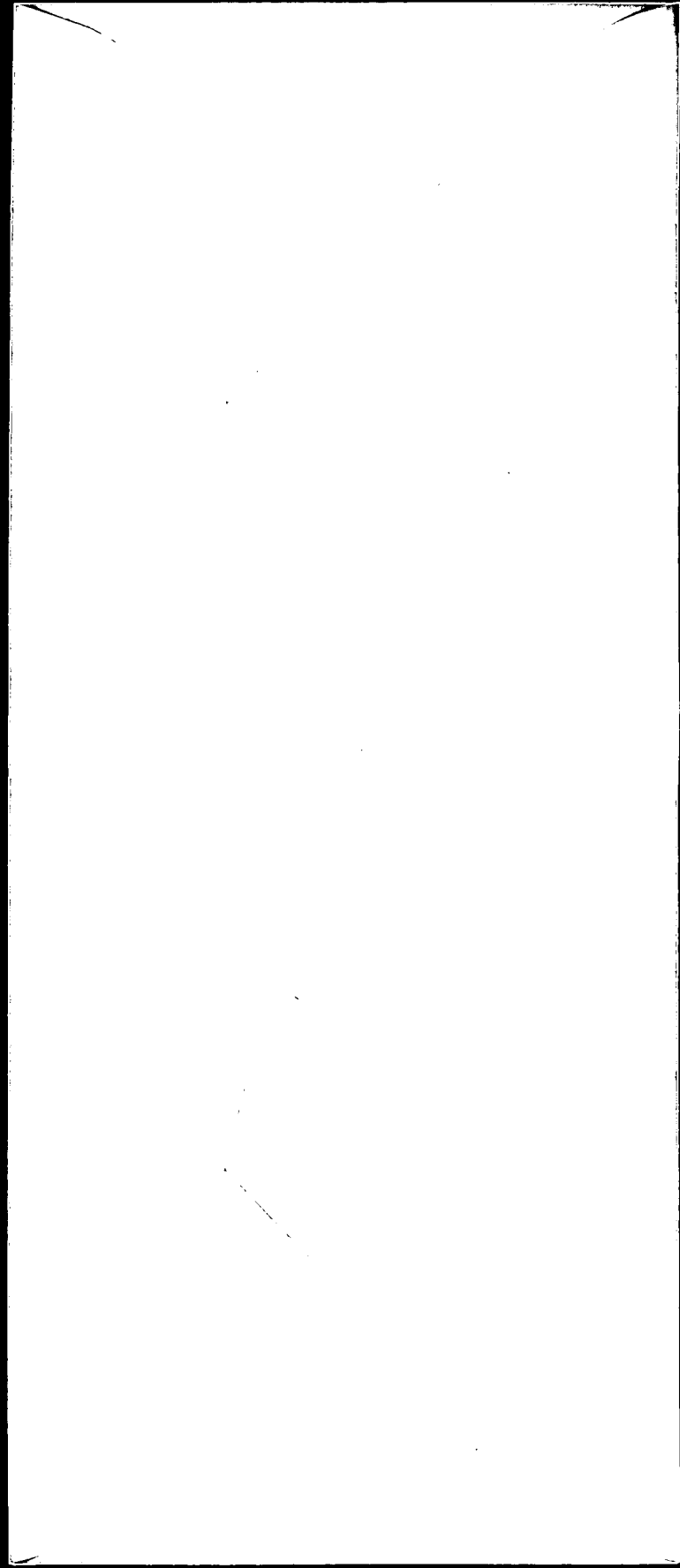
BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 16 MILFORD, CT

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN: LINDSEY R. CAPECE, ESQ. - DR 6
DOCTOR'S ASSOCIATES INC.
325 BIC DRIVE
MILFORD CT 06460-9986





From: (203) 877-4281 Origin ID: CIVA
TONI GORE
FRANCHISE WORLD HEADQUARTERS, LLC
325 BIC DRIVE
DISPUTE RESOLUTIONS
MILFORD, CT 06461



Ship Date: 05NOV14
ActWgt: 0.4 LB
CAD: 5808320/INET3550

Delivery Address Bar Code



Ref # 100-61000-381-000000
Invoice #
PO # Toni-381
Dept # DRG

RECEIVED

NOV 06 2014

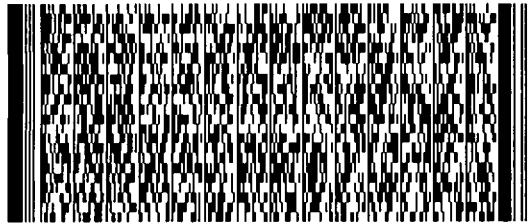
BMC GROUP

SHIP TO: (999) 999-9999 **BILL SENDER**
Quantum Foods, LLC ClaimsProcessing
BMC Group, Inc.
18675 Lake Drive East

CHANHASSEN, MN 55317

THU - 06 NOV AA
STANDARD OVERNIGHT

TRK# 7717 5768 3871
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