

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: Quantum Foods, LLC	Case Number: 14-10318	
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.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Warren F. Thomas Plumbing Co.		
Name and address where notices should be sent: 33 W. 63rd Street Westmont, Illinois 60559 Telephone number: 630-435-0636 email: warrenthomasplbg@gmail.com		COURT USE ONLY
Name and address where payment should be sent (if different from above): Telephone number: email:		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
1. Amount of Claim as of Date Case Filed: \$ <u>14,020.78</u>		RECEIVED MAR 10 2014 BMC GROUP
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes 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:	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to 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 priority and state the amount.		
<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 \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, 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). Amount entitled to priority: \$ _____
<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"/> 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 4/01/16 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

 00024

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, 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 the definition of "redacted".)

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

If the documents are not available, please explain:

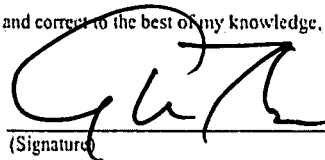
8. Signature: (See instruction #8)

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: Craig W. Thomas
Title: President
Company: Warren F. Thomas Plumbing Co.
Address and telephone number (if different from notice address above):


(Signature)

03-05-14
(Date)

Telephone number: 630-435-0636 email: warrenthomasplb@gmail.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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

Warren F. Thomas Plumbing Co.
33 W. 63rd Street
Westmont, Illinois 60559

Phone #: (630) 435-0636

Invoice Date: 10/17/2013
Invoice # 107203
Customer I.D. # QUANTUM

I N V O I C E

Bill to:
Quantum Foods
750 S Schmidt Road
Bolingbrook, IL 60440

Ship to:
Quantum Foods

TERMS: Net 30	
P.O. Number	WFT Job # S107

Description:

Repair 2-1/2" Cold Water Line to Softeners on 2nd Floor
Per our T&M Ticket #7518 dated 10/5/13

Labor (Overtime)

Superintendent	2	@	\$148.14	\$296.28
Foreman	4	@	142.61	\$570.44
Sub Foreman	4	@	140.76	\$563.04
Material				\$242.24
15% Overhead and Profit				\$167.20
Total Amount Due				\$1,839.20

TIME & MATERIAL

7518

Warren F. Thomas Plumbing Company
 33 W. 63rd Street
 Westmont, IL 60559
 630-435-0636 630-435-0534 (Fax)

Page 1 of _____
 E.W.O. _____
 Job #: 5-107
 Date: 10/5/13

QUANTUM FOODS
 (Customer Name)

MAIN BLDG
 (Project)

You are hereby authorized to REPAIR 2 1/2" CWG LINE TO SOFTNEERS
2ND FWR

which is additional work to be done on a time and material basis with guaranteed payment for work performed.

Customer Signature & Title: _____

LABOR			/	/	/	/	/	105	/		
NAME	POSITION		MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	RATE	TOTAL
RON STIRLING	PLUMBER	PREM						4			
	FOREMAN	REG									
DEAN MALATO	PLUMBER	PREM						4			
	FOREMAN	REG									
GEORGE THOMAS	PLUMBER	PREM						2			
	SUPT.	REG									
		PREM									
		REG									
		PREM									
		REG									

QTY.	MATERIAL-CONSUMABLE SUPPLIES-EQUIPMENT		
10'	2 1/2" "L" COPPER	125	86
4	2 1/2" VIC COUPLINGS	15.40	60
1	2 1/2" VIC 45°		26
		Total	220 72
		Tax	21.52
		Total :	242 24

PIPE MACHINE PROPANE HILTI GUN SEWER ROD SCAFFOLDS CORING
 UTILITY TRUCK INSULATION HANGERS, RODS & SHELLS OTHERS

White: Owner
 Yellow: Accounting
 Pink: Field

LABOR AND MATERIAL CORRECT

Customer Signature & Title _____

Warren F. Thomas Plumbing Co.
33 W. 63rd Street
Westmont, Illinois 60559

Invoice Date: 10/31/2013
Invoice # 145203
Customer I.D. # QUANTUM

Phone #: (630) 435-0636

I N V O I C E

Bill to:
Quantum Foods
750 S Schmidt Road
Bolingbrook, IL 60440

Ship to:
Quantum Foods
550 W Frontage Road
Bolingbrook, IL

TERMS: Net 30	
P.O. Number	WFT Job # S145

Description:

Find underground leak and install Drintile around parking lot island
Per our attached T&M Tickets # 7703 and 7705 dated 10/21/13 and 10/26/13 respectively

Labor (Overtime)				
Superintendent	3	@	\$148.14	\$444.42
Foreman	13	@	\$142.61	\$1,853.93
Plumber	19	@	\$137.69	\$2,616.11
Material with tax				\$160.67
15% Overhead and Profit				\$761.27
Stone Costs				\$480.00
Sawcutting Costs				\$645.00
Excavator/Operator Costs				\$3,840.00
Dumpster Charges				\$1,078.02
5% Fee on Subcontractors				\$302.15
Total Amount Due				\$12,181.58

SCANNED

TIME & MATERIAL

7703

Warren F. Thomas Plumbing Company
 33 W. 63rd Street
 Westmont, IL 60559
 630-435-0636 630-435-0534 (Fax)

Page 1 of _____
 E.W.O. _____
 Job #: 5107
 Date: 10/21/13

Quantum Feon
 (Customer Name)

GDC Buildings
 (Project)

You are hereby authorized to find leak underground
 _____ which is additional work to be done on a time and material basis with guaranteed payment for work performed.

Customer Signature & Title: _____

LABOR			/	/	/	/	/	10/19	/		
NAME	POSITION		MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	RATE	TOTAL
Jim Lambrose	Foreman	PREM						8			
		REG						8			
Ron Stirling	Foreman	PREM						6			
		REG									
George Thomas	Supt	PREM						1			
		REG									
Brien Vanceller	Plumber	PREM						8			
		REG									
Paul Rush	Excavator	PREM									
		REG									

QTY.	MATERIAL-CONSUMABLE SUPPLIES-EQUIPMENT		
1	Combo Burke Excavating	1,880.00	
1	20 Yard Dumpster	1,078.02	
	load of stone	240.00	
	Total	3,198.02	

PIPE MACHINE
 PROPANE
 HILTI GUN
 SEWER ROD
 SCAFFOLDS
 CORING
 UTILITY TRUCK
 INSULATION
 HANGERS, RODS & SHELLS
 OTHERS

White: Owner
 Yellow: Accounting
 Pink: Field

LABOR AND MATERIAL CORRECT

Customer Signature & Title _____

TIME & MATERIAL

7705

Warren F. Thomas Plumbing Company
 33 W. 63rd Street
 Westmont, IL 60559
 630-435-0636 630-435-0534 (Fax)

Page 1 of _____
 E.W.O. _____
 Job #: _____
 Date: 10/26/13

Quantum
 (Customer Name)

550 W North Frontage Rd
 (Project)

You are hereby authorized to install drain tile around parking lot island.

which is additional work to be done on a time and material basis with guaranteed payment for work performed.

Customer Signature & Title: _____

LABOR			/	/	/	/	/	10/26	/		
NAME	POSITION		MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	RATE	TOTAL
George Thomas	Supt	PREM						2			
		REG									
Jim Lambrose	Foremen	PREM						5			
		REG									
Brian Vengelder	Plumber	PREM						5			
		REG									
Mark Richter	operator	PREM						8			
		REG									
		PREM									
		REG									

QTY.	MATERIAL-CONSUMABLE SUPPLIES-EQUIPMENT		
40'	SDR 35 drain tile	52.40	
5	SPR 45°	40.00	
2	SDR Wye	54.00	
1	load of stone	240.00	
1	Burke excavating	1,960.00	
1	Cobra Coring	645.00	

PIPE MACHINE
 PROPANE
 HILTI GUN
 SEWER ROD
 SCAFFOLDS
 CORING
 UTILITY TRUCK
 INSULATION
 HANGERS, RODS & SHELLS
 OTHERS Cobra Concrete

White: Owner
 Yellow: Accounting
 Pink: Field

LABOR AND MATERIAL CORRECT

Customer Signature & Title _____



Jim Burke Excavating, Inc.
 8 North 875 Corron Road
 Elgin, Illinois 60124
 847-464-0421

Invoice

Date	Invoice #
10/28/13	52650

Bill To
Warren Thomas Plumbing 33 W 63rd Street Westmont, IL 60559

29

P.O. No.	Terms	Project
		Quantom Foods

Description	Rate	Time in Hours	Amount
10-19-13			
Deliver and remove equipment at jobsite	320.00	1.00	320.00
Overtime Rate for Combination Backhoe	195.00	8.00	1,560.00
Delivered 6 wheeler of CA-7 stone to job siste	240.00	1.00	240.00
Total			2,120.00

507

George GT

GR

JOB ID: 3145	JOB NAME: Quantom			
VENDOR ID: 176	INVOICE DATE: 10-28-13			
GL ACCNT: 7000	DUE DATE: 11-27-13			
APPD. BY:	DISC DATE:			
G.L. ACCNT	JOB CODE	GROSS	DIS/RET.	NET
		2120.00		



Jim Burke Excavating, Inc.
 8 North 875 Corron Road
 Elgin, Illinois 60124
 847-464-0421

Invoice

Date	Invoice #
10/31/13	52667

Bill To
Warren Thomas Plumbing 33 W 63rd Street Westmont, IL 60559

P.O. No.	Terms	Project
		Quantom Foods

Description	Rate	Time in Hours	Amount																									
10-26-13 Deliver and remove equipment at jobsite	400.00	1.00	400.00																									
Overtime Rate for Combination Backhoe	195.00	8.00	1,560.00																									
<i>George GT</i>																												
<table border="1" style="width: 100%;"> <tr> <td>JOB ID: 5-145</td> <td>JOB NAME: Quantom Foods</td> </tr> <tr> <td>VENDOR ID: 170</td> <td>INVOICE DATE: 10-31-13</td> </tr> <tr> <td>GL ACCNT: 7020</td> <td>DUE DATE: 11-30-13</td> </tr> <tr> <td>APPD. BY: <i>a</i></td> <td>DISC DATE: —</td> </tr> </table>				JOB ID: 5-145	JOB NAME: Quantom Foods	VENDOR ID: 170	INVOICE DATE: 10-31-13	GL ACCNT: 7020	DUE DATE: 11-30-13	APPD. BY: <i>a</i>	DISC DATE: —																	
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<table border="1" style="width: 100%;"> <thead> <tr> <th>G.L. ACCNT</th> <th>JOB CODE</th> <th>GROSS</th> <th>DIS/RET.</th> <th>NET</th> </tr> </thead> <tbody> <tr> <td></td> <td>507</td> <td>1960.00</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				G.L. ACCNT	JOB CODE	GROSS	DIS/RET.	NET		507	1960.00																	
G.L. ACCNT	JOB CODE	GROSS	DIS/RET.	NET																								
	507	1960.00																										
Total			1,960.00																									



OCT 30 2013

INVOICE #83082

DATE: 10/30/2013
TERMS: Net30
CUST PO #: George
Job#
ORDERED BY: George

BILL TO: [Customer ID: 567]

JOB ADDRESS: [Location ID: 24117]

Warren F. Thomas Plumbing Co.
33 West 63rd Street
Westmont IL 60559

Quantam Foods
550 W. North Frontage Rd
Bolingbrook IL

Phone: 630-435-0636

Phone: 630-417-3400

DATE	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
10/26/2013	1.00	Total price for below listed work	645.00	645.00
		Saw cut 11' x 2' 6" x 4" asphalt		
		Saw cut 16' x 2' 6" x 4" asphalt		
		Swa cut 8' x 2' x 4" asphalt		
TOTAL:				645.00

501
1

JOB ID: 5145	JOB NAME: Quantam			
VENDOR ID: 891	INVOICE DATE: 10-30-13			
GL ACCNT: 7020	DUE DATE: 11-29-13			
APPD. BY:	DISC DATE:			
G.L. ACCNT	JOB CODE	GROSS	DIS/RET.	NET
		645.00		

[Handwritten signature]
George

Please remit all payments to 2416 E. Oakton St. Arlington Heights, IL 60005

Cutting the Industry out of the Stone Age®



808 S. Joliet Street
Joliet, IL 60436

A division of REPUBLIC SERVICES

Account Summary

Account Number 3-0721-6037484
Invoice Date October 31, 2013
Invoice Number 0721-004228704
Previous Balance \$0.00
Payments/Adjustments \$0.00
Unpaid Balance \$0.00
Current Invoice Charges \$1,078.02

Pay This Amount

\$1,078.02

Due By: 11/20/13

Contact Information

Customer Service (815) 723-3200

Important Information

Exciting News!! New Toll Free Bill Pay Number (877)692-9729 - In addition to being able to pay your invoice via mail or online, you can now call this toll free number to pay your bills.

To pay on-line or sign up for convenient auto pay, go to:
www.disposal.com

WARREN F. THOMAS PLUMBING

Invoice

Page 1 of 2

Current Invoice Charges

Warren F. Thomas Plumbing 550 W North Frontage Rd (L1)
Bolingbrook, IL

1 - Rolloff (16 Yd) On Call Service (S2)

Date	Description	Reference	Quantity	Unit Price	Amount
10/18	Container Delivery Receipt Number 95800	Bob	1.0000	\$55.00	\$55.00
10/29	Excess Disposal Receipt Number 86127	906288	12.5100 Tons	\$55.00	\$688.05
10/29	Basic Service Receipt Number 86127		1.0000	\$334.97	\$334.97
Current Invoice Charges					\$1,078.02

CURRENT	30 DAYS	60 DAYS	90 DAYS
1,078.02	0.00	0.00	0.00

- G M REV
- Visit our website, www.disposal.com to make your payment electronically or to sign up for our convenient automatic payment plan.
 - Please see reverse side for terms and conditions



808 S. Joliet Street
Joliet, IL 60436

Return Service Requested

WARREN F. THOMAS PLUMBING
33 W 63RD ST
WESTMONT IL 60559-2621

Please Return This
Portion With Payment

Total Enclosed

Pay This Amount \$1,078.02
Account Number 3-0721-6037484
Invoice Date October 31, 2013
Invoice Number 0721-004228704
Payment Due Date November 20, 2013

For Billing Address Changes,
Check Box and Complete Reverse.

Make Checks Payable To:

ALLIED WASTE SERVICES #719
PO BOX 9001154
LOUISVILLE, KY 40290-1154

30721603748400000042287040001078020001078021

Check Processing: In accordance with Federal Reserve Board guidelines, when you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. For further information visit: www.electronicpayments.org and click on the Check Conversion tab.

If service is canceled during a billing cycle, the customer will remain responsible for all charges, fees and taxes through the end of the billing cycle. There will be no proration of billing, and the customer will not be entitled to a refund for the period between the notice of termination and the end of the current billing cycle. This provision will not apply if it is contrary to a current franchise agreement, municipal contract, or other written contract applicable to this account or is otherwise prohibited by law.

The Company reserves the right to require that payment for services be made only by check, credit card or money order, unless otherwise required by contract or applicable law.

For your convenience, we offer online/telephone payment options. For online please log on to www.disposal.com. For phone payments, please dial 877-692-9729. You will need your 12 digit account number along with your billing zip code to make a payment.

BILLING ADDRESS CHANGE		
Address		
City	State	Zip
Phone	Alternate Phone	

TIME & MATERIAL

7705

Warren F. Thomas Plumbing Company
 33 W. 63rd Street
 Westmont, IL 60559
 630-435-0636 630-435-0534 (Fax)

Page 1 of _____
 E.W.O. _____
 Job #: _____
 Date: 10/26/13

Quantum
 (Customer Name)

550 W North Frontage Rd
 (Project)

You are hereby authorized to install drain tile around parking lot island.

_____ which is additional work to be done on a time and material basis with guaranteed payment for work performed.

Customer Signature & Title: _____

LABOR			/	/	/	/	/	10/26	/		
NAME	POSITION		MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	RATE	TOTAL
George Thomas	Supt	PREM						2			
		REG									
Jim Lambrose	Foreman	PREM						5			
		REG									
Brian Vengelder	Plumber	PREM						5			
		REG									
Mark Richter	operator	PREM						3			
		REG									
		PREM									
		REG									

QTY.	MATERIAL-CONSUMABLE SUPPLIES-EQUIPMENT		
40'	SDR 35 drain tile	52	40
5	SPR 45°	40	00
2	SPR Wye	54	00
1	load of Stone		
1	Buske excavating		
1	Cobra Coring		

PIPE MACHINE PROPANE HILTI GUN SEWER ROD SCAFFOLDS CORING
 UTILITY TRUCK INSULATION HANGERS, RODS & SHELLS OTHERS Cobra Concrete

White: Owner
 Yellow: Accounting
 Pink: Field

LABOR AND MATERIAL CORRECT

NO COPY
INCLUDED



33 W. 63rd Street, Westmont, IL 60559

BMC GROUP, INC.
ATTN: QUANTUM FOODS LLC
CLAIMS PROCESSING
PO BOX 3020
CHANHASSEN, MN 55317-3020

RECEIVED

MAR 10 2014

BMC GROUP

COMMUNICATIONS SECTION
MAR 10 2014
MAR 10 2014
MAR 10 2014

