

BMC

United States Bankruptcy Court
DELAWARE BANKRUPTCY COURT

PROOF OF CLAIM

In re (Name of Debtor)
Quantum Culinary LLC

Case Number 14-10320

Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. 503.

Name of Creditor:
CFC, Inc.

Name and Addresses Where Notices Should be Sent
Euler Hermes North America Insurance Company
AGENT OF CFC, Inc.
800 Red Brook Boulevard
OWINGS MILLS, MD 21117

Telephone No. 1-800-413-2913

- 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 box if you have never received any notices from the bankruptcy court in this case.
- Check box if the address differs from the address on the envelope sent to you by the court.

MAR 31 AM 8:59
CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

THIS SPACE IS FOR
COURT USE ONLY

Account or other number by which creditor identifies debtor:
000384956

Check here if this claim: replaces a previously filed claim, dated: _____
 amends

RECEIVED

APR 04 2014
BMC GROUP

1. BASIS FOR CLAIM:
- Goods Sold
 - Services performed
 - Money loaned
 - Personal injury/wrongful death
 - Taxes
 - Other (Describe briefly)

- Retiree benefits as defined in 11 U.S.C. 1114 (a)
- Wages, salaries, and compensations (Fill out below)
Your social security number _____
Unpaid compensations for services performed from _____ to _____ (date)

2. DATE DEBT WAS INCURRED:

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.

SECURED CLAIM
Attach evidence of perfection of security interest
Brief Description of Collateral:
 Real Estate Motor Vehicle Other (Describe briefly)

Amount of arrearage and other charges included in secured claim above, if any \$ _____

- UNSECURED PRIORITY CLAIM
Specify the priority of the claim.
 - Wages Salaries, or commissions (up to \$2000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier-11U.S.C. 507(a)(3)
 - Contributions to an employee benefit plan U.S.C. 507(a)(4)
 - Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family or household use-11 U.S.C. 507(a)(6)
 - Taxes or penalties of governmental units __11 U.S.C. 507(a)(7)
 - Other __11 U.S.C. 507(a)(2), (a)(5) __ (Describe briefly)

UNSECURED NONPRIORITY CLAIMS 53,401.35 US\$
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than in the amount of the claim.

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: 53,401.35 US\$ (Unsecured) (Secured) (Priority)

53,401.35 US\$
(Total)

Check this box if claim includes prepetition charges in addition of the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7. SUPPORTING DOCUMENTS: Attach copies of support documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. TIME-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.

Date
3/25/2014

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).
Al Stokes - Claims Svc Representative

THIS SPACE IS FOR
COURT USE ONLY

Quantum Foods POC
00067

Date: Friday, February 14, 2014
 Time: 02:23PM
 User: TERRY

Columbus Foods Company, Inc.
Aged AR - Detail by Days Past Due
 Period: 02-14 As of: 2/14/2014

Page: 1 of 1
 Report: 096104p.rpt
 Company: CFC

Cust ID	Type	Ref/Br	Customer Name	Terms	Doc Date	Due Date	Telephone	Contact	Days Past Due				Total
									Current	1 To 15	16 To 30	31 To 45	
Company ID: CFC													
5394	IN	0501404	QUANTUM CULINARY		2/8/2014	2/21/2014	(630) 679-2365		NET 15 DAYS				36
			33801A					18,732.00	0.00	0.00	0.00	0.00	18,732.00
			33802A		2/12/2014	2/27/2014		18,732.00	0.00	0.00	0.00	0.00	18,732.00
			34774A		2/12/2014	2/27/2014		652.50	0.00	0.00	0.00	0.00	652.50
			34781A		2/12/2014	2/27/2014		1,128.75	0.00	0.00	0.00	0.00	1,128.75
			34704A		2/13/2014	2/13/2014		0.00	14,166.10	0.00	0.00	0.00	14,166.10
Customer Total								39,248.25	14,166.10	0.00	0.00	0.00	53,401.35
Company Total								39,248.25	14,166.10	0.00	0.00	0.00	53,401.35



March 25, 2014

Delaware Bankruptcy Court
824 Market St. 3rd Floor
Wilmington, DE 19801

2014 MAR 31 AM 8:59

CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

Attention: Clerk

Bankruptcy Case No: 14-10320
Re: CFC, Inc.
Claim No: 000384956
Debtor: Quantum Culinary LLC
Balance Due: 53,401.35 US\$

Dear Clerk:

Enclosed for filing in the above proceedings is the proof of claim of Cfc, Inc. in the amount of 53,401.35 US\$ and supported by an itemized statement of account.

Pursuant to rule 2002G and 3009, we request that all notices and dividend checks be mailed to the address indicated on the proof of claim form.

Please acknowledge receipt of this filing on the attached copy of the proof of claim. A business reply envelope is also attached.

Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads 'Al Stokes'.

Al Stokes
Claims Svc Representative
Euler Hermes North America Insurance Company
410-753-0785
Encls.

Allianz Group

Euler Hermes North America
800 Red Brook Boulevard
Owings Mills, MD 21117-1008
Tel: 410-753-0753
Fax: 410-753-0943
www.eulerhermes.us

