

BMC

UNITED STATES BANKRUPTCY COURT		District of Delaware	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): Zep Sales & Services			
Name and address where notices should be sent: Jonathan E. Raulston - Emgel, Hairston & Johanson, P.C. P.O. Box 11405 Birmingham, AL 35202 Telephone number: (205) 328-4600 email: jraulston@ehjlaw.com			
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
1. Amount of Claim as of Date Case Filed: \$ 1,239.83			
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>Goods Sold</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.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		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 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 \$11,725*) 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 \$2,600* 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)(____).	
*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.			
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

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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, and security agreements. 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. (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, I am a guarantor, surety, indorser, or other codebtor.
(Attach copy of power of attorney, if any.) or their authorized agent. (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: Jonathan E. Raulston - Engel, Hairston & Joha
Title: Attorney at Law
Company: Engel, Hairston & Johanson, P.C.
Address and telephone number (if different from notice address above):

(Signature)

(Date)

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.

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. 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, attach a complete copy of any power of attorney, and 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.

DEFINITIONS

INFORMATION

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

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

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of 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.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Zep Sales & Service
139 Exchange Blvd
Glendale Heights, IL 60139

Phone: 877-IBUY-ZEP
Fax: 630-752-1512
Email: CustomerService-Midwest@zep.com
Credit E-mail: Chicago.Credit@zep.com



INVOICE
Invoice Date

9000503961
09/05/2013

Page 1 of 1

Bill-To Customer # 11028059

Ship-To Customer # 11028059

Quantum Foods Inc
750 S Schmidt Rd
Bolingbrook IL 60440-4813

Quantum Foods Inc
750 S Schmidt Rd
Bolingbrook IL 60440-4813

ORDER DETAILS

Sales Order	4000477478	Purchase Order	G2390	Text
Sales Representative	Doug Scharafin	Routed Via	FASTWAY	
Ordered By	Grace	Carrier Pro Number	0080558212	
Ship Date	09/05/2013	Freight Term	PP&A Truck	

Product#	Ordered Qty	UoM	Ext. Qty	Price/Measure USD	Item Description	Tax Expt	Extended Amt USD
18401	2	DZ	2	\$100.44/DZ	Zep Brake Parts Cleaner Aero DZ		\$200.88
31501	2	DZ	2	\$125.36/DZ	Zepreserve NC Aero DZ		\$250.72
416401	2	DZ	2	\$107.49/DZ	Zep 2000 Aero DZ		\$214.98
Total Merchandise Amount		Shipping	Tax %	Total Tax Amt	Terms	PAY THIS AMOUNT	Invoice Total
\$666.58		\$34.17	6.25 %	\$41.66	Net 30		\$742.41

Any questions? Please call Customer Service at 1-877-IBUY ZEP or visit us at Zep.com
Should you have questions concerning your account, please contact the Credit Department at 1-877-428-9937 option 3.
Return requests must be made to Customer Service within 90 days from the date of sale. Goods returned without authorization will not be accepted.
This completes your order.

All orders to sales rep are subject to approval of Home Office. Quotations subject to change without notice. All claims for error or adjustment of any kind must be made within five days after receipt of goods. Please pay from this invoice. Statements will not be sent unless requested; contact the customer service department at our branch office shown on this form. Returned checks may be subject to a service charge in accordance with state law.

We hereby certify that these goods were produced in compliance with all applicable requirements of Sec. 6-7 of Fair Labor Standards Act as amended, and of regulations and order of the United States Department of Labor issued under Sec. 14 thereof. This order is taken subject to all present and future laws of the United States and regulations made in pursuance thereof. All orders subject to acceptance of Zep Sales & Service FOB point of origin. Customer may designate a carrier to transport the goods ordered hereby. Zep Sales & Service shall otherwise select, instruct, and arrange for the compensation of carriers hired to transport the goods from Zep Sales & Service to customer. Customer assumes all risk of loss, damage, or destruction of the goods after delivery to carrier. Zep Sales & Service is a trade name of Acuity Specialty Products, Inc., a wholly-owned subsidiary of Zep Inc.

REMITTANCE COPY - PLEASE RETURN WITH YOUR PAYMENT

IMPORTANT: Please detach and return this remittance with your payment to ensure proper credit. Be sure to include your customer number on your payment.

Zep Sales and Service
Zep Sales & Service is the d/b/a of Acuity Specialty Products, Inc.
Acuity Specialty Products, Inc. is a wholly owned subsidiary of Zep Inc.

Customer #	Invoice #	Invoice Total	Due Date	Amount Paid
11028059	9000503961	\$742.41	10/05/2013	

For proper posting indicate your invoice number(s) on your remittance.

Bill To:
Quantum Foods Inc
750 S Schmidt Rd
Bolingbrook Illinois 60440-4813

For Payment by Credit Card
Please call 1-877-428-9937 to schedule payment
We accept American Express, Master Card, Visa and Discover

PLEASE MAIL PAYMENT (ONLY) TO:
Acuity Specialty Products, Inc.
Zep Sales and Service
13237 Collections Center Drive
Chicago IL 60693

Please direct all correspondence to Customer Service or
Credit Department at the address / fax / email at the top of this
page. Please include your customer number on all correspondence.

00103300000090005039610011028059000000742415

Zep Sales & Service
139 Exchange Blvd
Glendale Heights, IL 60139

Phone: 877-IBUY-ZEP
Fax: 630-752-1512
Email: CustomerService-Midwest@zep.com
Credit E-mail: Chicago.Credit@zep.com



INVOICL
Invoice Date

9000613311
11/05/2013

Page 1 of 1

Bill-To Customer # 11028059

Ship-To Customer # 11028059

Quantum Foods Inc
750 S Schmidt Rd
Bolingbrook IL 60440-4813

Quantum Foods Inc
750 S Schmidt Rd
Bolingbrook IL 60440-4813

ORDER DETAILS

Sales Order	4000578458	Purchase Order	G3203	Text
Sales Representative	Doug Scharafin	Routed Via	UNITED DELIVERY SERV	
Ordered By	Grace Adamiak	Carrier Pro Number	0080671595	
Ship Date	11/05/2013	Freight Term	PP&A Truck	

Product#	Ordered Qty	UoM	Ext. Qty	Price/Measure USD	Item Description	Tax Expt	Extended Amt USD
18401	2	DZ	2	\$100.44/DZ	ZEP BRAKE PARTS CLEANER AERO DZ		\$200.88
Total Merchandise Amount		Shipping	Tax %	Total Tax Amt	Terms	PAY THIS AMOUNT	Invoice Total
\$200.88		\$29.95	6.25 %	\$12.56	Net 30	☞	\$243.39

Any questions? Please call Customer Service at 1-877-IBUY ZEP or visit us at Zep.com
Should you have questions concerning your account, please contact the Credit Department at 1-877-428-9937 option 3.
Return requests must be made to Customer Service within 90 days from the date of sale. Goods returned without authorization will not be accepted.
This completes your order.

All orders to sales rep are subject to approval of Home Office. Quotations subject to change without notice. All claims for error or adjustment of any kind must be made within five days after receipt of goods. Please pay from this invoice. Statements will not be sent unless requested; contact the customer service department at our branch office shown on this form. Returned checks may be subject to a service charge in accordance with state law.

We hereby certify that these goods were produced in compliance with all applicable requirements of Sec. 6-7 of Fair Labor Standards Act as amended, and of regulations and order of the United States Department of Labor issued under Sec. 14 thereof. This order is taken subject to all present and future laws of the United States and regulations made in pursuance thereof. All orders subject to acceptance of Zep Sales & Service FOB point of origin. Customer may designate a carrier to transport the goods ordered hereby. Zep Sales & Service shall otherwise select, instruct, and arrange for the compensation of carriers hired to transport the goods from Zep Sales & Service to customer. Customer assumes all risk of loss, damage, or destruction of the goods after delivery to carrier. Zep Sales & Service is a trade name of Acuity Specialty Products, Inc., a wholly-owned subsidiary of Zep Inc.

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Customer #	Invoice #	Invoice Total	Due Date	Amount Paid
11028059	9000613311	\$243.39	12/05/2013	

For proper posting indicate your invoice number(s) on your remittance.

Bill To:
Quantum Foods Inc
750 S Schmidt Rd
Bolingbrook Illinois 60440-4813

For Payment by Credit Card

Please call 1-877-428-9937 to schedule payment
We accept American Express, Master Card, Visa and Discover

PLEASE MAIL PAYMENT (ONLY) TO:

Acuity Specialty Products, Inc.
Zep Sales and Service
13237 Collections Center Drive
Chicago IL 60693

Please direct all correspondence to Customer Service or
Credit Department at the address / fax / email at the top of this
page. Please include your customer number on all correspondence.

00103300000090006133110011028059000000243391

Zep Sales & Service
139 Exchange Blvd
Glendale Heights, IL 60139

Phone: 877-IBUY-ZEP
Fax: 630-752-1512
Email: CustomerService-Midwest@zep.com
Credit E-mail: Chicago.Credit@zep.com



INVOICL
Invoice Date

9000673502
12/11/2013

Page 1 of 1

Bill-To Customer # 11028059

Ship-To Customer # 11028059

Quantum Foods Inc
750 S Schmidt Rd
Bolingbrook IL 60440-4813

Quantum Foods Inc
750 S Schmidt Rd
Bolingbrook IL 60440-4813

ORDER DETAILS

Sales Order	4000633320	Purchase Order	G3586	Text			
Sales Representative	Doug Scharafin	Routed Via	FASTWAY				
Ordered By	Grace Adamiak	Carrier Pro Number	0080736627				
Ship Date	12/11/2013	Freight Term	PP&A Truck				
Product#	Ordered Qty	UoM	Ext. Qty	Price/Measure USD	Item Description	Tax Expt	Extended Amt USD
31501	1	DZ	1	\$129.12/DZ	ZEPRESERVE NC AERO DZ		\$129.12
416401	1	DZ	1	\$110.72/DZ	Zep 2000 Aero DZ		\$110.72
Total Merchandise Amount		Shipping		Tax %	Total Tax Amt	Terms	Invoice Total
\$239.84		\$21.21		6.25 %	\$14.99	Net 30	\$276.04

Any questions? Please call Customer Service at 1-877-IBUY ZEP or visit us at Zep.com
Should you have questions concerning your account, please contact the Credit Department at 1-877-428-9937 option 3.
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This completes your order.

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We hereby certify that these goods were produced in compliance with all applicable requirements of Sec. 6-7 of Fair Labor Standards Act as amended, and of regulations and order of the United States Department of Labor issued under Sec. 14 thereof. This order is taken subject to all present and future laws of the United States and regulations made in pursuance thereof. All orders subject to acceptance of Zep Sales & Service FOB point of origin. Customer may designate a carrier to transport the goods ordered hereby. Zep Sales & Service shall otherwise select, instruct, and arrange for the compensation of carriers hired to transport the goods from Zep Sales & Service to customer. Customer assumes all risk of loss, damage, or destruction of the goods after delivery to carrier. Zep Sales & Service is a trade name of Acuity Specialty Products, Inc., a wholly-owned subsidiary of Zep Inc.

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Zep Sales and Service
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Acuity Specialty Products, Inc. is a wholly owned subsidiary of Zep Inc.

Customer #	Invoice #	Invoice Total	Due Date	Amount Paid
11028059	9000673502	\$276.04	01/10/2014	

For proper posting indicate your invoice number(s) on your remittance.

Bill To:
Quantum Foods Inc
750 S Schmidt Rd
Bolingbrook Illinois 60440-4813

For Payment by Credit Card

Please call 1-877-428-9937 to schedule payment
We accept American Express, Master Card, Visa and Discover

PLEASE MAIL PAYMENT (ONLY) TO:

Acuity Specialty Products, Inc.
Zep Sales and Service
13237 Collections Center Drive
Chicago IL 60693

Please direct all correspondence to Customer Service or
Credit Department at the address / fax / email at the top of this
page. Please include your customer number on all correspondence.

00103300000090006735020011028059000000276048

B330 ** I N V O I C E D I S P L A Y ** 02/25/14
 --SOLD TO-- --SHIP TO-- INVOICE NO: 30463635
 QUANTUM FOODS INC QUANTUM FOODS INC CUST#: A58957
 750 S SCHMIDT RD 750 S SCHMIDT RD INV DATE: 08/19/11
 SHP DATE: 08/19/11
 BOLINGBROOK IL 60440-4813 BOLINGBROOK IL 60440

Sales Representative Origin Number P.O. No. Ord By Routed Via
 SCHARAFIN, DOUG 133 C EM CHI KMA G3195 GRACE ADAMIAK FASTWAY
 PPD/ADD

P#01	Product	Qty	Unit	of Issue	ExtQty	Price	Description	ExtAmt
001	031501	2	1	DZ AERO	2	119.72	PRESERVE NC	239.44
002								
003								
004								
005								
006								

| Scroll [CR], Page [P#], e[X]it

Merch Amt	Trans Chg	Sales Tax %	Tax Amt	Terms	Total Amt
239.44	22.01	6.250	14.97		276.42

Handwritten signature and scribbles

ENGEL, HAIRSTON AND JOHANSON, P. C.

ATTORNEYS AT LAW

109 N. 20TH STREET, 4TH FLOOR

P. O. BOX 11405

BIRMINGHAM, ALABAMA 35202-1405

(205) 328-9400 Ext 341
WRITER'S DIRECT LINE

BEN A. ENGEL
(1913-1993)

TELEPHONE: (205) 328-4600
FACSIMILE: (205) 328-4698

2011 APR 29 AM 9:43
CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

** ALSO LICENSED
FLORIDA, GEORGIA
AND REGISTERED
PATENT ATTORNEY

*ALSO LICENSED
IN TENNESSEE

jraulston@ehjlaw.com
www.ehjlaw.com

CHARLES R. JOHANSON, III
WM. B. HAIRSTON, III **
ALTO LEE TEAGUE IV
JONATHAN E. RAULSTON
WILLIAM C. BROWN
WENDY HARDEGREE DAVIS*
COLIN P. HOUSE
HEATHER E. WARD
MICHAEL P. KROMBACH

OF COUNSEL
WM. B. HAIRSTON, JR.

April 21, 2014

US Bankruptcy Court
District of Delaware
Clerk of Court
824 North Market Street
Wilmington, DE 19801

Re: Zep Manufacturing Company – Quantum
Foods, LLC
Bankruptcy No. 14-10318
Our File No. 60520

Dear Clerk:

Enclosed is an original PROOF OF CLAIM to be filed in the District of Delaware's Bankruptcy Court. I have provided an extra copy for you to file stamp in and return to us for our records. For your convenience a self-addressed stamped envelop is provided for the return of the filed document.

Thank you for your assistance. If you have any questions please give me a call.

Yours very truly,

ENGEL, HAIRSTON & JOHANSON, P.C.

By: _____

Jonathan E. Raulston

JER/ds
enclosure

SVCS: STANDARD OVERNIGHT

ORIGIN ID:LGBA (310) 321-5555
TRICIA BLANDFORD
CASE ADMINISTRATOR TEAM LEADER
USBC DISTRICT OF DELAWARE
824 N. MARKET ST., 3RD FLOOR
WILMINGTON, DE 19801
UNITED STATES US

SHIP DATE: 05SEP13
ACTWGT: 1.0 LB MAN
CAD: 807436/CAFE2704

BILL SENDER

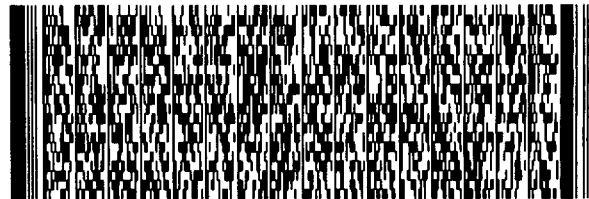
3F03

TO AGFEED
AGFEED/ CLAIMS PROCESSING
18675 LAKE DRIVE EAST

CHANHASSEN MN 55317

(952) 404-6722

REF: AGFEED CLAIMS



FedEx
Express



J13111305230126

FedEx
TRK# 0221 5696 8209 5595

THU - 01 MAY AA
STANDARD OVERNIGHT
RECEIVED

MAY 01 2014

55317
MN-US
MSP

XH FBLA

BMC GROUP



FID 747223 30APR14 ILGA 51AC1/78D9/65DD

