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United States Bankruptcy Court DELAWARE BANKRUPTCY COURT	PROOF OF CLAIM
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In re (Name of Debtor) Quantum Foods, LLC	Case Number 14-10318 (KJC)
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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: Euler Hermes North America Insurance Company Assignee of King Meat, Inc.	<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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and Addresses Where Notices Should be Sent Euler Hermes North America Insurance Company ASSIGNEE OF King Meat, Inc. 800 Red Brook Boulevard OWINGS MILLS, MD 21117	
Telephone No. 800-866-5551	

JUL 14 AM 9:51

DELAWARE BANKRUPTCY COURT DISTRICT OF DELAWARE

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor: 000384808	<input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends
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1. BASIS FOR CLAIM: <input checked="" type="checkbox"/> Goods Sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)	<div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED JUL 17 2014</div> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. 1114 (a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from _____ to _____ (date) (date)
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2. DATE DEBT WAS INCURRED:	3. IF COURT JUDGMENT, DATE OBTAINED:
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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.	
<input type="checkbox"/> SECURED CLAIM Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges included in secured claim above, if any \$ _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIMS 472,361.51 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.	<input type="checkbox"/> UNSECURED PRIORITY CLAIM Specify the priority of the claim. <input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan U.S.C. 507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Taxes or penalties of governmental units __11 U.S.C. 507(a)(7) <input type="checkbox"/> Other __11 U.S.C. 507(a)(2), (a)(5) __ (Describe briefly)

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">472,361.51 US\$</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">(Unsecured)</td> <td style="text-align: center;">(Secured)</td> <td style="text-align: center;">(Priority)</td> </tr> </table>	472,361.51 US\$	_____	_____	(Unsecured)	(Secured)	(Priority)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">472,361.51 US\$</td> </tr> <tr> <td style="text-align: center; padding: 5px;">(Total)</td> </tr> </table>	472,361.51 US\$	(Total)
472,361.51 US\$	_____	_____								
(Unsecured)	(Secured)	(Priority)								
472,361.51 US\$										
(Total)										
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition of the principal amount of the claim. Attach itemized statement of all additional charges.										

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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 7/08/2014	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). AI Stokes - Claims Svc Representative
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Quantum Foods POC

 00162

Statement

4/28

King Meat, Inc.
4215 Exchange Ave.
Los Angeles, CA 90058

Phone: (323) 582-7401
Fax: (323) 582-1813
On The Web:

Bill To: QUAN QUANTUM FOODS, LLC
750 SOUTH SCHMIDT ROAD
BOLINGBROOK, IL 60440

Terms: NET 14
Statement Date: 2/14/2014
Page Number: 1

<u>Date</u>	<u>Reference</u>	<u>Description</u>	<u>Original</u>	<u>Applied</u>	<u>Balance</u>
10/21/2013	11234	Invoice	150,807.00		150,807.00
10/22/2013	11330	Invoice	148,948.32		148,948.32
11/05/2013	11339	Invoice	39,860.00		39,860.00
11/25/2013	11347	Invoice	132,746.19		132,746.19

<u>Credit</u>	<u>Current</u>	<u>7 DAYS</u>	<u>14 DAYS</u>	<u>21 DAYS+</u>	<u>Total Due</u>
				472,361.51	472,361.51

July 08, 2014

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

Attention: Clerk

Bankruptcy Case No: 14-10318 (KJC)
Re: King Meat, Inc.
Claim No: 000384808
Debtor: Quantum Foods, LLC
Balance Due: 472,361.51 US\$

Dear Clerk :

The claim of the above creditor has been assigned to Euler Hermes North America Insurance Company under the provisions of a credit insurance policy.

Pursuant to rule 3001 (e) (1) of the rules of bankruptcy procedure adopted by the Supreme Court of the United States, we are enclosing a proof of claim for King Meat, Inc., supported by a copy of a statement by the transferor acknowledging the transfer and consideration therefore, also attached is an itemized statement or invoices in the claimed amount.

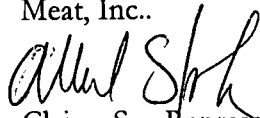
Pursuant to rule 2002, we request a copy of all notices required to be given to parties in interest.

Please acknowledge receipt and processing of this request on the extra copy of the proof of claim. A business-reply envelope is enclosed.

Thank you for your courtesy and cooperation.

Respectfully submitted,

Enclosed please find an Amended Proof of Claim supported by a statement of account. Please file this claim in the above captioned proceedings, to supercede any previously filed claims on behalf of King Meat, Inc..



Claims Svc Representative
Euler Hermes North America Insurance Company
410-753-0785
Enclosure

SYCB: STANDARD UV CH... top of FedEx Express® shipping label

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

TO **AGFEED**
AGFEED/ CLAIMS PROCESSING
18675 LAKE DRIVE EAST

RECEIVED

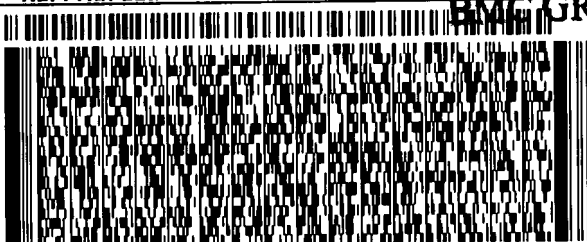
CHANHASSEN MN 55317

JUL 17 2014

(952) 404-5722

REF: AGFEED CLAIMS

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Express



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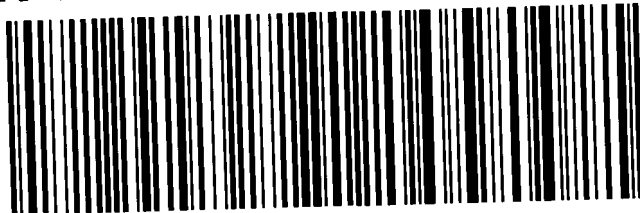
FedEx.

TRK# 5696 8209 5687
0221

THU - 17 JUL AA
STANDARD OVERNIGHT

XH FBLA

55317
MN-US
MSP



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518C1/9256/6F03