

ORIGINAL

UNITED STATES BANKRUPTCY COURT District of Delaware		PROOF OF CLAIM
Name of Debtor: Quantum Foods, LLC	Case Number: 14-10318-KJC	
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): Bunzl Distribution Midcentral, Inc. dba Bunzl Chicago		
Name and address where notices should be sent: One CityPlace Drive, Ste. 200 St. Louis, MO 63141 Attn: General Counsel Telephone number: (314) 997-5959 email: legal.department@bunzlusa.com		COURT USE ONLY <input type="checkbox"/> Check this box if 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): 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. <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED AUG 04 2014 BMC GROUP </div>
1. Amount of Claim as of Date Case Filed: \$ <u>15,958.62</u> 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>For 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: <u>7720</u> (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: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		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).
<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		
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, 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:

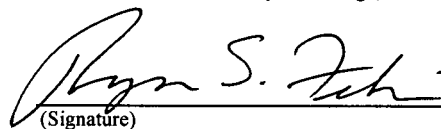
8. Signature: (See instruction #8)

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: Ryan S. Fehlig
Title: Assistant General Counsel
Company: Bunzl Distribution Midcentral, Inc.
Address and telephone number (if different from notice address above):
One CityPlace Drive, Ste. 200, St Louis, MO
63141


(Signature)

07/31/2014

(Date)

Telephone number: (314) 997-5959 email: legal.department@bunzlusa.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.



BUNZL CHICAGO
 5772 COLLECTION CNTR DR
 CHICAGO, IL 60693
 PHONE #: (630) 743-2300
 FAX #: (630) 743-2328

INVOICE



DATE	CUSTOMER NO.	INVOICE NO.
12/27/13	207720	30523119
DATE SHIPPED	ORDER NO. TYPE	ORDER TAKEN B
12/27/13	638338-00 N	MCCHIZAGU
SPECIAL INSTRUCTIONS		

SHIP TO
 550 QUANTUM FOODS-550
 550 WEST NORTH FRONTAGE ROAD
 BOLINGBROOK, IL 60440

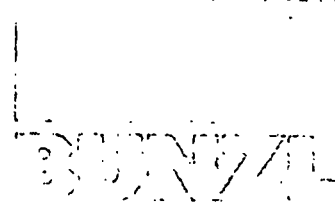
(630) 679-2400

BILL TO
 QUANTUM FOODS INC-750
 750 S SCHMIDT RD
 BOLINGBROOK, IL 60440-4813

MAIL INVOICE
 1230PM APPT: CONF# 7208

ROUTE/SEG: 526 10 ENT: 12/23/1
 20:31 12/26 PAGE 1 OF


30-300
 SHIP VIA : BUNZL BUNZL TRK
 CUSTOMER PO: 32549M
 SALESPERSON: 30P TOM WEIL
 TAX EXEMPT#: 2256-5124

QUANTITY ORDERED	QUANTITY SHIPPED	PRODUCT CODE	DESCRIPTION	PACK/UNIT	UNIT PRICE	AMOUNT
		12700941 P777	MT-941 FLAT BOTTOM TRAY 1M/CS 9.25X16X.875 OPS	CS		10639.08
WE WILL BE CLOSED DEC 25TH & JAN 1ST / NO ORDERS/NO DELV						
 RECEIVED @ GDC INCOMING TRAILER: PALLETS EXCHANGED: <input type="checkbox"/> LOCKED <input type="checkbox"/> YES <input checked="" type="checkbox"/> SEALED <input checked="" type="checkbox"/> NO <i># Antuaco Vela</i> Antuaco VELA NON-TAXABLE ITEM TOTAL						
						10639.08

DEC 27 2013 PM 12:42

PIECES	WEIGHT	CUBE	GROSS AMOUNT	FREIGHT / MISC.	TAX	TOTAL
	4644	388	10639.08			10639.08

TERMS	NET 30	10639.08
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 SIGNATURE SIGNIFIES RECEIPT OF MERCHANDISE AND ACCEPTANCE OF TERMS ON REVERSE SIDE 1 PLEASE REFERENCE INVOICE NUMBER WITH PAYMENT	DELIVERED BY SIGNATURE	DATE	PLEASE PAY THIS AMOUNT
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BUNZL CHICAGO
 5772 COLLECTION CNTR DR
 CHICAGO, IL 60693
 PHONE #: (630) 743-2300
 FAX #: (630) 743-2328

INVOICE



DATE	CUSTOMER NO.	INVOICE NO.
12/27/13	207720	30523119
DATE SHIPPED	ORDER NO. TYPE	ORDER TAKEN B
12/27/13	638338-00 N	MCCHIZAGU
SPECIAL INSTRUCTIONS		

SHIP TO 550 QUANTUM FOODS-550
 550 WEST NORTH FRONTAGE ROAD
 BOLINGBROOK, IL 60440

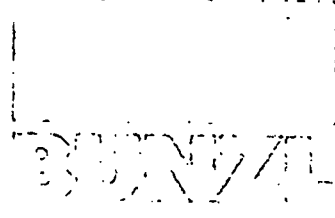
(630) 679-2400

BILL TO QUANTUM FOODS INC-750
 750 S SCHMIDT RD
 BOLINGBROOK, IL 60440-4813

MAIL INVOICE
 1230PM APPT: CONF# 7208

ROUTE/SEG: 526 10 ENT: 12/23/1
 20:31 12/26 PAGE 1 OF

30-300
 SHIP VIA : BUNZL BUNZL TRK
 CUSTOMER PO: 32549M
 SALESPERSON: 30P TOM WEIL
 TAX EXEMPT#: 2256-5124

QUANTITY ORDERED	QUANTITY SHIPPED	PRODUCT CODE	DESCRIPTION	PACK/UNIT	UNIT PRICE	AMOUNT
		12700941 P777	MT-941 FLAT BOTTOM TRAY 1M/CS 9.25X16X.875 OPS	CS		10639.08
WE WILL BE CLOSED DEC 25TH & JAN 1ST / NO ORDERS/NO DELV						
 RECEIVED @ GDC INCOMING TRAILER: PALLETS EXCHANGED: <input type="checkbox"/> LOCKED <input type="checkbox"/> YES <input checked="" type="checkbox"/> SEALED <input checked="" type="checkbox"/> NO <i># Antuaco Vela</i> Antuaco VELA NON-TAXABLE ITEM TOTAL						
						10639.08

DEC 27 2013 PM 12:42

PIECES	WEIGHT	CUBE	GROSS AMOUNT	FREIGHT /MISC.	TAX	TOTAL
	4644	388	10639.08			10639.08

TERMS	SIGNATURE SIGNIFIES RECEIPT OF MERCHANDISE AND ACCEPTANCE OF TERMS ON REVERSE SIDE					10639.08
NET 30	DELIVERED BY	DATE				

1 PLEASE REFERENCE INVOICE NUMBER WITH PAYMENT

PLEASE PAY THIS AMOUNT

BUNZL CHICAGO
 5772 COLLECTION CNTR DR
 CHICAGO, IL 60693
 PHONE #: (630) 743-2300
 FAX #: (630) 743-2328

INVOICE

DATE	CUSTOMER NO.	INVOICE NO.
12/04/13	207720	30508933
DATE SHIPPED	ORDER NO. TYPE	ORDER TAKEN BY
12/04/13	625602-00 N	MCCHIZAGU
SPECIAL INSTRUCTIONS		

SHIP TO 550 QUANTUM FOODS-550
 550 WEST NORTH FRONTAGE ROAD
 BOLINGBROOK, IL 60440

(630) 679-2400

BILL TO QUANTUM FOODS INC-750
 750 S SCHMIDT RD
 BOLINGBROOK, IL 60440-4813

MAIL INVOICE
 1PM APPT: CONF# D6791

ROUTE/SEQ: 314 50 ENT: 12/02/1
 21:58 12/03 PAGE 1 OF

30-300
 SHIP VIA : BNZD BUNZL TRK
 CUSTOMER PO: 32365M
 SALESPERSON: 30P TOM WEIL
 TAX EXEMPT#: 2256-5124

QUANTITY ORDERED	QUANTITY SHIPPED	PRODUCT CODE	DESCRIPTION	PACK/UNIT	UNIT PRICE	AMOUNT
		12709412 P774	MT-9412 12 CAVITY PORTION CONTROL PLASTIC TRAYS	CS		5319.54
WE WILL BE CLOSED DEC 25TH & JAN 1ST / NO ORDERS/NO DELV						
NON-TAXABLE ITEM TOTAL						5319.54

PIECES	WEIGHT	CUBE	GROSS AMOUNT	FREIGHT /MISC.	TAX	↓ TOTAL ↓
	2322	291	5319.54			

TERMS NET 30

SIGNATURE SIGNIFIES RECEIPT OF MERCHANDISE AND ACCEPTANCE OF TERMS ON REVERSE SIDE
 DELIVERED BY DATE
 SIGNATURE

PLEASE REFERENCE INVOICE
 NUMBER WITH PAYMENT

5319.54

↑ PLEASE PAY THIS AMOUNT ↑

4
 Feet



BUNZL CHICAGO
 5772 COLLECTION CNTR DR
 CHICAGO, IL 60693
 PHONE #: (630) 743-2300
 FAX #: (630) 743-2328

INVOICE



DATE	CUSTOMER NO.	INVOICE NO.
12/04/13	207720	30508933
DATE SHIPPED	ORDER NO. TYPE	ORDER TAKEN BY
12/04/13	625602-00 N	MCCHIZAGU
SPECIAL INSTRUCTIONS		

SHIP TO
 550 QUANTUM FOODS-550
 550 WEST NORTH FRONTAGE ROAD
 BOLINGBROOK, IL 60440

(630) 679-2400

BILL TO
 QUANTUM FOODS INC-750
 750 S SCHMIDT RD
 BOLINGBROOK, IL 60440-4813

MAIL INVOICE
 1PM APPT: CONF# D6791
 ROUTE/SEQ: 314 .50 ENT: 12/02/1
 21:58 12/03 PAGE 1 OF
 30-300
 SHIP VIA : BNZD BUNZL TRK
 CUSTOMER PO: 32365M
 SALESPERSON: 30P TOM WEIL
 TAX EXEMPT#: 2256-5124

QUANTITY ORDERED	QUANTITY SHIPPED	PRODUCT CODE	DESCRIPTION	PACK/UNIT	UNIT PRICE	AMOUNT
		1270712 0774	12 CAVITY PORTION CONTROL PLASTIC TRAYS	CS		5319.54
WE WILL BE CLOSED DEC 25TH & JAN 1ST / NO ORDERS/NO DELV						
NON-TAXABLE ITEM TOTAL						5319.54

DEC 4 2013 AM 10:46

RECEIVED @ GDC

INCOMING TRAILER:

PALLETS EXCHANGED:

LOCKED
 SEALED

YES
 NO

[Signature]

PIECES	WEIGHT	CUBE	GROSS AMOUNT	FREIGHT / DISC.	TAX	↓ TOTAL ↓
	2322	291	5319.54			

TERMS NET 30						5319.54
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1 	SIGNATURE SIGNIFIES RECEIPT OF MERCHANDISE AND ACCEPTANCE OF TERMS ON REVERSE SIDE	DELIVERED BY	DATE	↑ PLEASE PAY THIS AMOUNT ↑
	PLEASE REFERENCE INVOICE NUMBER WITH PAYMENT	SIGNATURE		

CERTIFIED MAIL



9171 9690 0935 0003 9737 80

BUNZL

BUNZL CORPORATE OFFICE

One CityPlace Drive, Suite 200
St. Louis, MO 63141

RECEIVED

AUG 04 2014

BMC GROUP

Hasler

07/31/2014

US POSTAGE

\$05.34⁰

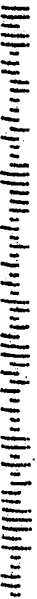
FIRST-CLASS MAIL



ZIP 63141
011D11624130

*BMC Group, Inc.
Attn: Western Foods, LLC
Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020*

5531 733020



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE