

UNITED STATES BANKRUPTCY COURT District of Delaware, Wilmington Division		PROOF OF CLAIM
Name of Debtor: QUANTUM FOODS, LLC	Case Number: 14-10318-KJC	E-Filed on 10/30/2014 Claim # 193
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): Creekstone Farms Premium Beef, LLC		COURT USE ONLY
Name and address where notices should be sent: Creekstone Farms Premium Beef, LLC Attn: c/o Borges & Associates, LLC 575 Underhill Blvd., Ste. 118 Syosset New York 11791 Telephone number: (516) 677-8200 email: ecfcases@borgeslawllc.com		<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.
1. Amount of Claim as of Date Case Filed: \$ <u>123,062.13</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>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. 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).
<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 checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(<u>2</u>).
		Amount entitled to priority: \$ <u>111,263.89</u> Amount entitled to Administrative Expense under 11 U.S.C. §503(b)(9) \$ <u>111,263.89</u>
*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)		

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.
(See Bankruptcy Rule 3004.)
- I am a guarantor, surety, indorser, or other codebtor.
(See Bankruptcy Rule 3005.)

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: Wanda Borges

Title: Attorney in Fact

Company: Borges & Associates, LLC

Address and telephone number (if different from notice address above):

Wanda Borges

10/30/2014

(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 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.

Attachment 1 - Proof of Claim _ Exhibit A.pdf

Description -

Exhibit A



Petition Date 2/18/2014
20 Days: 1/29/2014

Quantum Foods, LLC
Statement

Inv. Date	Invoice No.	PO No.	Inv. Amount	Pmt Amount	Date Paid
10/23/2013	10282052013102	99094	\$ 100,682.33		
11/3/2013	10287192013110	99219	\$ 35,458.66		
			\$ (47,135.25)	\$ 47,135.25	12/3/2013
12/5/2013	10300442013120	99848	\$ 11,798.24		
			\$ (111,263.89)	\$ 111,263.89	2/4/2014
2/5/2014	10326182014020	100227	\$ 44,153.54		
2/8/2014	10328262014021	100226	\$ 67,110.35		
Balance Due.....			\$ 123,062.13		
		503(b)(9)	\$ 111,263.89		



REMIT TO:
Creekstone Farms Premium Beef. L.L.C.
3797 Solutions Center
P O Box 773797, Chicago, IL 60677-3007

Invoice Number: 1032618
Invoice Date: 2/5/2014

SOLD TO:

SHIP TO:

Quantum Foods, Inc.
750 S. Schmidt Road
Bolingbrook
IL
60440

Quantum Foods Inc
750 S. Schmidt Rd.
Bolingbrook
IL
60440

PAY TERMS
Terms Payment in Advance

CUSTOMER P.O	SHIPPING DATE	DELIVERY DATE	SALES ORDER	CUSTOMER NO.	INVOICE NO.
100227	2/7/2014	2/7/2014	339548	QUANT-ILL	1032618

DO NOT BOOK TRUCK UNTIL CREDIT APPROVED

PRODUCT CODE	PRODUCT DESCRIPTION	QTY	WEIGHT	PRICE	TOTAL VALUE
56692	50/50 Certified Choice or Higher	24 COMBO	40306.00 LBS	1.0900	43,933.54
58971	Combo Testing	1 COMBO	1.00 LBS	220.0000	220.00
Totals:		25	40307.00		\$44,153.54

Total Amount Due in US Dollar \$44,153.54

Creekstone Farms Premium Beef. L.L.C
604 Goff Industrial Park Road
Arkansas City, Kansas 67005
620-741-3100
Est. #27

Born, Raised and Harvested in the USA

We hereby certify that the above described meat or food products, which are offered for shipment in interstate or foreign commerce, have been U.S inspected and passed by the Department of Agriculture, are so marked, and at this date, are sound, healthful, wholesome, and fit for human food.

- 1) Should the invoice be placed for collection, buyer agrees to pay all collection costs including attorney fees.
- 2) Interest for any late payments will accrue at 1.5% per month.
- 3) Any dispute between the parties shall be resolved in the state and federal courts in Wichita, KS.

NO CLAIMS ARE ALLOWED UNLESS WE ARE NOTIFIED IMMEDIATELY UPON DELIVERY

REMIT TO:

Creekstone Farms Premium Beef. L.L.C.
3797 Solutions Center
P O Box 773797, Chicago, IL 60677-3007

**Invoice Number: 1032826****Invoice Date: 2/8/2014****SOLD TO:**

Quantum Foods, Inc.
750 S. Schmidt Road
Bolingbrook
IL
60440

PAY TERMS

Terms Payment in
Advance

SHIP TO:

Quantum Foods Inc
750 S. Schmidt Rd.
Bolingbrook
IL
60440

CUSTOMER P.O.	SHIPPING DATE	DELIVERY DATE	SALES ORDER	CUSTOMER NO.	INVOICE NO.
100226	2/10/2014	2/10/2014	339549	QUANT-ILL	1032826

PRODUCT CODE	PRODUCT DESCRIPTION	QTY	WEIGHT	PRICE	TOTAL VALUE
54521	Beef Special Trimmings MC-P	10 CASE	763.60 LBS	2.9000	2,214.44
54528	Beef Special Trimmings P	41 CASE	3483.45 LBS	2.9000	10,102.00
54531	Beef Special Trimmings MC-C	21 CASE	1678.80 LBS	2.9000	4,868.52
54561	Beef Special Trimmings CT-C	38 CASE	3090.45 LBS	2.9000	8,962.30
54568	Beef Special Trimmings C	16 CASE	1363.65 LBS	2.9000	3,954.59
54571	Beef Special Trimmings CT-S	2 CASE	130.75 LBS	2.9000	379.18
54575	Beef Special Trimmings Nat-S	1 CASE	34.05 LBS	2.9000	98.74
54580	Beef Special Trimmings U	14 CASE	958.40 LBS	2.9000	2,779.36
54585	Beef Special Trimmings Nat-C	156 CASE	11638.35 LBS	2.9000	33,751.22
Totals:		299	23141.50		\$67,110.35

Total Amount Due in US Dollar

\$67,110.35

Creekstone Farms Premium Beef. L.L.C.
604 Goff Industrial Park Road
Arkansas City, Kansas 67005
620-741-3100
Est. #27

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NO CLAIMS ARE ALLOWED UNLESS WE ARE NOTIFIED IMMEDIATELY UPON DELIVERY