UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM

Name of Debtor: QUANTUM FOODS

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(a).

Claim # 288

Name of Creditor (the person or other entity to whom the debtor owes money or property)

Name and address where notices should be sent:

34257816005636

GILES, LOURDES
3332 W. 64TH ST
CHICAGO, IL 60629

RECEIVED
NOV 03 2014
BMC GROUP

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number ( ) email:

Name and address where **payment** should be sent (if different from above):

Payment Telephone Number ( ) email:

☐ 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 this box to indicate that this claim amends a previously filed claim.

Court Claim Number (if known): _____

Filed on: _____

1. AMOUNT OF CLAIM AS OF DATE CASE FILED $ UNDETERMINED

If all or part of your claim is secured, complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. BASIS FOR CLAIM: (See instruction #2) WORKERS COMPENSATION CLAIM 13 WC 36228 AND 14 WC 5211

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 your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: Describe:

☐ Real Estate ☐ Motor Vehicle ☐ Other _____

Value of Property: $ _____

Annual Interest Rate: _____ % ☐ Fixed or ☐ Variable
(when case was filed)

Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: $ _____

Basis for Perfection: _____

Amount of Secured Claim: $ _____

Amount Unsecured: $ _____

5. Amount of Claim Entitled to Administrative Expense status under 11 U.S.C. § 503(b)(9) or 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 administrative expense or priority and state the amount.

Amount entitled to priority: $ _____

Amount entitled to administrative Expense under 11 U.S.C. § 503(b)(9): $ _____

You MUST specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ 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).

☐ Wages, salaries, or commissions (up to $12,475*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____).

☐ Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9).

** 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 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)

Quantum Foods POC
90101

7. DOCUMENTS: *Attached are redacted copies of documents that support the claim,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and 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 definition of "redacted").

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

DATE-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.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 pm, prevailing Eastern Time on November 7, 2014 for Non-Governmental Claimants, Governmental Units, and Administrative Claimants.

BY MAIL TO:
BMC Group, Inc
Attn: Quantum Foods, LLC Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

BY MESSENGER OR OVERNIGHT DELIVERY TO:
BMC Group, Inc
Attn: Quantum Foods, LLC Claims Processing
18675 Lake Drive East
Chanhassen, MN 55317

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 providedin this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: DAVID Z. FEUER
Title: ATTORNEY
Company: GOLDSTEIN BENDER & ROMANOFF

David Z Feuer 10/29/14
(Signature) (Date)

Address and telephone number (if different from notice address above):
ONE N. LA SALLE ST
SUITE 2600
CHICAGO, IL 60602

Telephone number: 312-346-8558 email: DFEUER@GBRLEGAL.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.

LIST OF DEBTORS:

Quantum Foods, LLC	14-10318
Quantum Foods 213-D, LLC	14-10319
Quantum Culinary, LLC	14-10320
GDC Logistics, LLC	14-10321
Choice One Foods, LLC	14-10322

ILLINOIS WORKERS' COMPENSATION COMMISSION
APPLICATION FOR ADJUSTMENT OF CLAIM (APPLICATION FOR BENEFITS)

ATTENTION. Please type or print. Answer all questions. File three copies of this form.

Workers' Compensation Act ✓ Occupational Diseases Act ___ Fatal case? No ✓ Yes ___ Date of death _____

13WC035228

Lourdes Giles
Employee/Petitioner

v.

Quantum Foods
Employer/Respondent

Case #
(Office use only)

Location of accident or last exposure **Bolingbrook, IL** City, State

Lourdes Giles	**3332 W 64th Street**	**Chicago, IL 60629**
Injured employee's name [1]	Street address	City, State, Zip code
Quantum Foods	**750 S Schmidt Road**	**Bolingbrook, IL 60440**
Employer's name	Street address	City, State, Zip code

Employee information: State Employee? Yes ___ No ✓ Male ___ Female ✓ Married ✓ Single ___

Dependents under age 18 **03** Birthdate **02/11/1972** Average weekly wage $ _____

Date of accident [2] **10/29/2013** The employer was notified of the accident orally ✓ in writing ✓

How did the accident occur? **Repetitive activities of employment as a contributing cause**

What part of the body was affected? **Right elbow / Right hand**

What is the nature of the injury? **Serious and permanent** Return-to-work date [3] _____

Is a *Petition for an Immediate Hearing* attached? Yes ___ No ✓

Is the injured employee currently receiving temporary total disability benefits? Yes ___ No ✓

If a prior application was ever filed for this employee, list the case number and its status _____

ATTENTION, PETITIONER. This is a legal document. Be sure all blanks are completed correctly and you understand the statements before you sign this. Refer to the Commission's *Handbook on Workers' Compensation and Occupational Diseases* [4] for more information.

Lourdes Giles
Signature of petitioner

11/04/2013
Date

APPEARANCE OF PETITIONER'S ATTORNEY
Please attach a copy of the *Attorney Representation Agreement*.

Signature of attorney

300 South Ashland Avenue Suite 101
Street address

Matthew J. Leonard # 926
Attorney's name and IC code # [5] (please print)

Chicago, IL 60607
City, State, Zip code

Leonard Law Group, LLC.
Firm name

(312) 226-8273
Telephone number

E-mail address

ILLINOIS WORKERS' COMPENSATION COMMISSION
STIPULATION TO SUBSTITUTE ATTORNEYS

FILED
2014 JAN -8 AM 11:12
ILLINOIS WORKERS' COMPENSATION COMMISSION

ATTENTION, PETITIONER: please attach a copy of the *Attorney Representation Agreement*.

Lourdes Giles
Employee/Petitioner

Case # 13 WC 036228

v.

Quantum Foods
Employer/Respondent

I, Lourdes Giles, want the attorney, Goldstein, Bender & Romanoff, to appear on my behalf in this case.

Lourdes Giles
Signature of petitioner or respondent

I hereby withdraw as the attorney for the above party.

Signature of attorney

Matthew Leonard
Name of attorney and IC attorney code # (please print)

Leonard Law Group LLC
Name of law firm

I hereby enter my appearance as the attorney for the above party.

Signature of attorney

Goldstein, Bender & Romanoff #226
Name of attorney and IC attorney code # (please print)

One North LaSalle Street, 26th Floor
Street address

Chicago IL 60602
City, State, Zip code

1/2/2014
Date

ILLINOIS WORKERS' COMPENSATION COMMISSION

APPLICATION FOR ADJUSTMENT OF CLAIM (APPLICATION FOR BENEFITS)

ATTENTION. Please type or print. Answer all questions. File three copies of this form.

Workers' Compensation Act X Occupational Diseases Act _ Fatal case? No X Yes _ Date of death

FEB 18 2014

14WC005211

Case #
(Office use only)

Lourdes Giles
Employee/Petitioner

v.

Quantum Foods
Employer/Respondent

Location of accident or last exposure **Bolingbrook, IL** City, State

Lourdes Giles
Injured employee's name [i]

3332 W. 64th Street, Chicago, Illinois 60629
Street address, City, State, Zip code

Quantum Foods
Employer's name

750 S. Schmidt Road, Bolingbrook, Illinois 60440
Street address, City, State, Zip code

Employee information: [ ] Male [X] Female [X] Married __ Single

Dependents under age 18 **3** Birthdate **02/11/1972** Average weekly wage $ **518.00**

Date of accident [ii] **01/27/2014** The employer was notified of the accident orally __x__ in writing ____.

How did the accident occur? **Grabbing meat off line with left hand**

What part of the body was affected? **Left hand**

What is the nature of the injury? _Severe and permanent Return-to-work date [iii] **unknown**

Is a *Petition for an Immediate Hearing* attached? Yes _____ No __x__

Is the injured employee currently receiving temporary total disability benefits? Yes No x

If a prior application was ever filed for this employee, list the case number and its status _____

ATTENTION, PETITIONER. This is a legal document. Be sure all blanks are completed correctly and you understand the statements before you sign this. Refer to the Commission's *Handbook on Workers' Compensation and Occupational Diseases* [iv] for more information.

Lourdes Giles
Signature of petitioner

February 11, 2014
Date

APPEARANCE OF PETITIONER'S ATTORNEY
Please attach a copy of the *Attorney Representation Agreement.*

Signature of attorney

One North La Salle Street, 26th Floor
Street address

MELVYN L. ROMANOFF - #0226
Attorney's name and IC code # [v] (please print)

Chicago, IL 60602
City, State, Zip code

GOLDSTEIN BENDER & ROMANOFF
Firm name

(312) 346-8558
Telephone number

gbr@gbrlegal.com
E-mail address

Disclosure of this information to the Commission is done voluntarily under 820 ILCS 305/6(b).

PROOF OF SERVICE

If the person who signed the *Proof of Service* is not an attorney, this form must be notarized.
If you prefer, you may submit the front of this application form with the *Proof of Service* on a separate page.

I, **Melvyn L. Romanoff**, affirm that I [ ] delivered [X] mailed with proper postage

in the city of Chicago a copy of this form at 1 N. La Salle Street, Lobby Mail Drop on February 11, 2014 to the respondent listed

on this application and to each additional party, if any, at the address listed below.

Quantum Foods
750 S. Schmidt Road
Bolingbrook, Illinois 60440

Signature of person completing *Proof of Service*

Signed and sworn to before me on February 11, 2014

Notary Public

[i] In most cases, the injured employee files this application and is referred to as the petitioner. If the injury was fatal, or if the worker is a minor or incapacitated, another person (as allowed by law) may file. In those cases, the person filing the application is the petitioner, and the worker is referred to as the injured employee. Please complete information related to age, etc., for the injured employee.

[ii] This may be the date of the accident, last exposure, disability, or death.

[iii] If the employee has not returned to work, leave this space blank.

[iv] The Commission publishes a handbook that explains the workers' compensation system. If you would like a copy, please call any Commission office.

[v] The Commission assigns code numbers to attorneys who regularly practice before it. To obtain or look up a code number, contact the Information Unit in Chicago or any of the downstate offices at the telephone numbers listed on this form.

GOLDSTEIN
BENDER &
ROMANOFF
ATTORNEYS AT LAW
One North LaSalle St. 26th Floor
Chicago, Illinois 60602
312.346.8558 Fax: 312.346.0782

Alan H. Bender
Melvyn L. Romanoff

David Z. Feuer
Richard H. Victor
Timothy J. Winfield
Arthur E. German
Ryan M. Griffin
Dariusz Musial
Garrett A. Marshall
Tanya K. Sinclair
Matthew S. Luttig
Scott M. Duxbury
Michael C. Zumwalt

OF COUNSEL
Bernard Goldstein
Paul T. Kiel

ADMINISTRATION
Kevin M. Bryson

October 30, 2014

BMC Group, Inc.
Atten: Quantum Foods, LLC Claim Processing
P.O. Box 3020
Chanhassen MN 55317-3020

Re: Lourdes Giles
Vs: Quantum Foods Culinary
D/a: 10/29/2013; 1/27/2014
IWCC: 13 WC 36228; 14 WC 005211
Our Fie: WC10026; WC10139

To whom it may concern:

Enclosed please find completed Proof of Claim, Illinois Workers' Compensation Application for Adjustment of Claim for both cases on behalf or our client.

Rescpectfully,

GOLDSTEIN BENDER & ROMANOFF

Maria Chavez

Maria Chavez
Legal Assistant

DZF/mch
Enclosures

GOLDSTEIN
BENDER &
ROMANOFF
Attorneys at Law
One North LaSalle Street, 26th Floor
Chicago, Illinois 60602

ADDRESS SERVICE REQUESTED

S SUBURBAN
IL 604
31 OCT '14
PM 8 L

UNITED STATES POSTAGE
PITNEY BOWES
02 1P $ 000.69⁰
0003136407 OCT 30 2014
MAILED FROM ZIP CODE 60602

RECEIVED
NOV 03 2014
BMC GROUP

BMC Group, Inc.
Atten: Quantum Foods, LLC Claim Processing
P.O. Box 3020
Chanhassen MN 55317-3020

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