

<b>UNITED STATES BANKRUPTCY COURT</b> District of Delaware, Wilmington Division		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>QUANTUM FOODS, LLC</b>		Case Number: <b>14-10318-KJC</b>
NOTE: <i>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.</i>		<b>E-Filed on 11/06/2014 Claim # 324</b>
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Robert Reiser &amp; Co., Inc.</b>		<b>COURT USE ONLY</b>
Name and address where notices should be sent: <b>Robert Reiser &amp; Co., Inc. Attn: Andrew Z. Schwartz Foley Hoag LLP 155 Seaport Blvd., Boston Massachusetts 02210</b> Telephone number: <b>(617) 832-1000</b> email: <b>aschwartz@foleyhoag.com</b>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  <b>Court Claim Number:</b> _____ <i>(If known)</i>  Filed on: _____
Name and address where payment should be sent (if different from above): <b>Eric J. Olson Robert Reiser &amp; Co., Inc. 726 Dedham Street, Canton Massachusetts 02021</b> Telephone number: <b>(761) 821-1290</b> email: <b>eolson@reiser.com</b>		<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.
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>42,673.27</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.		
<b>2. Basis for Claim:</b> _____ (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b> <u>0369</u>	<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)
<b>4. Secured Claim</b> (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.		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____
<b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <b>Describe:</b>		<b>Basis for perfection:</b> _____
<b>Value of Property:</b> \$ _____		<b>Amount of Secured Claim:</b> \$ _____
<b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		<b>Amount Unsecured:</b> \$ _____
<b>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.</b>		
<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).  <b>Amount entitled to priority:</b> \$ _____
<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)(____). <b>Amount entitled to Administrative Expense under 11 U.S.C. §503(b)(9)</b> \$ _____
<i>*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.</i>		
<b>6. Credits.</b> 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: Eric J. Olson  
 Title: Chief Financial Officer  
 Company: Robert Reiser & Co., Inc.

Eric J. Olson

11/06/2014

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 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.pdf

Description -

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>District of Delaware</b>	<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Quantum Foods, LLC</b>		Case Number: <b>14-10318-KJC</b>	<p style="text-align: center;"><b>COURT USE ONLY</b></p> <input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
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): <b>Robert Reiser &amp; Co., Inc.</b>			
Name and address where notices should be sent: <b>c/o Andrew Z. Schwartz, Esq. Foley Hoag LLP 155 Seaport Boulevard, Boston, MA 022106</b>		Telephone number: (617) 832-1000 email: <a href="mailto:aschwartz@foleyhoag.com">aschwartz@foleyhoag.com</a>	
Name and address where payment should be sent (if different from above): <b>Eric J. Olson, Chief Financial Officer Robert Reiser &amp; Co., Inc. 725 Dedham Street, Canton, MA 02021</b>		Telephone number: (781) 821-1290 email: <a href="mailto:eolson@reiser.com">eolson@reiser.com</a>	
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>42,673.27</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.			
<b>2. Basis for Claim:</b> <u>Parts and services sold.</u> (See instruction #2)			
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  0 3 6 9		<b>3a. Debtor may have scheduled account as:</b>  _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  _____ (See instruction #3b)
<b>4. Secured Claim (See instruction #4)</b> 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)		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____  <b>Basis for perfection:</b> _____  <b>Amount of Secured Claim:</b> \$ _____  <b>Amount Unsecured:</b> \$ _____	
<b>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.</b>			
<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"/> 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"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	
		<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).	
		<b>Amount entitled to priority:</b> \$ _____	
*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.			
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			

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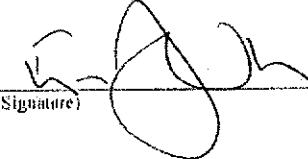
**8. Signature:** (See instruction #8)

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: Eric J. Olson  
 Title: Chief Financial Officer  
 Company: Robert Reiser & Co., Inc.  
 Address and telephone number (if different from notice address above):  
725 Dedham Street  
Canton, MA 02021

  
 (Signature) \_\_\_\_\_ (Date) 11/6/2014  
11/05/2014

Telephone number: (781) 821-1290 email: eolson@reiser.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**

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**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 2 - Proof of Claim Attachment.pdf

Description - Statement of Robert Reiser & Co., Inc. Regarding Related Claim

**STATEMENT OF ROBERT REISER & CO., INC.  
REGARDING RELATED CLAIM**

On April 15, 2014, Robert Reiser & Co., Inc. filed a secured claim in this case (claim no. 88).

**SUMMARY OF AMOUNTS DUE TO ROBERT REISER & CO., INC.  
FROM QUANTUM FOODS, LLC ON ACCOUNT OF  
THE SALE OF PARTS AND SERVICES**

<b>Invoice Number</b>	<b>Invoice Date</b>	<b>Amount Due</b>
047424	08/29/2013	\$ 905.65
047721	09/03/2013	\$ 3,350.38
047851	09/04/2013	\$ 2,219.19
048490	09/10/2013	\$ 647.30
049385	09/18/2013	\$ 1,446.85
049927	09/24/2013	\$ 439.29
052342	10/16/2013	\$ 554.87
052509	10/17/2013	\$ 373.01
053027	10/23/2013	\$ 925.08
053371	10/25/2013	\$ 3,112.17
053637	10/29/2013	\$ 1,680.76
054405	11/05/2013	\$ 835.39
055208	11/12/2013	\$ 336.27
055675	11/15/2013	\$ 925.12
057022	12/02/2013	\$ 866.02
057164	12/03/2013	\$ 3,233.27
057347	12/04/2013	\$ 3,883.01
057348	12/04/2013	\$ 1,772.60
057349	12/04/2013	\$ 868.48
057861	12/09/2013	\$ 754.11
058144	12/11/2013	\$ 1,380.28
058430	12/13/2013	\$ 1,032.00
058431	12/13/2013	\$ 161.35
058432	12/13/2013	\$ 739.75
058698	12/17/2013	\$ 574.41
060366	01/08/2014	\$ 925.74
060429	01/08/2014	\$ 7,345.80
061271	01/15/2014	\$ 866.64
061796	01/20/2014	\$ 98.48
064727	02/14/2014	\$ 420.00

**TOTAL: \$42,673.27**





Statement

ACCOUNT #	010369
DATE	02/25/14
PAGE	1

ROBERT REISER & CO., INC.  
 Canton, MA 02021  
 Tel# 781-821-1290 Fax# 781-821-0867

BILL TO

QUANTUM FOODS LLC  
 760 SOUTH SCHMIDT ROAD  
 BOLINGBROOK IL 60440

Open Invoices

INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	PAYMENT DATE	PAYMENT AMOUNT	BALANCE
045369-04	08/12/13	62000.00	01/14/14	41333.33	
			01/20/14	-41333.33	
			02/03/14	20000.00	
			02/10/14	20000.00	1,333.33
			01/20/14	20000.00	21,333.33
045369-05	08/12/13	62000.00			41,333.33
045369-06	08/12/13	62000.00			41,333.33
045369-07	08/12/13	62000.00			41,333.33
045369-08	08/12/13	62000.00			41,333.33
045369-09	08/12/13	62000.00			41,333.33
045369-10	08/12/13	62000.00			41,333.33
045369-11	08/12/13	62000.00			41,333.33
045369-12	08/12/13	62000.00			41,333.33
045369-13	08/12/13	62000.00			41,333.37
047424	08/29/13	906.65			906.65
047721	09/03/13	3350.38			3,350.38
047851	09/04/13	2219.19			2,219.19
048490	09/10/13	647.30			647.30
049385	09/18/13	1446.85			1,446.85
049927	09/24/13	439.29			439.29
052342	10/16/13	554.87			554.87
052509	10/17/13	373.01			373.01
053027	10/23/13	925.08			925.08
053371	10/25/13	3112.17			3,112.17
053637	10/29/13	1680.76			1,680.76
054405	11/05/13	835.39			835.39
055208	11/12/13	336.27			336.27
055675	11/15/13	925.12			925.12
057022	12/02/13	866.02			866.02
057164	12/03/13	3233.27			3,233.27
057347	12/04/13	3883.01			3,883.01
057348	12/04/13	1772.60			1,772.60
057349	12/04/13	868.48			868.48
057861	12/09/13	20271.48			754.11

MACHINES

\$ 353,333.34

PARTS



# Statement

ACCOUNT #	010369
DATE	02/25/14
PAGE	2

ROBERT REISER & CO., INC.  
 Canton, MA 02021  
 Tel# 781-821-1290 Fax# 781-821-0857

**BILL TO**

QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK IL 60440

INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	PAYMENT DATE	PAYMENT AMOUNT	BALANCE
058144	12/11/13	1380.28			1,380.28
058430	12/13/13	1032.00			1,032.00
058431	12/13/13	4584.97			161.35
058432	12/13/13	739.75			739.75
058698	12/17/13	574.41			574.41
060386	01/08/14	925.74			925.74
060429	01/08/14	7345.80			7,345.80
061271	01/15/14	866.64			866.64
061796	01/20/14	98.48			98.48
064727	02/14/14	420.00			420.00
<i>PARTS</i>					
<i>\$ 42,671.27</i>					

FUTURE	CURRENT	1-30	31-60	OVER 60	TOTAL DUE
165,333.36	41,333.33	50,989.99	56,598.61	81,751.32	396,006.61



Invoice  
Reprint

INVOICE #	047424
DATE	08/29/13
PAGE	1 OF 1

ROBERT REISER & CO., INC.  
725 Dedham St.  
Canton, MA 02021  
Tel: 781-821-1290 Fax: 781-821-0867

**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER mark padly	ORDER NO. 847262-1	ORDER DATE 08/13/13	TAKEN BY MIH	PAYMENT TERMS NET 30 DAYS
SHIP DATE 08/28/13	SHIP VIA UPS GROUND	TRACKING # 1Z0105190363977145			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
<b>BA-353-70-B</b> CHAMBER;1 3/4" CL, SS HARDENED	1	1	0	880.00	880.00	880.00

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
880.00	25.65	0.00	0.00	USD 905.65

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ROBERT REISER & CO., INC.  
725 Dedham St.  
Canton, MA 02021  
Tel: 781-821-1290 Fax: 781-821-0867

**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

010369-01  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER VERBAL	ORDER NO. 848233	ORDER DATE 08/21/13	TAKEN BY SWG	PAYMENT TERMS NET 30 DAYS
SHIP DATE 08/30/13	SHIP VIA UPS RED	TRACKING # 1Z0105190161087159			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
<b>236.621.260</b> FORMAT SET DIA 26,2 X 6-UP COMPLETE	1	1	0	3,069.00	3,069.00	3,069.00

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
3,069.00	281.38	0.00	0.00	USD 3,350.38
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Canton, MA 02021  
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**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

010369-01  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G2332	ORDER NO. 849417	ORDER DATE 09/03/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 09/03/13	SHIP VIA UPS GROUND	TRACKING # 1Z0105190361985238			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
<b>142.310.010</b> SEALING RING LOWER INSIDE (RED) (SK3638/30)	2	2	0	294.80	294.80	589.60
<b>061.200.804</b> SQUARE PROFILE SEAL 8X8 SILICONE PER METER	1	1	0	66.47	66.47	66.47
<b>236.563.000</b> GUIDE ROD ASSEMBLY	1	0	1	179.53	179.53	0.00
<b>236.563.000</b> GUIDE ROD ASSEMBLY ONLY 1 IN STOCK	1	1	0	179.53	179.53	179.53
<b>236.210.002</b> PIVOTING B. COMPLETE	2	2	0	468.80	468.80	937.60
<b>236.200.190</b> PIN ONLY 1 IN STOCK	2	1	1	79.79	79.79	79.79
<b>044.104.055</b> THREADED PIN M4X8 DIN 914 PN00618048	2	2	0	1.14	1.14	2.28
<b>060.102.003</b> SCRAPER SEAL AUASOB 20X28X4,8/7	2	2	0	39.89	39.89	79.78

Continued



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ROBERT REISER & CO., INC.  
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**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

010369-01  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G2332	ORDER NO. 849417	ORDER DATE 09/03/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 09/03/13	SHIP VIA UPS GROUND	TRACKING # 1Z0105190361985238			REP # 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
061.702.003 SEAL (MERKEL OMEGAT OMS-MR)	2	2	0	23.60	23.60	47.20
236.200.151 PIN NONE IN STOCK	2	0	2	89.79	89.79	0.00
071.452.052 SENSOR XS212AAPAL5 ONLY 1 IN STOCK	2	1	1	182.85	182.85	182.85

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
2,165.10	54.09	0.00	0.00	USD 2,219.19

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**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

010369-01  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G2332	ORDER NO. 849417-1	ORDER DATE 09/03/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 09/09/13	SHIP VIA UPS GROUND	TRACKING # 1Z0105190361948046			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
236.563.000 GUIDE ROD ASSEMBLY	1	1	0	179.53	179.53	179.53
236.200.190 PIN ONLY 1 IN STOCK	1	1	0	79.79	79.79	79.79
236.200.151 PIN NONE IN STOCK	2	2	0	89.79	89.79	179.58
071.452.052 SENSOR XS212AAPAL5 ONLY 1 IN STOCK	1	1	0	182.85	182.85	182.85

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
621.75	25.55	0.00	0.00	USD 647.30
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**BILL TO**

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QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

010369-01  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G2538	ORDER NO. 850831	ORDER DATE 09/17/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 09/17/13	SHIP VIA UPS GROUND	TRACKING # 1Z0105190362890098			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
236.590.110 SPACER WASHER	4	4	0	279.27	279.27	1,117.08
134.340.110 CAP	1	1	0	92.39	92.39	92.39
071.099.122 ILLUMINATED BUTTON GREEN FM250	1	1	0	65.00	65.00	65.00
071.498.004 MAGNET	1	1	0	18.98	18.98	18.98
071.099.213 PUSH BUTTON	1	1	0	84.78	84.78	84.78
236.200.140 PIN NOT IN STOCK	1	0	1	130.33	130.33	0.00
236.200.170 PIN NOT IN STOCK	1	0	1	55.86	55.86	0.00
236.200.220 WING NUT 6MM NOT IN STOCK	2	0	2	116.36	116.36	0.00

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
1,378.23	68.62	0.00	0.00	USD 1,446.85

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Canton, MA 02021  
Tel: 781-821-1290 Fax: 781-821-0857

**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

010369-01  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G2538	ORDER NO. 850831-1	ORDER DATE 09/17/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 09/23/13	SHIP VIA UPS GROUND	TRACKING # 1Z0105190362059371			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
236.200.140 PIN	1	1	0	130.33	130.33	130.33
236.200.170 PIN	1	1	0	55.86	55.86	55.86
236.200.220 WING NUT 6MM	2	2	0	116.36	116.36	232.72

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
418.91	20.38	0.00	0.00	USD 439.29

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INVOICE #	052342
DATE	10/16/13
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Canton, MA 02021  
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**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

010369-01  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G2942	ORDER NO. 853771	ORDER DATE 10/15/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 10/15/13	SHIP VIA UPS GROUND	TRACKING # 1Z0105190362268136			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
<b>236.660.330</b> PLATE 24MM 2X6-UP NOT IN STOCK	1	0	0	841.50	841.50	0.00
<b>236.650.330</b> PLATE 24MM 2X6-UP NOT IN STOCK	1	0	0	841.50	841.50	0.00
<b>061.200.804</b> SQUARE PROFILE SEAL 8X8 SILICONE PER METER	2	2	0	66.47	66.47	132.94
<b>061.035.502</b> O-RING 355 X 4 THIS IS THE RIGHT #	2	2	0	29.48	29.48	58.96
<b>142.310.040</b> SEALING RING UPPER INSIDE (RED) (SK3638/26)	1	1	0	341.00	341.00	341.00

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
532.90	21.97	0.00	0.00	USD 554.87
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Tel: 781-821-1290 Fax: 781-821-0857

**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

010369-01  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G2755	ORDER NO. 852387-1	ORDER DATE 10/01/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 10/16/13	SHIP VIA UPS GROUND	TRACKING # 1Z0105190363893066			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
236.340.060 SEAL	2	2	0	144.63	144.63	289.26
236.340.070 SEAL	2	2	0	31.90	31.90	63.80

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

<b>SUBTOTAL</b>	<b>SHIPPING, HANDLING &amp; INSURANCE</b>	<b>MISC CHARGE</b>	<b>TAX</b>	<b>INVOICE TOTAL</b>
353.06	19.95	0.00	0.00	USD 373.01

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BILL TO

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

SHIP TO

QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G2761	ORDER NO. 852466	ORDER DATE 10/02/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 10/22/13	SHIP VIA UPS GROUND	TRACKING # 1Z0105190363374895			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
236.650.340 PLATE 26MM 2X6-UP ASSEMBLY	1	1	0	897.73	897.73	897.73

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
897.73	27.35	0.00	0.00	USD 925.08
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**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

010369-01  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G2763	ORDER NO. 852435	ORDER DATE 10/02/13	TAKEN BY GBH	PAYMENT TERMS NET 30 DAYS	
SHIP DATE 10/24/13	SHIP VIA UPS GROUND	TRACKING # 120105190361627759			REP# 37	

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
<b>236.621.300</b> FORMAT SET DIA 30.2 X 6-UP COMPLETE 30mm	1	1	0	3,069.00	3,069.00	3,069.00

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

<b>SUBTOTAL</b>	<b>SHIPPING, HANDLING &amp; INSURANCE</b>	<b>MISC CHARGE</b>	<b>TAX</b>	<b>INVOICE TOTAL</b>
3,069.00	43.17	0.00	0.00	USD 3,112.17

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BILL TO

010369  
 QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK, IL 60440  
 UNITED STATES

SHIP TO

010369-01  
 QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK, IL 60440  
 UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G3013	ORDER NO. 854379	ORDER DATE 10/21/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS	
SHIP DATE 10/28/13	SHIP VIA UPS GROUND	TRACKING # 1Z0105190363898883			REP# 37	

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
236.650.340 PLATE 26MM 2X6-UP ASSEMBLY	1	1	0	897.73	897.73	897.73
236.660.340 PLATE 26,2 X 6-UP	1	1	0	742.50	742.50	742.50

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
1,640.23	40.53	0.00	0.00	USD 1,680.76

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INVOICE #	054405
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BILL TO

010369  
 QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK, IL 60440  
 UNITED STATES

SHIP TO

010369-01  
 QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK, IL 60440  
 UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER QUOTE	ORDER NO. 855827	ORDER DATE 11/04/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 11/04/13	SHIP VIA UPS GROUND	TRACKING # 1Z0105190363400481			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
236.200.140 PIN NOT IN STOCK	2	0	2	130.33	130.33	0.00
236.200.170 PIN NOT IN STOCK	1	0	1	55.86	55.86	0.00
060.102.003 SCRAPER SEAL AUASOB 20X28X4,8/7	4	4	0	39.89	39.89	159.56
061.702.003 SEAL (MERKEL OMEGAT OMS-MR)	4	4	0	23.60	23.60	94.40
236.200.190 PIN	3	3	0	79.79	79.79	239.37
064.950.207 SLIDING FILM J200UM-01-20	8	8	0	39.89	39.89	319.12

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
812.45	22.94	0.00	0.00	USD 835.39

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BILL TO

010369  
 QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK, IL 60440  
 UNITED STATES

SHIP TO

010369-01  
 QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK, IL 60440  
 UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER QUOTE	ORDER NO. 855827-1	ORDER DATE 11/04/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 11/11/13	SHIP VIA UPS GROUND	TRACKING # 1Z0106190361876767			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
236.200.140 PIN	2	2	0	130.33	130.33	260.66
236.200.170 PIN	1	1	0	55.86	55.86	55.86

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
316.52	19.75	0.00	0.00	USD 336.27
PLEASE REMIT TO: ROBERT REISER & CO INC 725 DEDHAM STREET CANTON MA 02021				





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**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

010369-01  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G3327	ORDER NO. 856993	ORDER DATE 11/14/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 11/14/13	SHIP VIA UPS GROUND	TRACKING # 1Z0105190363206165			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
<b>236.650.340</b> PLATE 26MM 2X6-UP ASSEMBLY	1	1	0	897.73	897.73	897.73
<b>236.660.340</b> PLATE 26,2 X 6-UP	1	0	1	841.50	841.50	0.00

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
897.73	27.39	0.00	0.00	USD 925.12

PLEASE REMIT TO: ROBERT REISER & CO INC  
725 DEDHAM STREET  
CANTON MA 02021



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INVOICE #	057022
DATE	12/02/13
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ROBERT REISER & CO., INC.  
725 Dedham St.  
Canton, MA 02021  
Tel: 781-821-1290 Fax: 781-821-0857

**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

010369-01  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G3327	ORDER NO. 856993-1	ORDER DATE 11/14/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 11/27/13	SHIP VIA UPS GROUND	TRACKING # 120105190363240556			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
<b>236.660.340</b> PLATE 26,2 X 6-UP	1	1	0	841.50	841.50	841.50

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
841.50	24.52	0.00	0.00	USD 866.02
PLEASE REMIT TO: ROBERT REISER & CO INC 725 DEDHAM STREET CANTON MA 02021				



Invoice  
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INVOICE #	057164
DATE	12/03/13
PAGE	1 OF 1

ROBERT REISER & CO., INC.  
725 Dedham St.  
Canton, MA 02021  
Tel: 781-821-1290 Fax: 781-821-0857

**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

010369-01  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G2942	ORDER NO. 858467	ORDER DATE 11/29/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 12/02/13	SHIP VIA UPS GROUND	TRACKING # 120105190361873742			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
<b>236.621.240</b>	1	1	0	3,168.00	3,168.00	3,168.00

FORMAT SET DIA 24,2 X 6-UP  
COMPLETE  
NO RETURN/NO CANCEL  
THIS HAS # 236.660.330  
IN IT

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
3,168.00	65.27	0.00	0.00	USD 3,233.27

PLEASE REMIT TO: ROBERT REISER & CO INC  
725 DEDHAM STREET  
CANTON MA 02021



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INVOICE #	057347
DATE	12/04/13
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726 Dedham St.  
Canton, MA 02021  
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**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G3403	ORDER NO. 857710	ORDER DATE 11/20/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 12/03/13	SHIP VIA UPS GROUND	TRACKING # 1Z0105190361743730			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
<b>236.310.310</b> BLOCK, HIGH OUTPUT	1	1	0	2,377.33	2,377.33	2,377.33
<b>236.310.270</b> BASE PLATE	1	1	0	1,436.34	1,436.34	1,436.34

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

<b>SUBTOTAL</b>	<b>SHIPPING, HANDLING &amp; INSURANCE</b>	<b>MISC CHARGE</b>	<b>TAX</b>	<b>INVOICE TOTAL</b>
3,813.67	69.34	0.00	0.00	USD 3,883.01

PLEASE REMIT TO: ROBERT REISER & CO INC  
725 DEDHAM STREET  
CANTON MA 02021



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INVOICE #	057348
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ROBERT REISER & CO., INC.  
 725 Dedham St.  
 Canton, MA 02021  
 Tel: 781-821-1290 Fax: 781-821-0867

BILL TO

010369  
 QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK, IL 60440  
 UNITED STATES

SHIP TO

010369-01  
 QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK, IL 60440  
 UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G3517	ORDER NO. 858664	ORDER DATE 12/02/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 12/03/13	SHIP VIA UPS GROUND	TRACKING # 120105190361502026			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
<b>236.650.340</b> PLATE 26MM 2X6-UP ASSEMBLY	1	1	0	897.73	897.73	897.73
<b>236.660.340</b> PLATE 26,2 X 6-UP	1	1	0	841.50	841.50	841.50

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
1,739.23	33.37	0.00	0.00	USD 1,772.60

PLEASE REMIT TO: ROBERT REISER & CO INC  
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 CANTON MA 02021



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INVOICE #	057349
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ROBERT REISER & CO., INC.  
725 Dedham St.  
Canton, MA 02021  
Tel: 781-821-1290 Fax: 781-821-0857

**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

010369-01  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G2942	ORDER NO. 858674	ORDER DATE 12/02/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 12/03/13	SHIP VIA UPS GROUND	TRACKING # 1Z0105190362115818			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
<b>236.660.330</b> PLATE 24MM 2X6-UP	1	1	0	841.50	841.50	841.50

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
841.50	26.98	0.00	0.00	USD 868.48
PLEASE REMIT TO: ROBERT REISER & CO INC 725 DEDHAM STREET CANTON MA 02021				



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INVOICE #	057861
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ROBERT REISER & CO., INC.  
 725 Dedham St.  
 Canton, MA 02021  
 Tel: 781-821-1290 Fax: 781-821-0867

BILL TO

010369  
 QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK, IL 60440  
 UNITED STATES

SHIP TO

QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK, IL 60440  
 UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER TK3572	ORDER NO. 859376	ORDER DATE 12/06/13	TAKEN BY JAY	PAYMENT TERMS NET 30 DAYS
SHIP DATE 12/06/13	SHIP VIA UPS RED SATURDAY	TRACKING #	120105194461121030		REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
630-816-2783 ted						
091.423.601 SUN GEAR SN# 17543924-5A	1	1	0	13,333.02	13,333.02	13,333.02
236.811.101 FC MAIN DRIVE COMPLETE PROGRAMED SER # .... SER#4367659014	1	1	0	6,184.33	6,184.33	6,184.33

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
19,517.35	754.11	0.00	0.00	USD 20,271.46

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ROBERT REISER & CO., INC.  
 725 Dedham St.  
 Canton, MA 02021  
 Tel: 781-821-1290 Fax: 781-821-0867

BILL TO

010369  
 QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK, IL 60440  
 UNITED STATES

SHIP TO

010369-01  
 QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK, IL 60440  
 UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G3600	ORDER NO. 859595	ORDER DATE 12/10/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 12/10/13	SHIP VIA UPS RED	TRACKING # 120105190161440918			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
140.820.201 RIBBON CABLE (40 WIRES) X9 to X9	1	1	0	120.55	120.55	120.55
140.820.301 RIBBON CABLE (50 WIRES) X10 to X10	1	1	0	145.00	145.00	145.00
140.870.102 CABLE 1	1	1	0	247.08	247.08	247.08
140.870.202 CABLE 2	1	1	0	250.07	250.07	250.07
140.873.801 SWITCH B1, B2 W/CABLE HORN HOLDER	1	1	0	180.15	180.15	180.15
140.872.601 HOPPER SWITCH S5 W/CABLE	1	1	0	156.85	156.85	156.85
140.872.502 SAFETY SWITCH (B4/F28) BRASS, THREADED WITH 4 WIRES THIS ONE IS FOR THE STEP	1	1	0	183.95	183.95	183.95

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
1,283.65	96.63	0.00	0.00	USD 1,380.28

PLEASE REMIT TO: ROBERT REISER & CO INC  
 725 DEDHAM STREET  
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INVOICE #	058430
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ROBERT REISER & CO., INC.  
725 Dedham St.  
Canton, MA 02021  
Tel: 781-821-1290 Fax: 781-821-0857

**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER TED	ORDER NO. 859446	ORDER DATE 12/09/13	TAKEN BY JAY	PAYMENT TERMS NET 30 DAYS
SHIP DATE 12/12/13	SHIP VIA UPS RED	TRACKING # 1Z0105190162144657			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
<b>236.870.901</b> CABLE MAIN DRIVE MOTOR	1	1	0	528.66	528.66	528.66
<b>236.871.101</b> CABLE MAIN DRIVE RESOLVER	1	1	0	408.96	408.96	408.96

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

<b>SUBTOTAL</b>	<b>SHIPPING, HANDLING &amp; INSURANCE</b>	<b>MISC CHARGE</b>	<b>TAX</b>	<b>INVOICE TOTAL</b>
<b>937.62</b>	<b>94.38</b>	<b>0.00</b>	<b>0.00</b>	<b>USD 1,032.00</b>

PLEASE REMIT TO: ROBERT REISER & CO INC  
725 DEDHAM STREET  
CANTON MA 02021



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INVOICE #	058431
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ROBERT REISER & CO., INC.  
 725 Dedham St.  
 Canton, MA 02021  
 Tel: 781-821-1290 Fax: 781-821-0857

BILL TO

010369  
 QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK, IL 60440  
 UNITED STATES

SHIP TO

010369-01  
 QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK, IL 60440  
 UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G3632	ORDER NO. 859903	ORDER DATE 12/12/13	TAKEN BY SWG	PAYMENT TERMS NET 30 DAYS
SHIP DATE 12/12/13	SHIP VIA UPS EARLY AM	TRACKING # 1Z0106191561596136			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
880.814.002E PC BOARD FOR GRAPHIC PC WITH PROGRAM SER # ..... *	1	1	0	4,423.62	4,423.62	4,423.62

\*\*\* This Product Superceded 871.360.0088E  
 SER#4337

\*\*\*\*\*  
 MUST SEND "S1" SWITCH POSITION  
 INSTALL SHEET WITH EACH BOARD  
 \*\*\*\*\*

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
4,423.62	161.35	0.00	0.00	USD 4,584.97

PLEASE REMIT TO: ROBERT REISER & CO INC  
 725 DEDHAM STREET  
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ROBERT REISER & CO., INC.  
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Canton, MA 02021  
Tel: 781-821-1290 Fax: 781-821-0857

**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

010369-01  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G3626	ORDER NO. 859929	ORDER DATE 12/12/13	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS	
SHIP DATE 12/12/13	SHIP VIA UPS EARLY AM	TRACKING # 1Z0105191562693958			REP# 37	

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
236.200.071 ADAPTER	1	1	0	631.71	631.71	631.71

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
631.71	108.04	0.00	0.00	USD 739.75
PLEASE REMIT TO: ROBERT REISER & CO INC 725 DEDHAM STREET CANTON MA 02021				



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ROBERT REISER & CO., INC.  
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 Canton, MA 02021  
 Tel: 781-821-1290 Fax: 781-821-0857

BILL TO

010369  
 QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK, IL 60440  
 UNITED STATES

SHIP TO

010369-01  
 QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK, IL 60440  
 UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G3639	ORDER NO. 860137	ORDER DATE 12/16/13	TAKEN BY DAC	PAYMENT TERMS NET 30 DAYS
SHIP DATE 12/16/13	SHIP VIA UPS GROUND	TRACKING # 1Z0105190363987321			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
236.200.190 PIN	2	1	1	79.79	79.79	79.79
044.104.055 THREADED PIN M4X8 DIN 914 PN00618048	4	4	0	1.14	1.14	4.56
236.210.002 PIVOTING B. COMPLETE	1	1	0	468.80	468.80	468.80

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
553.15	21.26	0.00	0.00	USD 574.41

PLEASE REMIT TO: ROBERT REISER & CO INC  
 725 DEDHAM STREET  
 CANTON MA 02021



Invoice Reprint

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DATE	01/08/14
PAGE	1 OF 1

ROBERT REISER & CO., INC.  
 726 Dedham St.  
 Canton, MA 02021  
 Tel: 781-821-1290 Fax: 781-821-0867

BILL TO

010369  
 QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK, IL 60440  
 UNITED STATES

SHIP TO

010369-01  
 QUANTUM FOODS LLC  
 750 SOUTH SCHMIDT ROAD  
 BOLINGBROOK, IL 60440  
 UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G3874	ORDER NO. 861856	ORDER DATE 01/07/14	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 01/07/14	SHIP VIA UPS GROUND	TRACKING # 1Z0105190363348253			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
236.650.340 PLATE 26MM 2X6-UP ASSEMBLY	1	1	0	897.73	897.73	897.73
236.660.340 PLATE 26,2 X 6-UP	1	0	1	841.50	841.50	0.00

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
897.73	28.01	0.00	0.00	USD 925.74

PLEASE REMIT TO: ROBERT REISER & CO INC  
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 CANTON MA 02021



Invoice  
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INVOICE #	060429
DATE	01/08/14
PAGE	1 OF 1

ROBERT REISER & CO., INC.  
726 Dedham St.  
Canton, MA 02021  
Tel: 781-821-1290 Fax: 781-821-0857

**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER	ORDER NO. 862000	ORDER DATE 01/08/14	TAKEN BY BJS	PAYMENT TERMS NET 30 DAYS
SHIP DATE 01/08/14	SHIP VIA SHIP WITH MACHINE	TRACKING #			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
-----------------------	------------------	---------------------	-------------------------	---------------	--------------	-----------------------

FOR VEMAG BC236 NO. 236-0051:

<b>236.621.180</b> FORMAT SET 18MM 2X6UP COMPL.	1	1	0	3,672.90	3,672.90	3,672.90
<b>236.621.200</b> FORMAT SET 20MM 2X6UP COMPL.	1	1	0	3,672.90	3,672.90	3,672.90

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
7,345.80	0.00	0.00	0.00	USD 7,345.80

PLEASE REMIT TO: ROBERT REISER & CO INC  
725 DEDHAM STREET  
CANTON MA 02021



Invoice  
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INVOICE #	061271
DATE	01/15/14
PAGE	1 OF 1

ROBERT REISER & CO., INC.  
725 Dedham St.  
Canton, MA 02021  
Tel: 781-821-1290 Fax: 781-821-0857

**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

010369-01  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G3874	ORDER NO. 861856-1	ORDER DATE 01/07/14	TAKEN BY JEP	PAYMENT TERMS NET 30 DAYS
SHIP DATE 01/14/14	SHIP VIA UPS GROUND	TRACKING # 1Z0105190362853762			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
<b>236.660.340</b> PLATE 26,2 X 6-UP	1	1	0	841.50	841.50	841.50

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
841.50	25.14	0.00	0.00	USD 866.64

PLEASE REMIT TO: ROBERT REISER & CO INC  
725 DEDHAM STREET  
CANTON MA 02021



Invoice  
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INVOICE #	061796
DATE	01/20/14
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ROBERT REISER & CO., INC.  
726 Dedham St.  
Canton, MA 02021  
Tel: 781-821-1290 Fax: 781-821-0857

**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

010369-01  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER G3639	ORDER NO. 860137-1	ORDER DATE 12/16/13	TAKEN BY DAC	PAYMENT TERMS NET 30 DAYS
SHIP DATE 01/17/14	SHIP VIA UPS GROUND	TRACKING # 120105190362620290			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
236.200.190 PIN	1	1	0	79.79	79.79	79.79

15% RESTOCKING CHARGES MAY APPLY ON RETURNED ITEMS

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
79.79	18.69	0.00	0.00	USD 98.48

PLEASE REMIT TO: ROBERT REISER & CO INC  
725 DEDHAM STREET  
CANTON MA 02021





# Invoice Reprint

INVOICE #	064727
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ROBERT REISER & CO., INC.  
725 Dedham St.  
Canton, MA 02021  
Tel: 781-821-1290 Fax: 781-821-0857

**BILL TO**

010369  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

**SHIP TO**

010369-01  
QUANTUM FOODS LLC  
750 SOUTH SCHMIDT ROAD  
BOLINGBROOK, IL 60440  
UNITED STATES

CUSTOMER NO. 010369	CUSTOMER P/O NUMBER W3631	ORDER NO. 860671	ORDER DATE 12/20/13	TAKEN BY MDW	PAYMENT TERMS DUE ON RECEIPT
SHIP DATE 02/13/14	SHIP VIA	TRACKING #			REP# 37

PRODUCT / DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	LIST PRICE	NET PRICE	EXTENDED NET PRICE
<b>L-SRE</b> LABOR - SVEN REDELL 3 HRS 12-12-2013	3	3	0	130.00	130.00	390.00
<b>TE-SRE</b> TRAVEL - SVEN REDELL MILEAGE JT# SR121213A HP10C SN# 142-0846	1	1	0	0.00	30.00	30.00

SUBTOTAL	SHIPPING, HANDLING & INSURANCE	MISC CHARGE	TAX	INVOICE TOTAL
420.00	0.00	0.00	0.00	USD 420.00

PLEASE REMIT TO: ROBERT REISER & CO INC  
725 DEDHAM STREET  
CANTON MA 02021