

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID s668

Amount/Classification
\$11,840.95 Unsecured

Claim # 327

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(a).

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

HEALTH CONSERVATIONS, INC.

RECEIVED

NOV 06 2014

BMC GROUP

Name and address where notices should be sent:



34257812003611

HEALTH CONSERVATION, INC.
415 FINANCIAL COURT
ROCKFORD, IL 61107-6670

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

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 (815) 964-4445 email: B.SORQUIST@HCLHEALTH.COM

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

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:

Payment Telephone Number () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 11,840.95

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: SERVICES PERFORMED

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 4990

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.

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

Nature of property or right of setoff:

Basis for Perfection:

Describe:

Amount of Secured Claim: \$

Real Estate Motor Vehicle Other

Amount Unsecured: \$

Value of Property: \$

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

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).

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

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).

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

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).

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



90127

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.

<p>BY MAIL TO: BMC Group, Inc Attn: Quantum Foods, LLC Claims Processing PO Box 3020 Chanhassen, MN 55317-3020</p>	<p>BY MESSENGER OR OVERNIGHT DELIVERY TO: BMC Group, Inc Attn: Quantum Foods, LLC Claims Processing 18675 Lake Drive East Chanhassen, MN 55317</p>
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8. SIGNATURE: (See instruction #8)

Check the appropriate box.

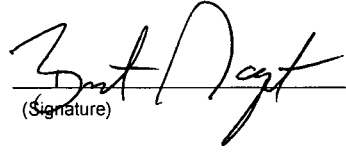
I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

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: BRENT NOZLOUIS
 Title: CONTROLLER
 Company: HEALTH CONSERVATION, INC.

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

Telephone number: _____ email: _____


 (Signature)

11/4/14
 (Date)

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

Health Conservation, Inc.
415 Financial Court - Rockford, Illinois 61107-6670 U.S.A.
Phone 815/964-4465 - Fax 815/964-4469
FEIN: 37-1367062

INVOICE

Invoice No. 0094411
 Date 11/19/2013

REPRINT

Bill To:	Service Address:
ATTN: CARMEN MARTINEZ QUANTUM FOODS, LLC FOODS DIVISION 750 S SCHMIDT RD BOLINGBROOK, IL 60440-4813	ATTN: CARMEN MARTINEZ QUANTUM FOODS, LLC FOODS DIVISION 750 S SCHMIDT RD BOLINGBROOK, IL 60440-4813 (630) 679-7128

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HCI Customer ID	HCI Order Number	Report Date	Terms	P.O. or Contract Number	Due Date
0499000001	092944	11/4/2013	Net 30 Days	ADM-13R-6011	12/19/2013
Item Description	Guaranteed Scheduled Number	Actual Number Billed	Unit Price	Net	
EXTENDED LETTER Work Related Determination(s) for Recordable Shift(s)	10	10	140.00	1,400.00	

Comments: Extended letters by HCI audiologist, Dr. Marvin Engelberg, on:
 Wen Chu; Bronislaw Franiak;
 Malgorzata Gal; Jan Kakareko;
 Teresa Kolasinska; Janina Kukulak;
 Helena Pawlik; Stanislaw Rybiarczyk;
 Jozef Stasik; Jozef Staszel

Sub Total 1,400.00
 Shipping 0.00

Thank You For Your Business

TOTAL

1,400.00 USD

Health Conservation, Inc.
415 Financial Court - Rockford, Illinois 61107-6670 U.S.A.
Phone 815/964-4465 - Fax 815/964-4469
FEIN: 37-1367062

INVOICE

Invoice No. 0094391
 Date 11/19/2013

REPRINT

Bill To:	Service Address:
ATTN: CARMEN MARTINEZ QUANTUM FOODS, LLC FOODS DIVISION 750 S SCHMIDT RD BOLINGBROOK, IL 60440-4813	ATTN: CARMEN MARTINEZ QUANTUM FOODS, LLC FOODS DIVISION 750 S SCHMIDT RD BOLINGBROOK, IL 60440-4813 (630) 679-7128

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HCI Customer ID	HCI Order Number
0499000001	092995

Report Date	Terms	P.O. or Contract Number	Due Date
10/1/2013	Net 30 Days	ADM-13R-6011	12/19/2013

Item Description	Guaranteed Scheduled Number	Actual Number Billed	Unit Price	Net
PROCESSING ONLY Audiometric Processing, Evaluation, and Reporting	67	67	4.00	268.00
LETTERS Employee Notification Letters	67	67	0.85	56.95
MINIMUM INVOICE CHG Minimum Charge for Processing 2 Audiograms	-	1	28.00	28.00

Comments: 2013 Partial report dated: 10/01/13
 Min chg proc'sd w/rept date: 10/18/13
 Refer to reports for employee names

To avoid minimum charges submit audiograms in batches

Sub Total 352.95
 Shipping 15.01

Thank You For Your Business

TOTAL

367.96 USD

Health Conservation, Inc.
415 Financial Court - Rockford, Illinois 61107-6670 U.S.A.
Phone 815/964-4465 - Fax 815/964-4469
FEIN: 37-1367062

INVOICE

Invoice No. 0093303
 Date 9/23/2013

REPRINT

Bill To:	Service Address:
ATTN: CARMEN MARTINEZ QUANTUM FOODS, LLC FOODS DIVISION 750 S SCHMIDT RD BOLINGBROOK, IL 60440-4813	ATTN: CARMEN MARTINEZ QUANTUM FOODS, LLC FOODS DIVISION 750 S SCHMIDT RD BOLINGBROOK, IL 60440-4813 (630) 679-7128

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HCI Customer ID	HCI Order Number
0499000001	090682

Test Date	Terms	P.O. or Contract Number	Due Date
8/20/2013	Net 30 Days	ADM-13R-6011	10/23/2013

Item Description	Guaranteed Scheduled Number	Actual Number Billed	Unit Price	Net
TEST SESSION Mobile Van Testing, Evaluation, Processing, & Report	8	8	725.00	5,800.00
PER PERSON Charge for Testing, Evaluation, Processing & Report	736	775	1.25	968.75
PRE-PRINTS Pre-printed Audiometric Test Forms	1,472	1,612	0.25	403.00
LETTERS Employee Notification Letters	736	775	0.85	658.75
FUEL SURCHARGE	-	1	24.21	24.21

Sub Total 7,854.71
 Shipping 16.51

Thank You For Your Business

TOTAL

7,871.22 USD

Health Conservation, Inc.
415 Financial Court - Rockford, Illinois 61107-6670 U.S.A.
Phone 815/964-4465 - Fax 815/964-4469
FEIN: 37-1367062

INVOICE

Invoice No. 0093304
 Date 9/23/2013

REPRINT

Bill To:	Service Address:
ATTN: CARMEN MARTINEZ QUANTUM FOODS, LLC CULINARY DIVISION 525 W CROSSROADS PKWY BOLINGBROOK, IL 60440-4815	ATTN: CARMEN MARTINEZ QUANTUM FOODS, LLC CULINARY DIVISION 525 W CROSSROADS PKWY BOLINGBROOK, IL 60440-4815 (630) 679-7128

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HCI Customer ID	HCI Order Number	Test Date	Terms	P.O. or Contract Number	Due Date
0499000002	090683	8/19/2013	Net 30 Days	ADM-13R-6011	10/23/2013
Item Description	Guaranteed Scheduled Number	Actual Number Billed	Unit Price	Net	
TEST SESSIONS MIN. Mobile Van Testing Minimum	2	2	825.00	1,650.00	
PER PERSON Charge for Testing, Evaluation, Processing & Report	128	133	0.00	0.00	
PRE-PRINTS Pre-printed Audiometric Test Forms	256	278	0.25	69.50	
LETTERS Employee Notification Letters	128	133	0.85	113.05	
FUEL SURCHARGE	-	1	24.21	24.21	

Sub Total 1,856.76

Shipping 16.51

Thank You For Your Business

TOTAL

1,873.27 USD

Health Conservation, Inc.
415 Financial Court - Rockford, Illinois 61107-6670 U.S.A.
Phone 815/964-4465 - Fax 815/964-4469
FEIN: 37-1367062

INVOICE

Invoice No. 0094392
 Date 11/19/2013

REPRINT

Bill To:	Service Address:
ATTN: CARMEN MARTINEZ QUANTUM FOODS, LLC CULINARY DIVISION 525 W CROSSROADS PKWY BOLINGBROOK, IL 60440-4815	ATTN: CARMEN MARTINEZ QUANTUM FOODS, LLC CULINARY DIVISION 525 W CROSSROADS PKWY BOLINGBROOK, IL 60440-4815 (630) 679-7128

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HCI Customer ID	HCI Order Number	Report Date	Terms	P.O. or Contract Number	Due Date
0499000002	092996	10/17/2013	Net 30 Days	ADM-13R-6011	12/19/2013

Item Description	Guaranteed Scheduled Number	Actual Number Billed	Unit Price	Net
PROCESSING ONLY Audiometric Processing, Evaluation, and Reporting	10	10	4.00	40.00
LETTERS Employee Notification Letters	10	10	0.85	8.50

Comments: 2013 Partial report
 Refer to report for employee names
 Report emailed to contact

Sub Total 48.50
 Shipping 0.00

Thank You For Your Business

TOTAL

48.50 USD

Health Conservation, Inc.
415 Financial Court - Rockford, Illinois 61107-6670 U.S.A.
Phone 815/964-4465 - Fax 815/964-4469
FEIN: 37-1367062

INVOICE

Invoice No. 0094412
 Date 11/19/2013

REPRINT

Bill To:	Service Address:
ATTN: CARMEN MARTINEZ QUANTUM FOODS, LLC CULINARY DIVISION 525 W CROSSROADS PKWY BOLINGBROOK, IL 60440-4815	ATTN: CARMEN MARTINEZ QUANTUM FOODS, LLC CULINARY DIVISION 525 W CROSSROADS PKWY BOLINGBROOK, IL 60440-4815 (630) 679-7128

PAGE 1

HCI Customer ID	HCI Order Number	Report Date	Terms	P.O. or Contract Number	Due Date
0499000002	092945	11/8/2013	Net 30 Days	ADM-13R-6011	12/19/2013
Item Description	Guaranteed Scheduled Number	Actual Number Billed	Unit Price	Net	
EXTENDED LETTER Work Related Determination(s) for Recordable Shift(s)	2	2	140.00	280.00	

Comments: Extended letters by HCI audiologist, Dr. Marvin Engelberg, on:
 Jozef Krol
 Zofia Obyrtacz

Sub Total 280.00
 Shipping 0.00

Thank You For Your Business

TOTAL

280.00 USD

ORIGIN ID:RFDA (815) 964-4465
HCI
HCI
415 FINANCIAL COURT

ROCKFORD, IL 61107
UNITED STATES US

SHIP DATE: 04NOV14
ACTWGT: 0.2 LB
CAD: 0655535/CAFE2806

BILL SENDER

TO **QUANTUM FOODS LLC CLAIMS PROCESSING**
BMC GROUP, INC
18675 LAKE DRIVE EAST

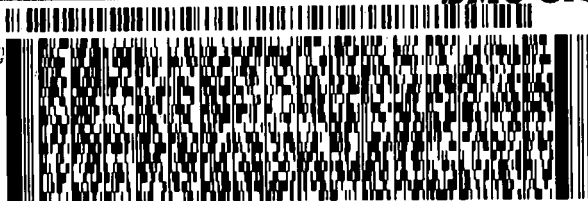
RECEIVED

CHANHASSEN MN 55317

NOV 06 2014

REF: PER BN

BMC GROUP



FedEx
Express



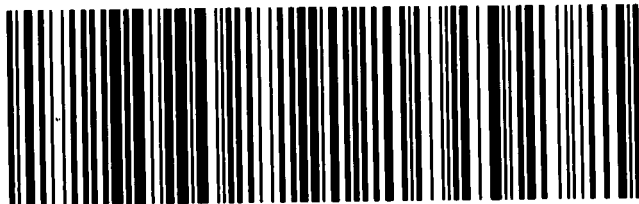
J141214073001UY

TRK# 5941 4279 1375
0201

THU - 06 NOV AA
**** 2DAY ****

SH FBLA

DSR
55317
MN-US MSP



Part # 156148-434 RIT2 12/13

SPIC1/616/6603