

11/6/14

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE PROOF OF CLAIM

Name of Debtor: QUANTUM FOODS LLC

Case Number: 14-10318(KJC)

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503(a).

Claim # 382

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

Name and address where notices should be sent: ZMARZLINSKI, BARBARA 13 W. DIVISION ST LEMONT, IL 60439 34257816002211 RECEIVED NOV 07 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 (630) 243-1192 email: zmarzada@yahoo.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:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ A two (2) month discharge/seperation pay. 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: Due to being laid off without warning I ask for a (2) two month discharge/seperation pay.

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 9437 3a. Debtor may have scheduled account as: Quantum Culinary (1302) or GDC Logistics (1997) 3b. Uniform Claim Identifier (optional):

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 * 2(two) month discharge pay. 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: \$ (2) two month discharge pay 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 inst (2) two month discharge pay



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 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
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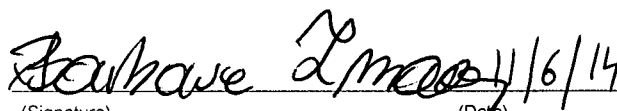
8. SIGNATURE: (See instruction #8)

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: Barbara Zmaralinshi
 Title: Cleaning Lady
 Company: Quantum Foods
 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.

- 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

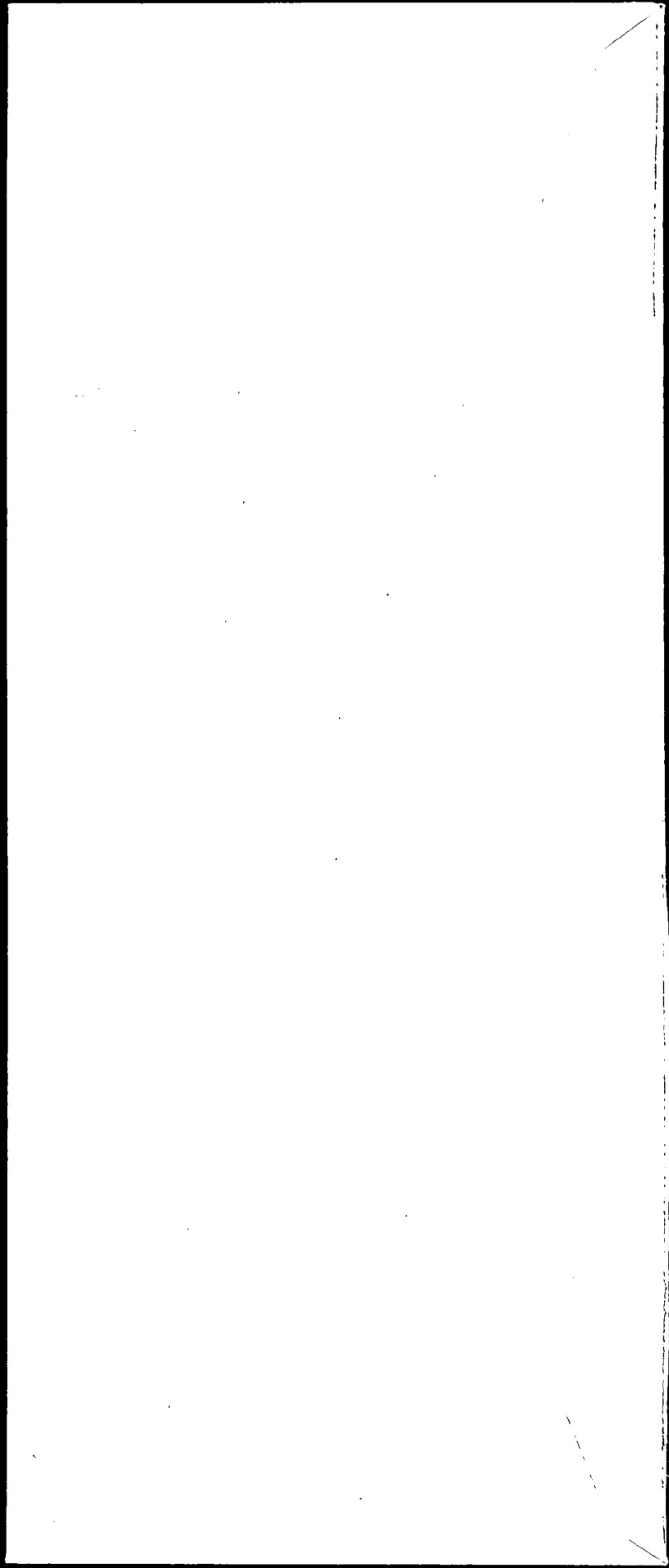
Barbara Zmarzlimski

12 W. DIVISION ST

LEMONT IL 60439

Barbara Zmarzlimski

11-06-2017



BARBARA ZMARZLINSKI
(630) 243-1182
13 W DIVISION ST
LEMONT IL 60439

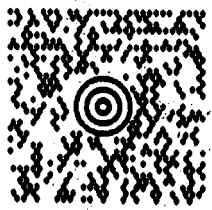
0.5 LBS LTR 1 OF 1
SHP WT: LTR
DATE: 06 NOV 2014

SHIP QUANTUM FOOD LLC CLAIMS PROCESSING
TO: BMC GROUP INC
18675 LAKE DR E

RECEIVED

NOV 07 2014

CHANHASSEN MN 55317-9383 BMC GROUP



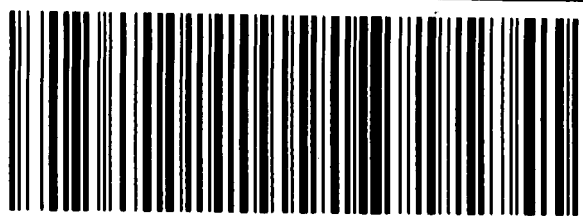
MN 559 9-03



UPS NEXT DAY AIR

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TRACKING #: 1Z A19 32W 01 1122 1410



BILLING: P/P

ISH 13.00N ZZP 450 57.5U 10/2014



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RRD F 0814