

11/6/14

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		ADMINISTRATIVE CLAIM FORM
In re: Quantum Foods, LLC		Case No. 14-10318 (Jointly Administered)
Debtor against which claim is asserted: (Check One) <input checked="" type="checkbox"/> Quantum Foods, LLC Case No. 14-10318 <input type="checkbox"/> Quantum Foods 213-D, LLC Case No. 14-10319 <input type="checkbox"/> Quantum Culinary, LLC Case No. 14-10320 <input type="checkbox"/> GDC Logistics, LLC Case No. 14-10321 <input type="checkbox"/> Choice One Foods, LLC Case No. 14-10322		PLEASE NOTE: <i>This form should only be used to assert an unpaid administrative expense claim arising on or after February 18, 2014 through and including September 30, 2014.</i> Claim # 383 THIS SPACE IS FOR COURT USE ONLY
Name of Creditor and Address: the person or other entity to whom the debtor owes money or property Barbara Zmarzlinshi 13 W. Division St. Lemont IL 60439		
Creditor Telephone Number (630) 243-1182		
Name and address where notices should be sent (if different from above): Barbara Zmarzlinshi 13 W. Division St. Lemont IL 60439		RECEIVED NOV 07 2014 BMC GROUP
Account or other number by which creditor identifies debtor: 9437		Check here if this claim: <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated:
1. Basis for Claim: A two (2) month discharge/seperation pay		
2. Date debt was incurred: May 1 2014 - June 30 2014		
3. Brief description of claim, including the basis for the priority nature of the claim (if any) (attach additional information): Due to being laid off without warning or two week notice I ask for a two (2) month discharge/seperation pay.		
4. Total Amount of Administrative Claim: \$ A two (2) month discharge/seperation pay. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
6. SUPPORTING DOCUMENTS: <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
7. 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.		DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
The original of this completed proof of claim form must be sent by mail or hand delivered (no electronic submissions or facsimiles will be accepted) so that it is actually received on or before 4:00 pm prevailing Eastern Time on November 7, 2014.		THIS SPACE FOR COURT USE ONLY
BY MAIL TO: BMC Group, Inc. Attn: Quantum Foods, LLC Claims Processing P.O. Box 3020 Chanhassen, MN 55317-3020		BY HAND OR OVERNIGHT DELIVERY TO: BMC Group, Inc. Attn: Quantum Foods, LLC Claims Processing 18675 Lake Drive East Chanhassen, MN 55317
DATE 11/6/2014	SIGNATURE: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person and telephone number if different from the notice address above. Attach copy of power of attorney, if any. x Barbara Zmarzlinshi	



INSTRUCTIONS FOR FILING PROOF OF ADMINISTRATIVE CLAIM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

This form should only be used to assert administrative claims arising on or after February 18, 2014 through and including September 30, 2014.

1. Please read this Administrative Claim form carefully and fill it in completely and accurately.
2. Print legibly. Your claim may be disallowed if it cannot be read and understood.
3. This Administrative Claim must be completed in English. The amount of any Administrative Claim must be denominated in United States currency.
4. Attach additional pages on 8-1/2 x 11" paper if more space is required to complete this Administrative Claim form.
5. **THIS FORM SHOULD ONLY BE USED BY A CLAIMANT ASSERTING AN ADMINISTRATIVE EXPENSE THAT WAS INCURRED ON OR AFTER FEBRUARY 18, 2014 THROUGH AND INCLUDING SEPTEMBER 30, 2014. THIS FORM IS NOT FOR FILING CLAIMS ARISING PRIOR TO FEBRUARY 18, 2014 OR CLAIMS ARISING AFTER SEPTEMBER 30, 2014.**
6. This Administrative Claim form should be sent to the following addresses:

By Regular Mail:

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

By Hand or Overnight Delivery:

BMC Group, Inc.
Attn: Quantum Foods, LLC Claims Processing
18675 Lake Drive East
Chanhassen, MN 55317

Please note that BMC Group, Inc. is not permitted to accept proofs of claim, including any Administrative Claim form, by facsimile, telecopy or other electronic submission, including electronic mail.

7. To receive an acknowledgement of the filing of your claim from BMC Group, Inc., enclose a stamped, self-addressed envelope and copy of this Administrative Claim form.
8. **THE CLAIMANT MUST ATTACH COPIES OF ANY AND ALL SUPPORTING DOCUMENTATION THAT PROVIDES EVIDENCE THAT THIS CLAIM IS FOR AN OBLIGATION INCURRED ON OR AFTER FEBRUARY 18, 2014 THROUGH AND INCLUDING SEPTEMBER 30, 2014, SUCH AS PROMISSORY NOTES, PURCHASE ORDERS, INVOICES, ITEMIZED STATEMENTS OF ACCOUNTS, CONTRACTS, COURT JUDGMENTS, OR EVIDENCE OF A SECURITY INTEREST. IF THE DOCUMENTATION IS NOT ATTACHED, THE DEBTORS MAY SEEK DISALLOWANCE OF YOUR CLAIM.**
9. To be considered timely filed, this Administrative Claim form must be actually received by BMC Group, Inc. by 4:00 p.m. (Prevailing Eastern Time) on November 7, 2014 and should include appropriate documentation/materials establishing the claimants' entitlement to an allowed Administrative Claim and the amount of the asserted claim.

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com/quantumfoods

Barbara Zmarzliński
13 W. DIVISION ST
LEMONT IL 60439

Barbara Zmarzliński

11-06-2014

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

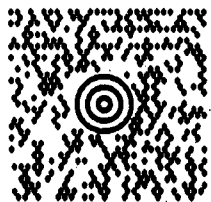
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DATE: 06 NOV 2014

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

RECEIVED

NOV 07 2014

CHANHASSEN MN 55317-9383 BMC GROUP



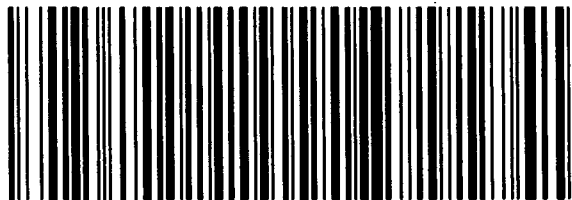
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