B 10 (Official Form 10) (12/08)						
UNITED STATES BANKRUPTCY COURT District of Delaware		PROOF OF CLAIM				
Name of Debtor: QIMONDA RICHMOND, LLC	Case Number: 09 -10589-MFW					
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filled pursuant to 11 U.S.C. § 503.						
Name of Creditor (the person or other entity to whom the debtor owes money or property): KEVIN C. RYAN	☐ Check this box to indicate that this claim amends a previously filed					
1 111	claim.					
Name and address where notices should be sent: KEVIN C. RYAN 2609 PARK GREEN WAY	n Number:)					
GLEN ALLENIVA 23000						
Telephone number: 804 - 347 - 9642 cell	Filed on:					
Name and address where payment should be sent (if different from above):	☐ Check th	is box if you are aware that				
Name and address where payment discuss to the control of the contr	relating t	lse has filed a proof of claim o your claim. Attach copy of t giving particulars.				
Telephone number:	or truste	is box if you are the debtor e in this case.				
1. Amount of Claim as of Date Case Filed: \$ 4589,76		of Claim Entitled to under 11 U.S.C. §507(a). If				
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.	any por one of t	tion of your claim falls in he following categories, he box and state the				
If all or part of your claim is entitled to priority, complete item 5.	amount					
☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized	Specify the	priority of the claim.				
statement of interest or charges.	□ Domesti	c support obligations under C. §507(a)(1)(A) or (a)(1)(B).				
2. Basis for Claim: SERVICES PERFORMED BY DIRECT EMPLOYED	1					
(See instruction #2 on reverse side.) 3. Last four digits of any number by which creditor identifies debtor:	Wages,	salaries, or commissions (up 050*) earned within 180 days				
3a. Debtor may have scheduled account as:	before i	filing of the bankruptcy				
(See instruction #3a on reverse side.)	petition busines	or cessation of the debtor's s, whichever is earlier – 11				
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested	U.S.C.	§507 (a)(4).				
information.	☐ Contrib	utions to an employee benefit				
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other	1 -	1 U.S.C. §507 (a)(5).				
Describe: Value of Property: S Annual Interest Rate%	Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or					
• • ———	househo	old use – 11 U.S.C. §507				
Amount of arrearage and other charges as of time case filed included in secured claim,	(a)(7).					
if any: \$Basis for perfection:	☐ Taxes o	r penalties owed to				
Amount of Secured Claim: \$ Amount Unsecured: \$	governi (a)(8).	nental units - 11 U.S.C. §507				
6. Credits: The amount of all payments on this claim has been credited for the number of making this proof of claim.		Specify applicable paragraph J.S.C. §507 (a)().				
7. Documents: Attach redacted (
orders, invoices, itemized stateme. 09-10589 (MFW) f perfection of		ount entitled to priority:				
a security interest. You may also		s 4589.7L				
DO NOT SEND ORIGINAL DOC TROYED AFTER	*Amounts	are subject to adjustment on				
SCANNING.	4/1/10 and	l every 3 years thereafter with cases commenced on or after				
If the documents are not available, please explain:		adjustment.				
Date: Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the	creditor or	FOR COURT USE ONLY				
other person without ed to file this claim and state address and telephone number it different from	the notice					
address above. Attach copy of power of attorney, if any.		~ (
1/2 m 11/1/						
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.						
renutry for presenting it watering comments and an array of the second s	4*					

Note to financial institutions: This electronic representation of Kevin C. Ryan's paycheck was provided from Qimonda North America Corp.'s Payroll WorkCenter system on 2/25/2009.

Done



02/13/09

D0213720

6000 Technology Blvd. Sandston VA 23150-

ADVICE OF DEPOSIT

\$2,192.03

KEVIN C. RYAN 2609 PARK GREEN WAY GLEN ALLEN, VA 23060

NON-NEGOTIABLE

Employee KEVIN C. RYAN	td 400850	Social Se	curity	Status Married	E	xemptions / Allo US-10/0 VA-		Number D0213720	
Code MPUSA	Paygroup RIC		Division 95	Department 405	Hire Date 06/15/98	Period Start 01/24/09	Period End 02/06/09	Pay Date 02/13/09	
Earnings Salary PTO Scheduled	Rate 43.0640	Units -24.00 16.00	Current 2411,59 689,02	9990.86		osit Accounts 004130498630	Current	Amount 2192.03 YTD	ì
Incentive Plan Payment Group Term Life	/ -	-	-		PTO Balani		66.58	76.92	•
> \$50,000 ROCE Plan Payment		-	5.40		W2 Gross V	Nages	Current 2668.38	YTD 16211.72	
Total Gross	_		3106.01	18315.71					
	Taxes Federal Income Tax		112.04	1868.84			\		
	Social Security (FICA)		176.97						
	Federal Medicare		41.39				\		
,	Virginia Income Tax		128.36				1	FA	PHAN
•	Total		458.76	i 4024,89			· ·	1	-,,,,,
								VAC	RHED ATION
	PreTax Deductions		400.0	1097.66				٠٨٠	7 1 1 CM
	401(k) Plan (Pretax)		186.04					-	
	Pretax Medical Plan		84.31						
	Pretax Dental Plan		11.50 1.93						
	Pretax Vision Plan		115.39						
	Health Care Spending Ac Dependent Care Spending	COUNT on Asset	38.4						
	Total	ng ALCI	437.6						
	AfterTax Deductions		5.4	21.60					
	GTL>\$50,000 Offset		5.44 11.1						
	Life Insurance		1.00						
	Child Life Insurance Total		17.5						
	Net Pay		2192.0	3					

Qimonda North America Corp. - 6000 Technology Blvd. Sandston, VA 23150

National Account Services

NOTE: 40hrs OF WORK WAS PERFORMED FEB9-FEBIS

CLSOKES TIME OFF IS OWED = \$ 2867.20

TOTAL CLAIM = \$4589.76



February 25, 2009

Kevin Ryan 2609 Park Green Way Glen Allen, Virginia 23060

Dear Kevin:

As you know, last month our parent company, Qimonda AG, filed for insolvency protection in Germany. On Friday, February 20, Qimonda North America Corp. and Qimonda Richmond LLC filed a voluntary petition for relief under Chapter 11 of the U.S. Bankruptcy Code. Chapter 11 is the section that regulates corporate reorganizations.

This letter is to inform you that because of the laws regarding Chapter 11, unfortunately any payouts that were owed prior to February 20 cannot be paid at this time. This includes your final paycheck for the period of February 7 through February 20. It also includes any accrued paid time off (PTO) and/or unplanned time off (UTO). The bankruptcy court did not grant us authorization to make any payments to inactive employees.

You are eligible to apply for unemployment benefits dating back to your-last paid day of work, Friday, February 6. As previously communicated, you are also eligible to apply for benefits continuation under COBRA. Once you receive COBRA notification from SHPS, Qimonda's benefits administrator, you have 60 days to enroll. For more information, please contact SHPS at 1-866-498-5520.

Below are some of the many alternative sources of health care coverage available. You may want to consider contacting these companies to receive information on rates and coverage options:

NORTH CAROLINA		
BCBS of NC	http://www.bcbsnc.com/	Blue Advantage (under 65): 1-800-324-4973 Blue Options HAS (under 65): 1-877-258-3334 Blue Medicare HMO or PPO: 1-877-494-7647
Humana	http://www.humana-one.com/north-carolina-health-insurance/plans-available.asp	1-866-215-7343
Aetna	http://www.aetna.com/members/individuals/index.html	1-800-MY HEALTH (1-800-694-3258) option 3
ING	www.ing.com/us/benefitssolutions	1-800-540-6297
United Health Care	http://www.uhc.com/individuals_families.htm	1-888-545-5205
VIRGINIA		
BCBS of VA	http://www.anthem.com/home-visitors.html	1-800-304-0372
Aetna	http://www.aetna.com/members/individuals/index.html	1-800-MY HEALTH (1-800-694-3258) option 3
United Health Care	http://www.uhc.com/individuals_families.htm	1-888-545-5205
CALIFORNIA		
BCBS of CA	https://www.blueshieldca.com/bsc/home/home.jhtml	1-888-568-3560
ehealth Insurance	https://www.ehealthinsurance.com/ehi/Alliance	1-800-977-8860
Aetna	http://www.aetna.com/members/individuals/index.html	1-800-MY HEALTH (1-800-694-3258) option 3.

You may find that these providers offer more competitive rates than using COBRA to continue your health care benefits. Note that this is not a complete list of providers and Qimonda is not necessarily endorsing one provider over others.

We recognize and deeply regret the impact this news will have on employees and their families.

If you have any questions, please send them to QNAquestions@gimonda.com.

مسوده وسأرد ومثارات والمهوروس والوارع والإوا

Sincerely.

Miriam Martinez President & CFO

Qimonda North America



February 3, 2009

Kevin Ryan

Dear Kevin:

As you have been informed, the Qimonda Richmond operations at 6000 Technology Boulevard, Sandston, Virginia related to the production of 300 mm wafers will be quickly ramped down due to the continued worsening of economic conditions in our industry, our inability to secure the necessary capital and financing that we were actively seeking to continue our operations in Richmond, as well as the unexpected cancellation of orders by our sole customer, Qimonda AG, resulting from its inability to complete its bailout financing. These factors have led to the decision to end production in our operating unit involved in the manufacture of these products permanently and in its entirety. We will begin the ramp down of this operating unit immediately and expect to cease manufacturing wafers within the next 30days. After the manufacturing has ceased, we will use the time necessary to clean, shut down and preserve all the tools involved.

As a result of these issues, your continued employment will be adversely affected. The purpose of this letter is to give you notice that your employment with Qimonda will end on 2/13/2009, or within 14 days following this date.

When your Qimonda employment status changes or when your employment terminates, your coverage under the Qimonda benefit plans will be affected as follows:

 Group health plan coverage (Medical, Dental, Vision and Employee Assistance Program will terminate on your last day of employment, which is scheduled for 2/13/2009.

You will receive a packet of materials which is intended to assist you through this difficult time.

Thank you for your contributions to Qimonda. We wish you well in your future endeavors.

Sincerely,

Miriam Martinez President & CFO

Oimonda North America

Thomas Fu

VP & Managing Director

Qimonda Richmond