



FORM B10 (6-90)

# FORM 10. PROOF OF CLAIM

<b>United States Bankruptcy Court</b> District of <u>DELAWARE</u>		<b>PROOF OF CLAIM</b>	
In re (Name of Debtor) <u>QIMONDA RICHMOND</u>		Case Number <u>09-10589/MFW</u>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.			
Name of Creditor (The person or entity to whom the debtor owes money or property) <u>3M</u>		<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Addresses Where Notices Should be Sent  <u>3M</u> <u>c/o Receivables Control Corp</u> <u>P.O. Box 9658</u> <u>Minneapolis, MN 55440</u>		THIS SPACE IS FOR COURT USE ONLY	
Telephone No.			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____	
<b>1. BASIS FOR CLAIM</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) _____			
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from (date) _____ to _____ (date)			
<b>2. DATE DEBT WAS INCURRED</b>		<b>3. IF COURT JUDGMENT, DATE OBTAINED</b>	
<b>4. CLASSIFICATION OF CLAIM.</b> Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.			
<input type="checkbox"/> <b>SECURED CLAIM \$</b> _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) _____  Amount of arrearage and other charges included in secured claim above, if any \$ _____		<input type="checkbox"/> <b>UNSECURED PRIORITY CLAIM \$</b> _____ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$2000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. §507(a)(7) <input type="checkbox"/> Other - 11 U.S.C. §507 (a)(2), (a)(5) - (Describe briefly) _____	
<input checked="" type="checkbox"/> <b>UNSECURED NONPRIORITY CLAIM \$</b> _____ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.			
<b>5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:</b> <div style="display: flex; justify-content: space-between;"> <span>\$ <u>36,355.64</u> (Unsecured)</span> <span>\$ _____ (Secured)</span> <span>\$ _____ (Priority)</span> <span style="border: 1px solid black; padding: 2px;">\$ <u>36,355.64</u> (Total)</span> </div> <input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
<b>6. CREDITS AND purpose of making to debtor.</b>  <b>7. SUPPORTING I orders, invoices, it interests. If the do</b>  <b>8. TIME-STAMPEL</b> self-addressed envelope and copy of this proof of claim.		has been credited and deducted for the ducted all amounts that claimant owes  ts, such as promissory notes, purchase urt judgments, or evidence of security are voluminous, attach a summary.	
Date  <u>2/27/09</u>		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <u>Jeffrey M. Pierson, Mgr Legal Operations</u> <u>Receivables Control Corp, Agent for 3M</u>	

## STATEMENT

**QIMONDA RICHMOND LLC**  
**6000 Technology Blvd**  
**Sandston, VA 23150**

INVOICE NUMBER	INVOICE AMOUNT	INVOICE DATE	DUE DATE
AH62619	\$5,617.48	10/2/2008	11/3/2008
AH66283	\$6,012.60	10/2/2008	11/3/2008
AH77189	\$8,812.76	11/19/2008	12/19/2008
AH79040	\$2,659.12	11/20/2008	12/22/2008
WK01575	\$7,241.08	12/4/2008	1/5/2009
WK16359	\$6,012.60	1/13/2009	2/12/2009
<b>BALANCE DUE:</b>	<b>\$36,355.64</b>		



# RECEIVABLES CONTROL CORPORATION

7373 Kirkwood Court, Suite 200  
Minneapolis, MN 55369

P.O. Box 9658  
Minneapolis, MN 55440-9658

763/315-9600  
FAX 763/315-9699

February 27, 2009

Clerk of Court  
United States Bankruptcy Court  
824 Market Street  
Wilmington, DE 19801-4937

Re: Case # 09-10589  
**QIMONDA RICHMOND**

Dear Clerk of Court,

Attached is a proof of claim for filing in the subject bankruptcy.

I have provided a duplicate copy and return envelope and request a date stamped copy for my records.

Thank you for your assistance.

Sincerely,

Jeffrey N. Pierson  
Legal Operations Department

Enclosure

*Professional Services Since 1970*

