

United States Bankruptcy Court for the District of Delaware

Qimonda Richmond, LLC Claim Processing Center

c/o Epiq Bankruptcy Solutions, LLC

FDR Station, P.O. Box 5112

New York, NY 10150-5112

PROOF OF CLAIMIn Re:
Qimonda Richmond, LLC, et al
Debtors.Chapter 11
Case No. 09-10589-(MFW)
Jointly Administered

Name of Debtor Against Which Claim is Held

Case No. of Debtor

Filed: USBC - District of Delaware

Qimonda Richmond, LLC, Et Al.

09-10589 (MFW)

0000000023



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 filed pursuant to 11 U.S.C. § 503.

THIS SPACE IS FOR COURT USE ONLY

Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)

Christopher William Shull
109 Big Meadows Place
Chapel Hill, NC 27514

Telephone number: 919-381-9460 Email Address: chriscpamba@yahoo.com

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

Telephone number:

Email Address:

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim

Number: _____

(If known)

Filed on: _____

☐ Check this 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 if you are the debtor or trustee in this case.1. Amount of Claim as of Date Case Filed: \$ 44,290.77

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.

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 the claim. Attach itemized statement of interest or additional charges.2. Basis for Claim: Services Performed
(See instruction #2 on reverse side.)3. Last four digits of any number by which creditor identifies debtor: 46543a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

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 information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe: _____

Value of Property: \$ _____ Annual Interest Rate _____%

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 Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).☒ Wages, salaries or commissions (up to \$10,950), 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).☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).☐ Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

Amount entitled to priority:

\$ _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date:

3/6/09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY**FILED / RECEIVED**

MAR - 9 2009

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.

EPIQ BANKRUPTCY SOLUTIONS, LLC

Chris Shull
589-05-0460

<u>Type of Claim</u>	<u>Amount of Claim</u>	<u>Period Earned</u>	<u>Comments</u>
Wages	\$ 1,846.15	2/9/09 - 2/13/08	Unpaid wages earned - final paycheck
Wages	\$ 1,107.69	2/16/09 - 2/18/09	Unpaid wages earned - final paycheck
Accrued PTO	\$ 1,476.92	2/2/09 - 2/18/09	Unpaid paid time off earned
Incentive Bonus	\$ 14,302.56	9/1/07 - 8/31/08	Check was returned Non-sufficient funds 02/27/09 due to late deposit
Incentive Bonus	\$ 1,537.44	9/1/07 - 8/31/08	Check was returned Non-sufficient funds 02/27/09 due to late deposit
Retention Bonus	\$ 24,000.00	11/01/08 - 02/18/09	Per letter, bonus was payable immediate upon termination 02/18/09
Total	<u>\$ 44,270.77</u>		

20.00 NSF Fees on returned checks

\$ 44,290.77

Employee	Emp ID	Social Security	Status	Exemptions/Allowances	Number		
CHRISTOPHER W. SHULL	800966		US-M / NC-S	US-1/0 NC-0/0	51000860		
Code	Paygroup	Division	Department	Hire Date	Period Start	Period End	Pay Date
MPUSA	USA	49	2182	09/04/07	01/24/09	02/06/09	02/13/09

Earnings	Rate	Units	Current	Year To Date
Salary	-	-	-	13292.32
PTO Scheduled	-	-	-	1473.92
Incentive Plan Payment	-	-	14302.56	14302.56
Group Term Life > \$50,000	-	-	-	26.20
Total Gross			14302.56	29098.00

	Current	Year To Date
W2 Gross Wages	14302.56	27612.86

Taxes	Current	Year To Date
Federal Income Tax	3575.64	5286.30
Social Security (FICA)	886.75	1780.67
Federal Medicare	207.39	416.45
North Carolina Income Tax	858.00	1764.00
Total	5527.78	9247.42

PreTax Deductions	Current	Year To Date
401(k) Plan (Pretax)	-	1107.70
Pretax Medical Plan	-	337.24
Pretax Dental Plan	-	23.00
Pretax Vision Plan	-	17.20
Total	0.00	1485.14

AfterTax Deductions	Current	Year To Date
GTL>\$50,000 Offset	-	26.20
Total	0.00	26.20

Net Pay 8774.78

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

Check bounced due to it
being deposited on 2/23/09

Employee	Emp ID	Social Security	Status	Exemptions/Allowances		Number	
CHRISTOPHER W. SHULL	800966		US-M / NC-S	US-1/0	NC-0/0	51001026	
Code	Paygroup	Division	Department	Hire Date	Period Start	Period End	Pay Date
MPUSA	USA	49	2182	09/04/07	02/07/09	02/20/09	02/17/09

Earnings	Rate	Units	Current	Year To Date
Salary	-	-	-	13292.32
PTO Scheduled	-	-	-	1476.92
Incentive Plan Payment	-	-	1537.44	15840.00
Group Term Life > \$50,000	-	-	-	26.20
Total Gross	-	-	1537.44	30635.44

	Current	Year To Date
W2 Gross Wages	1537.44	29150.30

Taxes

Federal Income Tax	384.36	5670.66
Social Security (FICA)	95.33	1876.00
Federal Medicare	22.29	438.74
North Carolina Income Tax	92.00	1856.00
Total	593.98	9841.40

PreTax Deductions

401(k) Plan (Pretax)	-	1107.70
Pretax Medical Plan	-	337.24
Pretax Dental Plan	-	23.00
Pretax Vision Plan	-	17.20
Total	0.00	1485.14

AfterTax Deductions

GTL > \$50,000 Offset	-	26.20
Total	0.00	26.20

Net Pay	943.46
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Qimonda North America Corp. - 6000 Technology Blvd. Sandston, VA 23150

Check bounced due to it
being deposited on 2/23/09



October 31, 2008

Christopher Shull
Qimonda North America Corp.

Dear Christopher,

Qimonda North America Corp., its parents, affiliates, subsidiaries, and any assigns or successors in interest thereto ("the Company") wishes to retain key employees and maintain a stable work environment during this period of transition. You have been identified as a key contributor to the Company's operations. Your contribution is crucial to both the transition and the long term success of this organization. As recognition of your contribution and your continued value to the Company, you are being offered benefits outlined in this Special Retention Agreement. We encourage you to consider these benefits that are intended to encourage you to continue your employment with the Company:

Retention Bonus

- If you are employed by the Company on March 31, 2009, you will receive a lump sum bonus payment of \$24,000.00 less applicable taxes, in addition to any other base salary or bonus payment, payable no later than April 7, 2009.

The payment to you of the above-referenced retention bonus is contingent upon your being employed with the Company on the indicated date, unless you have been Involuntarily Terminated or have voluntarily terminated your employment for Good Reason. You will not be paid the retention bonus if your Involuntary Termination was For Cause, defined as (1) the willful and continual failure to substantially perform your duties, or the willful gross negligence in the discharge of your duties to the Company, which failure or negligence continues for a period of ten business days after a specific written demand for performance is delivered to you by the Company, or (2) the commission of a felony, or (3) your material and willful breach of any agreement with the Company including, but not limited to, any confidentiality agreement. Good Reason for a voluntary termination is defined as (1) a reduction in your base salary or ATTC of at least ten percent, other than in cases of across-the-board company-wide salary reductions affecting all employees of the Company, (2) a material reduction in the scope of your duties and responsibilities from those in effect immediately prior to the date of this Agreement, or (3) the relocation of your principal place of employment to a location more than 50 miles from your current place of employment.

In the event that your employment is (a) Involuntarily Terminated other than For Cause or (b) voluntarily terminated for Good Reason at any time prior to the payout on April 7, 2009, the payment will accelerate and you will be paid 100% of any unpaid Retention Bonus at the time of your termination.

→ termination date = 2/18/09



February 25, 2009

Christopher Shull
109 Big Meadow Place
Chapel Hill, North Carolina 27514

Dear Christopher:

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/benefitsolutions	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.html	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@qimonda.com.

Sincerely,

Miriam Martinez
President & CFO
Qimonda North America

To whom it may concern,

3/6/09

\$15,780 of this claim is for 2008 incentive bonus checks issued prior to my termination on 2/20/09. I did not deposit them until the day after the bankruptcy filing and therefore they bounced.

It is my feeling that current employees should not be paid pre-petition monies due while former employees [especially someone terminated 2 days before the voluntary filing] should be stiffed for pre-petition monies. I don't think that the court would allow two separate classes of employees to be treated differently.

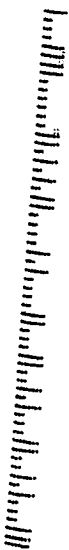
I've included the amount in the claim, but feel it should be treated separately.

Sincerely,
Chris Shull

109 Big Meadows Place
Chapel Hill, NC 27514

Dimonda Richmond, LLC Claim Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, PO Box 5112
New York, NY 10150-5112

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BY:

