

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 CLAIM

Filed: USBC - District of Delaware

Qimonda Richmond, LLC, Et Al.

09-10589 (MFW)

0000000008

**THIS SPACE IS FOR COURT USE ONLY**In 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

NOTICE: 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.

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: 9193819460 Email Address: chris@pamba@y4hoo.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: \$ 47,224.61

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 as an employee
(See instruction #2 on reverse side.)3. Last four digits of any number by which creditor identifies debtor: 0460
3a. 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:

3-1-09

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

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.

U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE
CLERK
2009 MAR -5 AM 10:03
09-10589-5

<u>Type of Claim</u>	<u>Amount of Claim</u>	<u>Period Earned</u>	<u>Comments</u>
Wages	\$ 3,692.31	2/9/09 - 2/13/08	Unpaid wages earned - final paycheck
Wages	\$ 2,215.38	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
Incentive Bonus	\$ 1,537.44	9/1/07 - 8/31/08	Check was returned Non-sufficient funds 02/27/09
Retention Bonus	\$ 24,000.00	11/01/08 - 02/18/09	Per letter, bonus was payable immediate upon termination 02/18/09
Total	<u>\$ 47,224.61</u>		