


<b>United States Bankruptcy Court for the District of Delaware</b> Qimonda Richmond, LLC Claim Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5112 New York, NY 10150-5112		<b>PROOF OF CLAIM</b>	
In Re: Qimonda Richmond, LLC, et al Debtors.	Chapter 11 Case No. 09-10589-(MFW) Jointly Administered	Filed: USBC - District of Delaware Qimonda Richmond, LLC, Et Al. 09-10589 (MFW)      0000000018	
Name of Debtor Against Which Claim is Held	Case No. of Debtor		
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.		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor)  <div style="font-family: cursive;">             Paul Jason Collins              8233 Spicewood Place              Mechanicsville, VA 23111               804-559-5760      p.jasoncollins@gmail.com           </div> Telephone number:      Email Address:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____	
Name and address where payment should be sent (if different from above)  Telephone number:      Email Address:		<input type="checkbox"/> 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.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
<b>1. Amount of Claim as of Date Case Filed: \$</b> <u>4010.00</u>  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. <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 interest or additional charges.		<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a).</b> 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:  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  <b>Amount entitled to priority:</b>  <u>\$ 4010.00</u>	
<b>2. Basis for Claim:</b> <u>Unpaid (PTO) Personal Time Off</u> (See instruction #2 on reverse side.)		<b>FOR COURT USE ONLY</b>  <div style="text-align: right; font-family: cursive; transform: rotate(-90deg);">             2009 Mar 4 - 9 11           </div>	
<b>3. Last four digits of any number by which creditor identifies debtor:</b> <u>51-0567867</u> <b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a on reverse side.)			
<b>4. Secured Claim</b> (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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> 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: _____  <b>Amount of Secured Claim: \$</b> _____ <b>Amount Unsecured: \$</b> _____			
<b>6. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. <b>7. Documents:</b> 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.) <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b> If the documents are not available, please explain:		<b>FOR COURT USE ONLY</b>	
<b>Date:</b> <u>March 4, 2009</u>	<b>Signature:</b> 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. <div style="font-family: cursive;">             P. Jason Collins              P. Jason Collins           </div>		


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.

Note to financial institutions: This electronic representation of Paul J. Collins's paycheck was provided from Qimonda North America Corp.'s Payroll WorkCenter system on 3/4/2009.

Done

Employee	Id	Social Security	Status	Exemptions / Allowances	Number		
PAUL J. COLLINS	719423		Married	US-6/0 VA-4/0	D0214248		
Code	Paygroup	Division	Department	Hire Date	Period Start	Period End	Pay Date
MPUSA	RIC	95	496	09/25/06	01/24/09	02/06/09	02/13/09
Earnings	Rate	Units	Current	YTD	Direct Deposit Accounts		Amount
Salary	-	-8.00	3122.31	10407.70	Checking - 004774770387		2199.61
PTO Scheduled	-	-	-	2081.54			
Incentive Plan	-	-	-	5285.72	Memo Entries	Current	YTD
Payment	-	-	-		PTO Balance	92.47	-
Group Term Life	-	-	5.44	21.76			
> \$50,000	-	-				Current	YTD
ROCE Plan	-	-			W2 Gross Wages	2806.75	16726.06
Payment	-	-	-	627.25			
Total Gross			3127.75	18423.97			
Taxes							
Federal Income Tax			217.02	2284.24			
Social Security (FICA)			187.57	1116.88			
Federal Medicare			43.87	261.21			
Virginia Income Tax			136.31	861.44			
Total			584.77	4523.77			
PreTax Deductions							
401(k) Plan (Pretax)			218.56	1288.15			
Pretax Medical Plan			84.31	337.24			
Pretax Dental Plan			11.50	46.00			
Pretax Vision Plan			2.78	11.12			
Health Care Spending Account			3.85	15.40			
Total			321.00	1697.91			
AfterTax Deductions							
GTL>\$50,000 Offset			5.44	21.76			
AD&D			3.34	13.36			
Life Insurance			11.26	45.04			
Child Life Insurance			0.25	1.00			
Spouse Life Insurance			2.08	8.32			
Total			22.37	89.48			
Net Pay			2199.61				

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

National Account Services

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

**ADP** National Account Services  
Responsible for All Payroll and PEO Services

### Summary

- PTO Balance = 92.47
- Rate = 43.3654
- Product = \$ 4009.99854

Total owed = \$ 4010.00

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Done

Employee	Id	Social Security	Status	Exemptions / Allowances	Number		
PAUL J. COLLINS	719423		Married	US-6/0 VA-4/0	D0206810		
Code	Paygroup	Division	Department	Hire Date	Period Start	Period End	Pay Date
MPUSA	RIC	95	496	09/25/06	12/13/08	12/26/08	01/02/09
Earnings	Rate	Units	Current	YTD	Direct Deposit Accounts		Amount
Salary	-	-32.00	2081.54	2081.54	Checking - 004774770387		2199.61
PTO Scheduled	43.3654	24.00	1040.77	1040.77			
Group Term Life					Memo Entries		Current
> \$50,000	-	-	5.44	5.44	PTO Balance		YTD
Total Gross			3127.75	3127.75			-
						Current	YTD
						2806.75	2806.75
				W2 Gross Wages			
Taxes				217.02	217.02		
Federal Income Tax				187.57	187.57		
Social Security (FICA)				43.87	43.87		
Federal Medicare				136.31	136.31		
Virginia Income Tax				584.77	584.77		
Total							
PreTax Deductions				218.56	218.56		
401(k) Plan (Pretax)				84.31	84.31		
Pretax Medical Plan				11.50	11.50		
Pretax Dental Plan				2.78	2.78		
Pretax Vision Plan				3.85	3.85		
Health Care Spending Account				321.00	321.00		
Total							
AfterTax Deductions				5.44	5.44		
GTL>\$50,000 Offset				3.34	3.34		
AD&D				11.26	11.26		
Life Insurance				0.25	0.25		
Child Life Insurance				2.08	2.08		
Spouse Life Insurance				22.37	22.37		
Total							
Net Pay				2199.61			

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**ADP National Account Services**  
Outsourcing for HR, Benefits and Payroll