

<b>UNITED STATES BANKRUPTCY COURT      District of Delaware</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <u>QIMONDA RICHMOND, LLC</u>		Case Number: <u>09-10589</u>
<small>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.</small>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>DAVID HENRY COLLINS</u> Name and address where notices should be sent: <u>14203 MASADA COURT</u> <u>CHESTERFIELD, VA 23838</u> Telephone number: <u>804-513-9741</u>		<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): <u>4437 KENNEDY ROAD</u> <u>THOMASVILLE, NC 27360</u> Telephone number: <u>336-472-6359</u>		<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.
1. Amount of Claim as of Date Case Filed: <u>\$ 6090.90</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 claim. Attach itemized statement of interest or charges.		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.  <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) _____.  Amount entitled to priority: <u>\$ 6090.90</u>  <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
2. Basis for Claim: <u>ACCURED PTO</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: _____  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: <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: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all _____ 7. Documents: Attach redacted orders, invoices, itemized statements. You may also attach a summary of a security interest. You may also attach a summary of a security interest. You may also attach a summary of a security interest.  DO NOT SEND ORIGINAL. SCANNING.  If the documents are not available, please explain:		Amount entitled to priority: <u>\$ 6090.90</u>  <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>

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.

DAVID HENRY COLLINS

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.

Reset

Save As...

Print

Note to financial institutions: This electronic representation of David H Collins's paycheck was provided from Qimonda North America Corp.'s Payroll WorkCenter system on 2/20/2009.

Done



02/13/09

D0214840

6000 Technology Blvd.  
Sandston VA 23150-

## ADVICE OF DEPOSIT

\$2,591.08

DAVID H COLLINS  
14203 MASADA CT  
CHESTERFIELD, VA 23838

NON-NEGOTIABLE

Employee	Id	Social Security	Status	Exemptions / Allowances	Number		
DAVID H COLLINS	403556		Married	US-9/0 VA-2/0	D0214840		
Code	Paygroup	Division	Department	Hire Date	Period Start	Period End	Pay Date
MPLSA	RIC	80	734	10/04/04	01/24/09	02/08/09	02/13/09
Earnings	Rate	Units	Current	YTD	Direct Deposit Accounts		Amount
Salary	-	-24.00	2738.14	9583.50	Checking - 11144882		2591.08
PTO Scheduled	48.8954	16.00	782.33	4498.38			
Incentive Plan					Memo Entries	Current	YTD
Payment	-	-	-	5990.27	PTO Balance	124.57	-
Group Term Life	-	-	6.40	25.60	Dependent Care Match	76.93	307.72
> \$50,000	-	-					
ROCE Plan						Current	YTD
Payment	-	-	-	696.66	W2 Gross Wages	3269.55	18138.83
Total Gross			3526.87	20794.41			
Taxes							
Federal Income Tax			223.13	2320.30			
Social Security (FICA)			202.71	1225.44			
Federal Medicare			47.40	286.59			
Virginia Income Tax			168.98	958.90			
Total			640.22	4791.23			
PreTax Deductions							
401(k) Plan (Pretax)			-	1626.30			
Pretax Medical Plan			84.31	337.24			
Pretax Dental Plan			5.75	23.00			
Pretax Vision Plan			4.30	17.20			
Dependent Care Spending Acct			153.85	615.40			
Voluntary Long Term Disability			9.11	36.44			
Total			257.32	2655.58			
AfterTax Deductions							
GTL>\$50,000 Offset			6.40	25.60			
AD&D			9.23	36.92			
Life Insurance			20.77	83.08			
Spouse Life Insurance			1.85	7.40			
Total			38.25	153.00			
Net Pay			2591.08				