


UNITED STATES BANKRUPTCY COURT      District of Delaware		<b>PROOF OF CLAIM</b>
Name of Debtor: <u>QIMONDA RICHMOND LLC</u>		Case Number: <u>09-10589</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 for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>WILLIAM HARRIS CEM.</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 notices should be sent: <u>11417 AVERY GREEN CT. GLEN ALLEN, VA 23059</u>		
Telephone number: <u>(804) 934-0108</u>		
Name and address where payment should be sent (if different from above):		<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.
Telephone number:		
1. Amount of Claim as of Date Case Filed: <u>\$ 1484.44</u>		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>\$ 1484.44</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>
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.		
2. Basis for Claim: <u>UNPAID VACATION (ACCRUED)</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 payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copy orders, invoices, itemized statements. You may also attach a summary. Attach a security interest. You may also attach a security interest. You may also attach a security interest.  DO NOT SEND ORIGINAL DOCUMENTS FOR SCANNING.  If the documents are not available, please explain:		Filed: USBC - District of Delaware Qimonda Richmond, LLC, Et Al. 09-10589 (MFW)      0000000011    ory notes, purchase security agreements. Section of "1" on reverse side.)  ED AFTER
Date: <u>3/2/09</u> 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.  <u>William J. Harris</u>		FOR COURT USE ONLY 6 PM 12:00 DEPT. OF CLERK DISTRICT COURT OF DELAWARE

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 William J. Hariaczyi's paycheck was provided from Qimonda North America Corp.'s Payroll WorkCenter system on 3/2/2009.

Done

Employee	Id	Social Security	Status	Exemptions / Allowances	Number		
WILLIAM J. HARIACZYI	402627		US-M / VA-S	US-1/0 VA-1/0	D0214751		
Code	Paygroup	Division	Department	Hire Date	Period Start	Period End	Pay Date
MPUSA	RIC	80	725	04/09/01	01/24/09	02/06/09	02/13/09
Earnings	Rate	Units	Current	YTD	Direct Deposit Accounts		Amount
Salary	-	-24.00	1892.29	8245.00	Checking - 004130840903		1150.00
PTO Scheduled	33.7910	16.00	540.66	1486.80	Checking - 004130910325		250.00
Group Term Life > \$50,000	-	-	3.36	13.44	Checking - VAN90001000013150		302.10
Total Gross			2436.31	9745.24	Memo Entries		Current YTD
					PTO Balance		43.93 -
					Dependent Care Match		38.46 153.84
Taxes							
Federal Income Tax			236.53	880.45			
Social Security (FICA)			138.44	553.74			
Federal Medicare			32.37	129.50	W2 Gross Wages		Current YTD
Virginia Income Tax			109.60	413.20			2232.81 8493.30
Total			516.94	1976.89			
PreTax Deductions							
401(k) Plan (Pretax)			-	437.94			
Pretax Medical Plan			84.31	337.24			
Pretax Dental Plan			11.50	46.00			
Health Care Spending Account			30.77	123.08			
Dependent Care Spending Acct			76.92	307.68			
Total			203.50	1251.94			
AfterTax Deductions							
GTL>\$50,000 Offset			3.36	13.44			
Life Insurance			10.41	41.64			
Total			13.77	55.08			
Net Pay			1702.10				

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

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