

UNITED STATES BANKRUPTCY COURT

District of Delaware

PROOF OF CLAIM

Name of Debtor:

Qimonda

Case Number:

09-10589-MFW

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):

James W. Goff

Name and address where notices should be sent:

2306 Sleepyhill Rd
Richmond, VA 23236

Telephone number:

804-745-5046

☐ 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:

☐ 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:

\$ 2,294.00

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 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.

☐ 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:

\$ 2,294.00

*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.

2. Basis for Claim: Services Performed - PTO/UTO

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 6781

3a. Debtor may have scheduled account as: 631216

(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: \$ _____

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 orders, invoices, itemized statement of interest. You may also attach a security interest. You may:

Filed: USBC - District of Delaware
Qimonda Richmond, LLC, Et Al.
09-10589 (MFW)

0000000017

missory notes, purchase and security agreements. f perfection of dacted" on reverse side.)

TROYED AFTER

DO NOT SEND ORIGINAL SCANNING.



If the documents are not available, please explain:

Date: 2/2/09

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.

James W. Goff

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

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James W. Goff ▶ Friday, February 27, 2009

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Viewing Controls

The check you selected is displayed below.

Done

To change the view of the check you selected, use the Viewing Controls in the left panel. To display your checks always using the options you've chosen, click **Set As Default**. To view a different check, use the Select a Paycheck to View list. To return to the previous page, click **Done**.

Viewing Controls

REDUCE ||| ENLARGE

View Full Check

☐ View Stub Only

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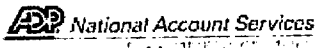
WARNING: Although this is a secure website, employees are responsible for protecting their personal information when viewing and printing payroll data. Use caution when printing to a shared network device to maintain your privacy. Remember to logoff and do not leave your screen unattended. Be sure to logout of the Payroll WorkCenter and collect any printed information.

Select a Paycheck to View: 1/30/2009 Check # D0211037 \$921.52

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Employee JAMES W. GOFF	ID 706306	Social Security	Status Married	Exemptions/Expenditures US-2/0 VA-2/0	Number D0211037		
Code MPUSA	Paygroup RIC	Division 80	Department 245	Hire Date 08/29/05	Period Start 01/10/09	Period End 01/23/09	Pay Date 01/30/09
Earnings	Rate	Units	Current	YTD	Direct Deposit Accounts		Amount
Regular Pay	15.1900	64.00	972.16	2794.96	Checking - 000096180125		921.52
Overtime - 1.5x	22.7850	8.00	182.28	182.28			
PTO Scheduled	-	-	-	364.56	Memo Entries		
Incentive Plan	-	-	-	1993.40	PTO Balance		
Payment	-	-	-	-	PTO Balance		
Group Term	-	-	1.49	4.47			
Life > \$50,000	-	-	19.23	57.69	W2 Gross Wages		
Health Credit	-	-	1.92	5.76			
Dental Credit	-	-	-	-			
ROCE Plan	-	-	-	226.67			
Payment	-	-	-	-			
Total Gross			1177.08	5629.79			
Taxes							
Federal Income Tax			51.79	685.63			
Social Security (FICA)			72.98	349.05			
Federal Medicare			17.07	81.63			
Virginia Income Tax			42.96	242.31			
Total			184.80	1358.62			
Pre-Tax Deductions							
401(k) Plan (Pretax)			69.27	333.72			
Total			69.27	333.72			
After-Tax Deductions							
GTL>\$50,000 Offset			1.49	4.47			
Total			1.49	4.47			
Net Pay			921.52				

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



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ADP National Account Services