
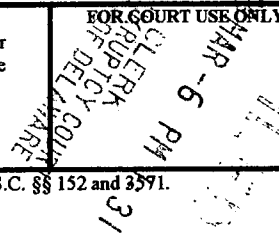


UNITED STATES BANKRUPTCY COURT District of Delaware		PROOF OF CLAIM
Name of Debtor: <u>Qimonda Richmond, LLC, Qimonda NA</u>		Case Number: <u>09-10589-MFW</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment 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>RICHARD W. HODGSON</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <u>Richard W. Hodgson</u> <u>5829 ECOFF AVE.</u> <u>Chester VA 23831</u>		Court Claim Number: _____ (If known)
Telephone number: <u>804-454-1792</u>		Filed on: _____
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.
Telephone number:		<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>5223.30</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 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: \$ _____
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>Services Performed</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>4634</u> 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 copies of: orders, invoices, itemized statements of run. You may also attach a summary. Attach a security interest. You may also attach a summary. DO NOT SEND ORIGINAL DOCUMENT SCANNING. If the documents are not available, please explain:		
<div style="display: flex; justify-content: space-between;"> <div> <p>Filed: USBC - District of Delaware Qimonda Richmond, LLC, Et Al. 09-10589 (MFW) 0000000012</p>  </div> <div> <p>purchase agreements. reverse side.) TER</p> </div> </div>		
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>Richard W. Hodgson</u>		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.

Note to financial institutions: This electronic representation of Richard W. Hodgson's paycheck was provided from Qimonda North America Corp.'s Payroll WorkCenter system on 2/15/2009.

Done



02/13/09

D0213492

6000 Technology Blvd.
Sandston VA 23150-

ADVICE OF DEPOSIT

\$1,530.92

RICHARD W. HODGSON
5829 ECOFF AVE
CHESTER, VA 23831

NON-NEGOTIABLE

Employee	Id	Social Security	Status	Exemptions / Allowances	Number		
RICHARD W. HODGSON	400134		Single	US-2/0 VA-1/0	D0213492		
Code	Paygroup	Division	Department	Hire Date	Period Start	Period End	Pay Date
MPUSA	RIC	80	265	03/12/97	01/24/09	02/06/09	02/13/09
Earnings	Rate	Units	Current	YTD	Direct Deposit Accounts		Amount
Salary	-	-9.00	2254.01	8349.36	Savings - 7849		125.00
PTO Scheduled	-	-	-	380.96	Checking - 1079248027600		1405.92
Incentive Plan							
Payment	-	-	-	3889.34	Memo Entries	Current	YTD
Group Term Life					PTO Balance	118.90	-
> \$50,000	-	-	7.88	31.52			
ROCE Plan						Current	YTD
Payment	-	-	-	458.02	W2 Gross Wages	2200.50	11564.80
Total Gross			2261.89	13109.20			
Taxes							
Federal Income Tax			311.62	1969.73			
Social Security (FICA)			136.44	797.55			
Federal Medicare			31.90	186.52			
Virginia Income Tax			107.48	588.78			
Total			587.44	3542.58			
PreTax Deductions							
401(k) Plan (Pretax)			-	1298.84			
Pretax Medical Plan			54.01	216.04			
Pretax Dental Plan			4.50	18.00			
Pretax Vision Plan			2.88	11.52			
Total			61.39	1544.40			
AfterTax Deductions							
GTL>\$50,000 Offset			7.88	31.52			
AD&D			1.53	6.12			
Life Insurance			8.04	32.16			
Child Life Insurance			0.51	2.04			
401(k) Loan A			64.18	256.72			
Total			82.14	328.56			
Net Pay			1530.92				

Due + 6 hours
From pay per
02/07/09 to 02/27/09
and
48 hours work
on pay per
02/17/09 - 02/27/09

Due + 6 hours
From Pay period
02/07/09 to 02/21/09
and
48 hours worked
on Pay period
02/07/09 - 02/21/09

TOTAL DUB
\$ 5223.30