

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

IN RE: QUEBECOR WORLD (USA) INC., ET AL. **08-10152 (JMP)**

This Space is For Court Use Only
Your claim is scheduled by the Debtor as:
F- TRADE PAYABLE

Name of Debtor: **QUEBECOR WORLD SAN JOSE INC.** Case Number: **08-10159 (JMP)**

CLASSIFICATION **AMOUNT**

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.

UNSECURED **6,512.39**

Name and Address of Creditor (the person or other entity to whom the debtor owes money or property). If address is incorrect, please insert correct address.

Disputed



009134P001-1245A-94
JH PASQUALE CONSULTING
15495 SHORT ROAD
DANVILLE IL 61834-4711

If there is an amount shown, you have a claim scheduled by the Debtor as shown. IF YOU AGREE WITH THE AMOUNT SCHEDULED BY THE DEBTOR AND HAVE NO OTHER CLAIMS AGAINST THE DEBTOR, YOU DO NOT NEED TO FILE THIS PROOF OF CLAIM, EXCEPT AS FOLLOWS: If the amount shown is DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to recover any distributions in respect to your claim. If you have already filed your proof of claim with the Bankruptcy Court, you do not need to file again.

Name and address where notices should be sent:
John Pasquale, 15495 Short Road, Danville, IL 61834

Check this box to indicate that this claim amends a previously filed claim.

Telephone number: 217/431-0730

Court Claim Number: _____
(If known)

Name and address where payment should be sent (if different from above):

Filed on: _____

Telephone number:

1. Amount of Claim as of Date Case Filed: \$ 6,000.00
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.

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.

2. Basis for Claim: goods sold and services
(See instruction #2 on reverse side.)

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.

3. Last four digits of any number by which creditor identifies debtor: 1839
3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

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).

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: \$ _____

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)().

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attached redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or 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.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:
Acknowledgment of filing of Claim: To receive acknowledgment of your filing, enclose a stamped self-addressed envelope and a copy of this proof of claim.

THE ORIGINAL OF THIS PROOF OF CLAIM MUST BE SENT SO THAT IT IS RECEIVED ON OR BEFORE THE BAR DATE SPECIFIED IN THE ENCLOSED NOTICE.

IF PROOF OF CLAIM IS SENT BY MAIL, SEND TO:
DONLIN, RECANO & COMPANY, INC.
AS AGENT FOR THE USBC - SOUTHERN DISTRICT OF NEW YORK
RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
P.O. BOX 2082, MURRAY HILL STATION
NEW YORK, NY 10116

IF PROOF OF CLAIM IS SENT BY HAND DELIVERY, DELIVER TO:
DONLIN, RECANO & COMPANY, INC.
AS AGENT FOR THE USBC - SOUTHERN DISTRICT OF NEW YORK
RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
418 PARK AVENUE SOUTH, SUITE 1208
NEW YORK, NY 10016

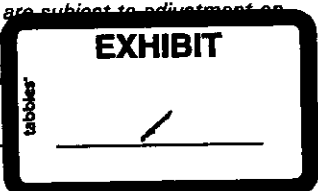
IF PROOF OF CLAIM IS SENT BY OVERNIGHT COURIER, SEND TO:
DONLIN, RECANO & COMPANY, INC.
AS AGENT FOR THE USBC - SOUTHERN DISTRICT OF NEW YORK
RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
418 PARK AVENUE SOUTH, SUITE 1208
NEW YORK, NY 10016

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
CLERK'S OFFICE
RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
ONE BOWLING GREEN, ROOM 534
NEW YORK, NY 10004-1408

Date: _____
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 _____

Amount entitled to priority:
\$ _____

*Amounts are subject to adjustment on 4/1/10 and respect to the date of _____



J H PASQUALE CONSULTING

JOHN H. PASQUALE
ELECTRONIC CONSULTANT
15495 SHORT ROAD
DANVILLE, ILLINOIS 61834-5711

Telephone (217) 431-0730 Fax (217) 431-3791
Email: JHPasquale@aol.com

11/1/2007

P. O. # - 001839

To : Quebecor World Richmond
7400 Impala Drive
Richmond, Va. 23228-3741
Attention : Accounts Payable

Regarding : Billing for refurbished 4474 Hurtletron Slide Assembly.

Quantity	1	4474 Hurtletron Electrosist Unit @ \$6000.00 Each (Refurbished)	\$6000.00
		Sales Tax - Exempt - Interstate	\$0.00
		Shipping - Hand Delivered - No Charge	\$0.00
		Balance	<u>\$6000.00</u>

Please remit to : John H. Pasquale

Thank you.....

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK


PROOF OF CLAIM

IN RE: QUEBECOR WORLD (USA) INC., ET AL.
Name of Debtor:
QUEBECOR WORLD KRI INC.

08-10152 (JMP)
Case Number:
08-10201 (JMP)

This Space is For Court Use Only
RECEIVED
2009 NOV 21 AM 11:26
US BANKRUPTCY COURT/DRC

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 and Address of Creditor (the person or other entity to whom the debtor owes money or property). If address is incorrect, please insert correct address.

026157P001-1245A-94
J H PASQUALE CONSULTING JOHN H. PASQUALE
15495 SHORT ROAD
DANVILLE IL 61834-4711

Name and address where notices should be sent:
J. H. Pasquale, 15495 Short Road, Danville, IL 61834
Telephone number: 217/431-0730

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:

1. Amount of Claim as of Date Case Filed: \$ 6,000.00
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.

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.

2. Basis for Claim: goods sold and services
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 1112
3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

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.

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: \$ _____

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)().

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attached redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or 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.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain:
Acknowledgment of filing of Claim: To receive acknowledgment of your filing, enclose a stamped self-addressed envelope and a copy of this proof of claim.
THE ORIGINAL OF THIS PROOF OF CLAIM MUST BE SENT SO THAT IT IS RECEIVED ON OR BEFORE THE BAR DATE SPECIFIED IN THE ENCLOSED NOTICE.

IF PROOF OF CLAIM IS SENT BY MAIL, SEND TO:
DONLIN, RECANO & COMPANY, INC.
AS AGENT FOR THE USBC - SOUTHERN DISTRICT OF NEW YORK
RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
P.O. BOX 2082, MURRAY HILL STATION
NEW YORK, NY 10158
IF PROOF OF CLAIM IS SENT BY OVERNIGHT COURIER, SEND TO:
DONLIN, RECANO & COMPANY, INC.
AS AGENT FOR THE USBC - SOUTHERN DISTRICT OF NEW YORK
RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
419 PARK AVENUE SOUTH, SUITE 1208
NEW YORK, NY 10018

IF PROOF OF CLAIM IS SENT BY HAND DELIVERY, DELIVER TO:
DONLIN, RECANO & COMPANY, INC.
AS AGENT FOR THE USBC - SOUTHERN DISTRICT OF NEW YORK
RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
419 PARK AVENUE SOUTH, SUITE 1208
NEW YORK, NY 10018
OR
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
CLERK'S OFFICE
RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
ONE BOWLING GREEN, ROOM 534
NEW YORK, NY 10004-1408

Date:
11/18/08

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.
John H. Pasquale

Amount entitled to priority:
\$ _____
*Amounts are subject to adjustment on 4/1/10 and every 2 years thereafter with respect to the date of
EXHIBIT
2

J H PASQUALE CONSULTING

JOHN H. PASQUALE
ELECTRONIC CONSULTANT
15495 SHORT ROAD
DANVILLE, ILLINOIS 61834-5711

Telephone (217) 431-0730 Fax (217) 431-3791
Email: JHPasquale@aol.com

9/27/2007
~~9/11/2007~~

P.O. # - 001112 (September)

To : Quebecor World Richmond
7400 Impala Drive
Richmond, Va. 23228-3741
Attention : Accounts Payable

Regarding : Billing for refurbished 4474 Hurtletron Slide Assembly.

Quantity	1	4474 Hurtletron Electrosist Slide Assembly (Refurbished)	\$6000.00
		Sales Tax - Exempt - Interstate	\$0.00
		Shipping - Hand Delivered - No Charge	\$0.00
		Balance	<u>\$6000.00</u>

Please remit to : John H. Pasquale

Thank you.....

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

IN RE: QUEBECOR WORLD (USA) INC., ET AL.
 Name of Debtor:
QUEBECOR WORLD KRI INC.

08-10152 (JMP)
 Case Number:
08-10201 (JMP)

This Space is For Court Use Only
 Your claim is scheduled by the Debtor as:
 F- TRADE PAYABLE

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.

CLASSIFICATION	AMOUNT
UNSECURED	13,000.00

Name and Address of Creditor (the person or other entity to whom the debtor owes money or property). If address is incorrect, please insert correct address.



009134P001-1245A-94
JH PASQUALE CONSULTING
 15495 SHORT ROAD
 DANVILLE IL 61834-4711

Disputed

If there is an amount shown, you have a claim scheduled by the Debtor as shown. IF YOU AGREE WITH THE AMOUNT SCHEDULED BY THE DEBTOR AND HAVE NO OTHER CLAIMS AGAINST THE DEBTOR, YOU DO NOT NEED TO FILE THIS PROOF OF CLAIM, EXCEPT AS FOLLOWS: If the amount shown is DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to recover any distributions in respect to your claim. If you have already filed your proof of claim with the Bankruptcy Court, you do not need to file again.

Name and address where notices should be sent:
JH Pasquale, 15495 Short Road, Danville, IL 61834
 Telephone number: **217/431-0730**

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:

1. Amount of Claim as of Date Case Filed: \$ 13,000.00
 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.

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.

2. Basis for Claim: goods sold and services
 (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 5941
3a. Debtor may have scheduled account as: _____
 (See instruction #3a on reverse side.)

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.

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: \$ _____

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).

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attached redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or 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.)

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)().

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:
Acknowledgment of filing of Claim: To receive acknowledgment of your filing, enclose a stamped self-addressed envelope and a copy of this proof of claim.

THE ORIGINAL OF THIS PROOF OF CLAIM MUST BE SENT SO THAT IT IS RECEIVED ON OR BEFORE THE BAR DATE SPECIFIED IN THE ENCLOSED NOTICE.

IF PROOF OF CLAIM IS SENT BY MAIL, SEND TO:
 DONLIN, RECANO & COMPANY, INC.
 AS AGENT FOR THE USBC - SOUTHERN DISTRICT OF NEW YORK
 RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
 P.O. BOX 2002, MURRAY HILL STATION
 NEW YORK, NY 10156

IF PROOF OF CLAIM IS SENT BY HAND DELIVERY, DELIVER TO:
 DONLIN, RECANO & COMPANY, INC.
 AS AGENT FOR THE USBC - SOUTHERN DISTRICT OF NEW YORK
 RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
 410 PARK AVENUE SOUTH, SUITE 1200
 NEW YORK, NY 10018

IF PROOF OF CLAIM IS SENT BY OVERNIGHT COURIER, SEND TO:
 DONLIN, RECANO & COMPANY, INC.
 AS AGENT FOR THE USBC - SOUTHERN DISTRICT OF NEW YORK
 RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
 410 PARK AVENUE SOUTH, SUITE 1200
 NEW YORK, NY 10018

UNITED STATES BANKRUPTCY COURT
 SOUTHERN DISTRICT OF NEW YORK
 CLERK'S OFFICE
 RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
 ONE BOWLING GREEN, ROOM 634
 NEW YORK, NY 10004-1408

Date: 11/18/08
 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.

Amount entitled to priority:
 \$ _____

*Amounts are subject to adjustment on 4/1/10 and respect to the date of

EXHIBIT
 3

J H PASQUALE CONSULTING

JOHN H. PASQUALE
ELECTRONIC CONSULTANT
15495 SHORT ROAD
DANVILLE, ILLINOIS 61834-5711

Telephone (217) 431-0730 Fax (217) 431-3791
Email: JHPasquale@aol.com

12/30/2007

P.O. # - 005941

To : Quebecor World Corinth
2787 South Harper Road
Corinth, Ms. 38834
Attention : Accounts Payable

Regarding : Billing for shipment of 4474 Hurlatron unit.

(Final Billing)

Quantity	1	4474 Hurlatron Electrosist Unit @ \$6500.00 Each	\$6500.00
		Sales Tax - Exempt - Interstate	\$0.00
		Shipping - Hand Delivered - No Charge	\$0.00
		Balance	<u>\$6500.00</u>

Please remit to : John H. Pasquale

Thank you.....

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

IN RE: QUEBECOR WORLD (USA) INC., ET AL.
Name of Debtor:
QW MEMPHIS CORP.

08-10152 (JMP)
Case Number:
08-10165 (JMP)


This Space is For Court Use Only
Your claim is scheduled by the Debtor as:
F- TRADE PAYABLE

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.

CLASSIFICATION
UNSECURED

AMOUNT
4,670.00
Disputed

Name and Address of Creditor (the person or other entity to whom the debtor owes money or property). If address is incorrect, please insert correct address.


009134P001-1245A-94
JH PASQUALE CONSULTING
15495 SHORT ROAD
DANVILLE IL 61834-4711

If there is an amount shown, you have a claim scheduled by the Debtor as shown. IF YOU AGREE WITH THE AMOUNT SCHEDULED BY THE DEBTOR AND HAVE NO OTHER CLAIMS AGAINST THE DEBTOR, YOU DO NOT NEED TO FILE THIS PROOF OF CLAIM, EXCEPT AS FOLLOWS: If the amount shown is DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to recover any distributions in respect to your claim. If you have already filed your proof of claim with the Bankruptcy Court, you do not need to file again.

Name and address where notices should be sent:
JH Pasquale, 15495 Short Road, Danville, IL 61834

Check this box to indicate that this claim amends a previously filed claim.
Court Claim Number: _____
(If known)
Filed on: _____

Telephone number: 217/431-0730
Name and address where payment should be sent (if different from above):
Telephone number:

1. Amount of Claim as of Date Case Filed: \$ 4,670.00
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.

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.

2. Basis for Claim: goods sold and services
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 2575
3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

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.

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:** \$ _____

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).

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).

7. Documents: Attached redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or 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.)

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).

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).

If the documents are not available, please explain:
Acknowledgment of filing of Claim: To receive acknowledgment of your filing, enclose a stamped self-addressed envelope and a copy of this proof of claim.

Other - Specify applicable paragraph of 11 U.S.C. §507(a)().

THE ORIGINAL OF THIS PROOF OF CLAIM MUST BE SENT SO THAT IT IS RECEIVED ON OR BEFORE THE BAR DATE SPECIFIED IN THE ENCLOSED NOTICE.

Amount entitled to priority:
\$ _____

IF PROOF OF CLAIM IS SENT BY MAIL, SEND TO:
DONLIN, RECANO & COMPANY, INC.
AS AGENT FOR THE USBC - SOUTHERN DISTRICT OF NEW YORK
RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
P.O. BOX 2082, MURRAY HILL STATION
NEW YORK, NY 10158

IF PROOF OF CLAIM IS SENT BY HAND DELIVERY, DELIVER TO:
DONLIN, RECANO & COMPANY, INC.
AS AGENT FOR THE USBC - SOUTHERN DISTRICT OF NEW YORK
RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
419 PARK AVENUE SOUTH, SUITE 1208
NEW YORK, NY 10018

IF PROOF OF CLAIM IS SENT BY OVERNIGHT COURIER, SEND TO:
DONLIN, RECANO & COMPANY, INC.
AS AGENT FOR THE USBC - SOUTHERN DISTRICT OF NEW YORK
RE: QUEBECOR WORLD (USA) INC., ET AL., CLAIMS PROCESSING
419 PARK AVENUE SOUTH, SUITE 1208
NEW YORK, NY 10018

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
CLERK'S OFFICE
ONE BOWLING GREEN, ROOM 524
NEW YORK, NY 10004-1408

Please see instructions on reverse side.

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to the date of the date of

Date: 11/19/08

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.

EXHIBIT
4

J H PASQUALE CONSULTING

JOHN H. PASQUALE
 ELECTRONIC CONSULTANT
 15495 SHORT ROAD
 DANVILLE, ILLINOIS 61834-5711

Telephone (217) 431-0730 Fax (217) 431-3791
 Email: JHPasquale@aol.com

12/10/2007

P.O.# - 002575

To : Quebecor World Dickson
 1665 Old Columbia Road
 Dickson, Tn. 37055
 Attention : Accounts Payable

Regarding : Billing for shipment of repaired and refurbished Hurlertron high voltage power supplies for newer style ESA.

Quantity	3	992641 High Voltage Power Supplies (2 Tested - Found No Problems - No Charge) (1 Repaired)	\$1350.00
Quantity	1	992618 Logic PCB (Refurbished)	\$890.00
Quantity	1	992618 Logic PCB (Repaired)	\$530.00
Quantity	2	992619 Crowbar PCB @ \$950.00 Each	\$1900.00
		Balance	\$4670.00
		Sales Tax - Exempt - Interstate	\$0.00
		Shipping - Charged to Fed Account # 101270467	\$0.00
		Balance	\$4670.00

Please remit to : John H. Pasquale

Thank you.....