

UNITED STATES BANKRUPTCY COURT FOR DISTRICT OF DELAWARE		PROOF OF CLAIM
Indicate Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor per claim form.)		
<input checked="" type="checkbox"/> THQ Inc. (Case No. 12-13398) <input type="checkbox"/> THQ Digital Studios Phoenix, Inc. (Case No. 12-13399)		<input type="checkbox"/> THQ Wireless, Inc. (Case No. 12-13400) <input type="checkbox"/> Vigil Games, Inc. (Case No. 12-13402)
<input type="checkbox"/> Volition, Inc. (Case No. 12-13401)		
NOTE: This form should not be used to make a claim for an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) arising after the commencement of the case. A "request" for payment of an administrative expense (other than a claim asserted under 11 U.S.C. § 503(b)(9)) 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): Adele Oddes		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Name and address where notices should be sent: Adele Oddes 6436 Maplegrove St. Oak Park, CA 91377		Court Claim Number: _____ (If known) Filed on: _____
Telephone number: (818) 706-8972 email: adele.oddess@gmail.com		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where payment should be sent (if different from above):		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.
Telephone number: _____ email: _____		
1. Amount of Claim as of Date Case Filed: \$ 6908.13 If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. Yes <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
2. Basis for Claim: Pre-petition vacation accrual (See instruction #2)		<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. §507 (a)(4).
3. Last four digits of any number by which creditor identifies debtor: 2620	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable (when case was filed) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____ (See instruction #6)		<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)().
7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		Amount entitled to priority: \$ 4,594.59 * Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
8. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction 8, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
9. Signature: (See instruction #9) Check the appropriate box. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: Adele Oddes Title: Director of Application Development Company: THQ Inc. Address and telephone number (if different from notice address above): _____ Telephone number: _____ Email: _____		
Signature: Adele Oddes (Date) 3/11/2013		COURT USE ONLY <div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> RECEIVED MAR 14 2013 </div> KURTZMAN CARSON CONSULTANTS

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.





March 8, 2013

Dear Adele Oddes:

Please see below for important information from THQ:

If you are considering filing a proof of claim, go to www.kccllc.net/thq

You may access a Proof of Claim Form and instructions for submitting it. The claim form should be sent to the following address:

THQ Claims Processing Center

c/o KCC

2335 Alaska Avenue

El Segundo, CA 90245

All claim forms will be reviewed by the estate and it may take months for claims to be adjudicated and paid.

For your information,

- Your most recent annual salary was \$160,893 and your most recent daily rate was \$618.82
- The value of your pre-petition vacation accrued in the 180-days prior to the petition date is \$4,594.59
- As of 12/18/12, your accrued unused vacation balance had a value of \$6,908.13.

Please note that there is a limit of \$11,725 on priority claims which applies to wages, benefits and cost reimbursements that were unpaid as of the petition date.

Example:

Employee A has a daily rate of \$250 and was an exempt employee. His vacation accrual in the 180-days pre-petition was \$1,250. As of the petition date, his accrued unused vacation balance had a value of \$5,000.

As of the petition date on December 19th, Employee A had 2 days of unpaid salary (December 17 and December 18th) since the payroll date of December 14th. These 2 days of salary is equal to \$500 and was paid post-petition on December 28th with the regular payroll.

Employee A also had an expense reimbursement of \$1,000 incurred pre-petition that didn't get paid until post-petition.

Employee A's priority claim would be limited to the lesser of 1) PTO accrued during the 180-days prepetition, which is \$1,250 or 2) \$11,725 - \$500 (pre-petition wages) - \$1,000 (expense reimbursement) = \$10,225. In this case, the priority claim would be for \$1,250. Any claim in excess of this amount would be a general unsecured claim. Employee A may have a general unsecured claim for \$3,750 = \$5,000 - \$1,250 in this case.

If you have any questions, please contact Debbie Adelsberg at debbie.adelsberg@thq.com or Julia Hann at Julia.hann@thq.com