

Your claim can be filed electronically on KCC's website at <https://epoc.kccllc.net/alexandani>.

ID: 25694830

PIN: fx0NKpCX

United States Bankruptcy Court for the District of Delaware

Indicate Debtor against which you assert a claim by checking the appropriate box below. **(Check only one Debtor per claim form.)**

- A and A Shareholding, Co., LLC (Case No. 21-10917)
- Alex and Ani Retail, LLC (Case No. 21-10920)
- Alex and Ani Canada, LLC (Case No. 21-10923)
- Alex and Ani, LLC (Case No. 21-10918)
- Alex and Ani Assembly, LLC (Case No. 21-10921)
- Alex and Ani Puerto Rico, LLC (Case No. 21-10924)
- Alex and Ani International, LLC (Case No. 21-10919)
- Alex and Ani California, LLC (Case No. 21-10922)
- Alex and Ani South Seas, LLC (Case No. 21-10925)

# Official Form 410 Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

**Part 1: Identify the Claim**

NameID: 14976568

1. **Who is the current creditor?** AMERICAN CUSTOMER CARE INC  
 Name of the current creditor (the person or entity to be paid for this claim)  
 Other names the creditor used with the debtor \_\_\_\_\_

2. **Has this claim been acquired from someone else?**  No  
 Yes. From whom? \_\_\_\_\_

3. **Where should notices and payments to the creditor be sent?** **Where should notices to the creditor be sent?** **Where should payments to the creditor be sent? (if different)**  
AMERICAN CUSTOMER CARE INC  
225 NORTH MAIN ST  
SUITE 500  
BRISTOL, CT 06010

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Name \_\_\_\_\_  
 Number \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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**AUG 10 2021**

Address \_\_\_\_\_ Country \_\_\_\_\_  
 Contact phone 860-589-4222 Contact phone \_\_\_\_\_  
 Contact email j.sendley@accare.com Contact email \_\_\_\_\_

**KURTZMAN CARSON CONSULTANTS** Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
 \_\_\_\_\_

4. **Does this claim amend one already filed?**  No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_ MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**  No  
 Yes. Who made the earlier filing? \_\_\_\_\_



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?  No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 0173

7. How much is the claim? \$ 10,418.03 Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Customer Contact Center Services

9. Is all or part of the claim secured?  No  Yes. The claim is secured by a lien on property. Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe: \_\_\_\_\_ Basis for perfection: \_\_\_\_\_ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ \_\_\_\_\_ Amount of the claim that is secured: \$ \_\_\_\_\_ Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_ Annual Interest Rate (when case was filed) \_\_\_\_\_ %  Fixed  Variable

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AUG 10 2021

KURTZMAN CARSON CONSULTANTS

10. Is this claim based on a lease?  No  Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  Yes. Identify the property: \_\_\_\_\_



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- No
- Yes. Check all that apply:
- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ \_\_\_\_\_
  - Up to \$3,025\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ \_\_\_\_\_
  - Wages, salaries, or commissions (up to \$13,650\* earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ \_\_\_\_\_
  - Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ \_\_\_\_\_
  - Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ \_\_\_\_\_
  - Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies. \$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

- No
- Yes. 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.

\$ \_\_\_\_\_

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

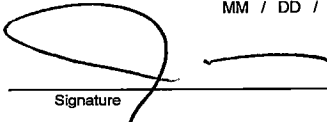
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/30/2021  
MM / DD / YYYY

  
\_\_\_\_\_  
Signature

Print the name of the person who is completing and signing this claim:

Name John S Sendley  
First name Middle name Last name

Title Controller

Company American Customer Care, Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 225 North Main St. Suite 500  
Number Street  
Bristol CT 06010  
City State ZIP Code Country

Contact phone 860-589-4222 Email j.sendley@accare.com

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AUG 10 2021

KURTZMAN CARSON CONSULTANTS





Outsourced Contact Center Services

225 North Main Street  
 Bristol, CT 06010  
 Ph 800.267.0686  
 Fax 860.589.9128

ALEX AND ANI, LLC  
 10 BRIGGS DRIVE  
 EAST GREENWICH, RI 02818

**Invoice**

Invoice Number: 0014320-IN

Invoice Date: 7/2/2021

Job Number:

Customer Number: 0000173

Customer P.O.: NONE

Terms: NET 15

Contact: DEB DICKIE

Description	Amount
CUSTOMER CONTACT CENTER SERVICES FOR THE MONTH OF JUNE 2021	
CUSTOMER SERVICE REPS 1,053.67 HOURS @ \$28.00/HOUR	29,502.76
PROGRAM MANAGER	5,000.00
ADDITIONAL MAY CSR HOURS 8.00 HOURS @ \$28.00/HOUR	224.00
<p>received \$24,308.73 Money Transfer                      for this Invoice on 7/1/21</p> <p>Balance Due = 10,418.03</p> <p>Amount paid was for 6/10/21 - 6/30/21</p> <p>Amount un-paid was for 6/1/21 - 6/9/21</p>	

**Please Remit Payment To:** American Customer Care, Inc.  
 225 North Main Street, Suite 500  
 Bristol, CT 06010

Net Invoice: 34,726.76  
 Sales Tax: 0.00  
**Invoice Total: 34,726.76**

	23-May	24-May	25-May	26-May	27-May	28-May	29-May	30-May	31-May	1-Jun	2-Jun	3-Jun	4-Jun	5-Jun
<b>Ames, Ashley</b>	-	8.10	1.70	8.00	-	8.02	8.17	-	-	8.03	8.00	-	5.22	8.02
<b>Braxton, Domonique</b>	-	-	8.18	7.93	8.27	8.25	7.88	-	-	8.32	5.43	8.07	8.18	8.17
<b>Dobbs, Riley</b>	-	8.00	-	8.00	7.10	7.98	8.05	-	-	-	8.03	8.00	6.52	8.03
<b>Greenwood, Kyle</b>	-	8.00	8.12	8.03	8.03	-	8.03	-	-	8.05	8.02	8.25	-	8.07
<b>Happle, Heather</b>	-	2.08	2.07	2.07	2.00	-	8.07	-	-	2.05	2.07	2.00	-	8.08
<b>Long, Jacob</b>	-	8.13	-	7.97	8.12	8.03	8.07	-	-	-	8.02	8.10	8.02	7.88
<b>Schabacker, Bethany</b>	-	8.02	7.98	8.05	8.10	3.53	-	-	-	7.98	8.03	8.03	7.98	-
		42.33	28.05	50.05	41.62	35.82	48.27	0.00	0.00	34.43	47.60	42.45	35.92	48.25

454.78

	6-Jun	7-Jun	8-Jun	9-Jun	10-Jun	11-Jun	12-Jun	13-Jun	14-Jun	15-Jun	16-Jun	17-Jun	18-Jun	19-Jun
<b>Ames, Ashley</b>	-	8.03	8.03	8.22	-	8.03	8.02	-	8.12	8.05	8.03	-	8.02	8.03
<b>Braxton, Domonique</b>	-	-	8.23	-	-	-	-	-	-	8.00	8.20	8.18	8.15	-
<b>Dobbs, Riley</b>	-	8.02	-	-	8.00	8.00	8.00	-	8.00	-	8.00	8.05	8.00	6.50
<b>Greenwood, Kyle</b>	-	8.07	8.03	8.15	8.12	-	8.08	-	8.10	8.07	8.12	8.07	-	8.05
<b>Happle, Heather</b>	-	2.07	2.02	2.10	1.67	-	8.08	-	2.15	2.18	2.05	2.07	-	6.58
<b>Long, Jacob</b>	-	8.02	-	7.97	8.03	8.13	4.38	-	8.03	-	8.02	8.02	8.00	8.07
<b>Schabacker, Bethany</b>	-	8.12	8.07	8.15	8.05	8.10	-	-	8.07	8.10	8.00	8.07	8.12	0.00
		42.32	34.38	34.58	33.87	32.27	36.57	-	42.47	34.40	50.42	42.45	40.28	37.23

461.23

	20-Jun	21-Jun	22-Jun	23-Jun	24-Jun	25-Jun	26-Jun	27-Jun	28-Jun	29-Jun	30-Jun	1-Jul	2-Jul	3-Jul
<b>Ames, Ashley</b>	-	8.03	8.02	8.03	-	8.03	8.03	-	8.02	7.98	8.03	-	-	-
<b>Braxton, Domonique</b>	-	-	8.30	8.10	8.18	8.22	8.23	-	-	8.12	8.25	-	-	-
<b>Dobbs, Riley</b>	-	8.00	-	8.00	8.00	8.03	8.12	-	8.00	-	8.00	-	-	-
<b>Greenwood, Kyle</b>	-	5.52	8.02	8.05	8.02	-	8.08	-	8.08	8.07	8.10	-	-	-
<b>Happle, Heather</b>	-	2.08	2.07	2.08	2.12	-	8.02	-	2.02	2.05	2.15	-	-	-
<b>Long, Jacob</b>	-	8.03	-	8.02	8.03	8.03	8.02	-	-	8.05	8.52	-	-	-
<b>Schabacker, Bethany</b>	-	8.12	8.12	8.17	8.18	7.97	-	-	8.13	8.08	8.07	-	-	-
		39.78	34.52	50.45	42.53	40.28	48.50	0.00	34.25	42.35	51.12	-	-	-

383.79

## Janet Orde

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**From:** Parry-Hildred, Valerie <VParry-Hildred@alexandani.com>  
**Sent:** Monday, July 19, 2021 2:02 PM  
**To:** Janet Orde  
**Cc:** Szymanski, Kathryn; John Sendley; Deleon, Caitlin; Stephanie Palladini  
**Subject:** RE: June Invoice

**Importance:** High

Hi Janet,

Thanks for your patience while we partnered with our finance team and navigate our recent Chapter 11 filing. The difference in amount paid vs owed, is due to our Bankruptcy filing on June 9<sup>th</sup>. Anything after June 9<sup>th</sup> would be paid in full and anything prior to June 9<sup>th</sup> becomes a prepetition claim. Please don't hesitate to reach out with any questions. Below is a link with more information for filing a prepetition claim.

If you have specific inquiries regarding claims or general information, you can go to the claim's agent website at <https://www.kccllc.net/alexandani>.

With (+) intent,

### VALERIE PARRY-HILDRED

HEAD OF SALES

### ALEX AND ANI

10 BRIGGS DRIVE  
EAST GREENWICH, RI 02818  
OFFICE: 401-633-1486

[WWW.ALEXANDANI.COM](http://WWW.ALEXANDANI.COM)

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**From:** Janet Orde <jorde@accare.com>  
**Sent:** Monday, July 19, 2021 11:37 AM  
**To:** Deleon, Caitlin <CDeleon@alexandani.com>  
**Cc:** Szymanski, Kathryn <kszymanski@alexandani.com>; DDickie\_FWD <DDickie@alexandani.com>; John Sendley <jsendley@accare.com>  
**Subject:** RE: June Invoice

Hi Caitlin,

We received your Money Transfer today for this invoice, but it was for \$24,308.73 and the invoice is for \$34,726.76. Could you please send payment for the balance of \$10,418.03 as soon as you have a chance?

Thanks,  
Janet

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**From:** Toribio, Caitlin <[ctoribio@alexandani.com](mailto:ctoribio@alexandani.com)>  
**Sent:** Tuesday, July 6, 2021 10:40 AM  
**To:** Janet Orde <[jorde@accare.com](mailto:jorde@accare.com)>  
**Cc:** Szymanski, Kathryn <[kszymanski@alexandani.com](mailto:kszymanski@alexandani.com)>  
**Subject:** RE: June Invoice

Hi Janet,

Hope you had a great 4<sup>th</sup>! I have passed this invoice along for payment.

Thank you,

With Positive (+) Intent,  
**Caitlin Toribio**  
Supervisor, Customer Experience  
**ALEX AND ANI** ♥  
P: 800.725.7822  
[WWW.ALEXANDANI.COM](http://WWW.ALEXANDANI.COM)

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**From:** Janet Orde <[jorde@accare.com](mailto:jorde@accare.com)>  
**Sent:** Friday, July 2, 2021 3:45 PM  
**To:** DDickie\_FWD <[DDickie@alexandani.com](mailto:DDickie@alexandani.com)>  
**Cc:** Toribio, Caitlin <[ctoribio@alexandani.com](mailto:ctoribio@alexandani.com)>; Szymanski, Kathryn <[kszymanski@alexandani.com](mailto:kszymanski@alexandani.com)>  
**Subject:** June Invoice

Hello,

Attached is your June invoice. Please let me know if you have any questions.

Thanks, and have a Happy 4<sup>th</sup> of July!

Janet Orde  
Accounting Administrator  
American Customer Care, Inc.  
[jorde@accare.com](mailto:jorde@accare.com)  
860-589-4222