

Fill in this information to identify the case:

Debtor 1 Nuvectra Corporation

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Texas

Case number 19-43090

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. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of 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. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? Brian Schulz
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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Brian Schulz</u> Name <u>1408 Turin Drive</u> Number Street <u>Longmont</u> <u>CO</u> <u>80503</u> City State ZIP Code Contact phone <u>303-710-9684</u> Contact email <u>brianschulz@yahoo.com</u>	<u>Brian Schulz</u> Name <u>1408 Turin Drive</u> Number Street <u>Longmont</u> <u>CO</u> <u>80503</u> City State ZIP Code Contact phone <u>303-710-9684</u> Contact email <u>brianschulz@yahoo.com</u>

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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: _____

7. How much is the claim? \$ 11,192.65 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.
Commissions and unreimbursed expenses

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 amounts should match the amount in line 7.)

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Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

Fixed
 Variable

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)?

No

Yes. Check one:

Amount entitled to priority

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

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.

Part 3: Sign Below

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

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.

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

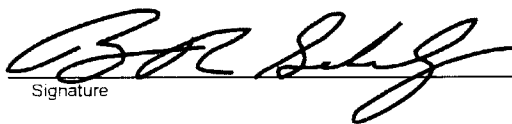
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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.

I have examined the information in this *Proof of Claim* and have a 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 12/10/2019
MM / DD / YYYY


Signature

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

Name Brian Robert Schulz
First name Middle name Last name

Title Creditor

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1408 Turin Drive
Number Street

Longmont CO 80503
City State ZIP Code

Contact phone 303-710-9684 Email brianschulz@yahoo.com

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Brian Schulz Unreimbursed Expenses

Manage Expenses

Manage Expenses

Reports for last 90 Days

Create New Report Import Expenses

Report Name	Report ID	Comments	Status	Payment Status	Report Date	Total	Requester Am...
11.13.19 ⚠ Report Audited by Concur Detect. Risk level low	146A8B8B1914C07B515	Your report has been audited. if you have any questions please contact audit.support@sap.com.	Approved	Sent for Payment	11/13/2019	\$65.10	\$65.10
11.11.19 ⚠ Report Audited by Concur Detect. Risk level low	1CC7C86AABDA4A3FB	Your report has been audited. if you have any questions please contact audit.support@sap.com.	Approved	Sent for Payment	11/11/2019	\$94.76	\$94.76
11.15.19 ⚠ Report Audited by Concur Detect. Risk level low	21E5E199807411C5603	Your report has been audited. if you have any questions please contact audit.support@sap.com.	Approved	Sent for Payment	11/07/2019	\$49.14	\$49.14
11.4.19 ⚠ Report Audited by Concur Detect. Risk level high ⚠ This report has one or more entry level exceptions.	1C58E09B7A2744D88198	Your report has been audited. if you have any questions please contact audit.support@sap.com.	Approved	Sent for Payment	11/01/2019	\$1,319.74	\$1,319.74
10.25.19 ⚠ Report Audited by Concur Detect. Risk level low	E0BCF107DA8540D0B	Your report has been audited. if you have any questions please contact audit.support@sap.com.	Approved	Sent for Payment	10/24/2019	\$895.55	\$895.55

- Not reimbursed for 10/25/19, 11/4/19, 11/15/19, 11/11/19, and 11/13/19 expense reports (detailed above)
 - \$895.55 + \$1319.74 + \$49.14 + \$94.76 + \$66.10 = \$2,425.29
- Not paid \$8,767.36 in earned commissions (attached pay stub).
- Total owed = \$2,425.29 + \$8,767.36 = \$11,192.65

5830 Granite Parkway
 Suite 1100
 Plano, TX 75024
 1688372-1
 11/22/2019

NON-NEGOTIABLE

PAY TO THE ORDER OF Brian Schulz
 1408 Turin Dr
 Longmont, CO 80503

NET \$2,264.43

TWO THOUSAND TWO HUNDRED SIXTY-FOUR & 43/100*** DOLLARS

Type	Calculation	Amount
Direct Deposit	Balance	\$2,264.43

Check Date: 11/22/2019 Period Start: 11/11/2019 Federal W/H: M-5
 Employee ID: 86593 Period End: 11/12/2019 State W/H: CO-M-8

EARNINGS					TAXES			DEDUCTIONS		
Type	Hours	Rate	Current	YTD	Type	Current	YTD	Type	Current	YTD
Employee					Federal			Employee Cost		
Additional Regular	0.00	\$0.00	\$0.00	(\$8,767.36)	Medicare	\$0.00	\$4,835.20	401K Roth	\$0.00	\$19,000.00
Auto Allowance	0.00	\$0.00	\$0.00	\$6,840.00	Medicare Additional	\$0.00	\$1,201.15	Dental	\$0.00	\$617.76
Bonus	0.00	\$0.00	\$0.00	\$25,000.00	Social Security	\$0.00	\$8,239.80	Health Savings Account	\$0.00	\$3,600.00
Commission	0.00	\$0.00	\$0.00	\$174,338.02	State-CO	\$0.00	\$11,527.00	Medical	\$0.00	\$3,072.00
Expense Reimbursement	0.00	\$2,264.43	\$2,264.43	\$48,535.05	State-IA	\$0.00	\$3,940.47	Restrict Stock	\$0.00	\$2,110.85
GTL	0.00	\$0.00	\$0.00	\$43.89	Totals	\$0.00	\$90,279.10	Vision	\$0.00	\$159.12
Non Payable Taxable Income	0.00	\$0.00	\$0.00	\$150.00				Vol. Life & AD&D	\$0.00	\$167.28
Salary	0.00	\$0.00	\$0.00	\$138,461.75				Totals	\$0.00	\$28,727.01
Stock Purchase - Imputed (supp. tax rate)	0.00	\$0.00	\$0.00	\$4,844.70				Employer Paid Cost		
Total	0.00		\$2,264.43	\$389,446.05				401K Roth	\$0.00	\$3,621.99
								Dental	\$0.00	\$743.76
								Medical	\$0.00	\$17,118.00
								Totals	\$0.00	\$21,483.75

Hours Detail		Benefit Type	Current Pay Period			Year-to-date		
Hour Type	Hours		Begin Balance	Used	Earned	Ending Balance	Used	Earned
Total	0.00	Floating Holidays - Cannot be used for sick time & must be used as a whole day	0.0000	0.0000	0.0000	0.0000	3.0000	3.0000
		PTO	114.4610	0.0000	0.0000	114.4610	104.0000	218.4610