

FILED
U.S. BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS

2019 DEC 23 PM 12:15

CLERK, U.S. BANKRUPTCY COURT

BY _____ DEPUTY CLERK

Fill in this information to identify the case:

Debtor 1 Nuvector Corporation

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: E. District District of Texas

Case number 19-43090

Official Form 410

Proof of Claim

04/16

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? Ascensus
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?
Ascensus
Name
415 8th Ave. NE
Number Street
Brainerd MN 56401
City State ZIP Code
Contact phone 218-855-6070
Contact email janel.love@ascensus.com

Where should payments to the creditor be sent? (if different)
Name _____
Number Street _____
City State ZIP Code _____
Contact phone _____
Contact email _____

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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:

PS 227558

7. How much is the claim? \$ 4,936.95 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.

services performed

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.)

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: _____

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

No

Yes. Check one:

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- Up to \$2,850* 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 \$12,850*) 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)LJ that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

n&IE 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 acknowledgment 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 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 17 2019
MM / DD / YYYY

Janel Loven
Signature

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

Name Janel Loven
First name Middle name Last name

Title Sr. Collection Specialist

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

Address 415 8th Avenue NE
Number Street

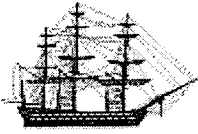
Brainerd MN 56401
City State ZIP Code

Contact phone 218-855-6070 Email janel.loven@ascensus.com

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Vanguard®

Invoice Date: 10/28/19
 Customer Number: PS227558
 Invoice Number: PI-01211117

Payment Amount: **\$4,936.95**

TERMS: Due upon receipt

Detach this portion and return with payment to:

S MCGILLICUDDY, BONNIE SCHMIDT
 NUVECTRA CORPORATION
 5830 GRANITE PARKWAY STE 1100
 PLANO TX 75024

Vanguard
c/o Ascensus
P.O. Box 28067
New York NY 10087

Services Provided

Item Description	Comments	Quantity	Amount
RECORDKEEPING-QTR PARTICIPANTS	For the period 07/01/2019 to 09/30/2019	281	\$5,341.25
**ADMINISTRATIVE FEE CREDIT		1-	\$404.30-

Sales Tax: \$0.00

Invoice Total: \$4,936.95

The Recordkeeping Credit (if applicable) is applied up to the amount of the RECORDKEEPING-QTR PARTICIPANTS. The Administrative Fee Credit Account balance can be viewed by logging into SSN: 989-89-8989 from the Plan Sponsor website.

Invoice Date: **10/28/19**

Invoice No: **PI-01211117**

For billing inquiries:

Phone: 866-794-2268
 Fax: 215-648-4888

Please Send Payment To:

Vanguard
c/o Ascensus
P.O. Box 28067
New York, NY 10087