

FILED
2020 FEB 28 PM 1:59
CLERK, U.S. BANKRUPTCY COURT
BY _____

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? Carl N Mosley
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)

<p>Where should notices to the creditor be sent?</p> <p><u>Carl N Mosley</u> Name <u>3954 Sunset Cove Dr.</u> Number Street <u>Port Orange FL 32129</u> City State ZIP Code Contact phone <u>254-371-9085</u> Contact email <u>mosleytaicho@gmail.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>Carl N Mosley</u> Name <u>3954 Sunset Cove Dr.</u> Number Street <u>Port Orange FL 32129</u> City State ZIP Code Contact phone <u>254-371-9085</u> Contact email <u>mosleytaicho@gmail.com</u></p>
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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? _____

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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: 3847

7. How much is the claim? \$ 2880.00. 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.)

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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)?

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 one:
- | | |
|---|---|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | Amount entitled to priority
\$ _____ |
| <input type="checkbox"/> 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). | \$ _____ |
| <input checked="" type="checkbox"/> 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). | \$ <u>2880.00</u> |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> 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).

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.

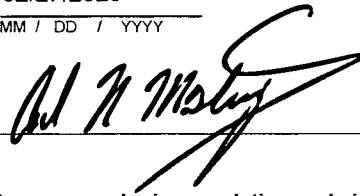
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 02/27/2020
MM / DD / YYYY

Signature



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

Name	<u>Carl</u>	<u>Nicholas</u>	<u>Mosley</u>
	First name	Middle name	Last name

Title Software Engineer

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

Address 3954 Sunset Cove Dr.

Number	Street	FL	32129
<u>Port Orange</u>			

City	State	ZIP Code
<u>Port Orange</u>	<u>FL</u>	<u>32129</u>

Contact phone	<u>254-371-9085</u>	Email	<u>mosleytaicho@gmail.com</u>
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KURTZMAN CARSON CONSULTANTS

Clerk of Courts,

I have filled out two Proof of Claims forms due to not including invoice 191 in the Nuvectra Corporation chapter 11 claims I have filed on Jan 21 2020. I am unsure how it would best suit the court to process this paperwork and as such I have attached Proof of Claim form with documentation to amend the previously sent claim. I have also sent Proof of Claim form simply adding the invoice that I missed. I leave it up to the court to decide weather it is best to either amend the previous form for the full amount of \$7120.60 or add the invoice to the previous claim already filed \$2880.00 + \$4240.60. Thank you in regards to this matter.

Carl N. Mosley
3954 Sunset Cove Dr.
Port Orange FL 32129
254-371-9085
Creditor

Nuvectra Denver

Carl Mosley Time Sheet

Day	Date	Hours	Task Description
Monday	14-Oct	8	PPC C2B PPC Logging
Tuesday	15-Oct	8	PPC C2B PPC Logging
Wednesday	16-Oct	8	PPC C2B PPC Software docs
Thursday	17-Oct	8	PPC C2B PPC Logging
Friday	18-Oct	8	Training /PPC C2B / documentation
Saturday	19-Oct		
Sunday	20-Oct		
Monday	21-Oct	8	PPC C2B PPC Software docs
Tuesday	22-Oct	8	PPC C2B PPC Software docs
Wednesday	23-Oct	8	PPC C2B PPC Logging
Thursday	24-Oct	8	PPC C2B PPC Software docs
Friday	25-Oct	8	PPC C2B Documentation feedback
Saturday	26-Oct		
Sunday	27-Oct		

Total Hours	Rate	Pay
80	\$36.00	\$2,880.00

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LOCAL BRANCH
Nuvectra
105 Edgeview Suite 160
Broomfield, CO 80021

Contractor Name
Carl Mosley

Contractor Signature

Date Signed
10/27/19

I hereby certify that the hours shown here were worked during the week ending designated above and will be approved by an authorized staff of Nuvectra Denver.

Expenses	
Flight	\$0.00
Car	\$0.00
Rideshare	\$0.00
Total Expense	\$0.00
Grand Total	\$2,880.00
Federal	\$403.20
Social	\$115.20
Medicare	\$43.20
Total Tax	\$561.60