

Fill in this information to identify the case:

Debtor 1 Starry Inc

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of Delaware

Case number 23-10219

Official Form 410
Proof of Claim

04/22

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? Atlantic Fasteners CO. LLC
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)			
Name <u>Claire Smrekar</u>				Name _____			
Number <u>1</u> Street <u>Applied Plaza</u>				Number _____ Street _____			
City <u>Cleveland</u> State <u>OH</u> ZIP Code <u>44115</u>				City _____ State _____ ZIP Code _____			
Contact phone <u>(216) 426-4136</u>				Contact phone _____			
Contact email <u>appliedcreditor@applied.com</u>				Contact email _____			

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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231021923030900000000013

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? \$ 5,353.54 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.

Goods Sold

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:

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).

Amount entitled to priority

\$ _____

☐ Up to \$3,350* 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 \$15,150*) 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 4/01/25 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.

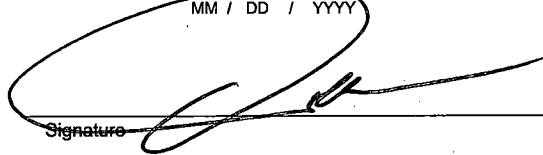
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 2/27/2023

MM / DD / YYYY

Signature 

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

Name

Dave
First name

Middle name

Wells
Last name

Title

Vice President

Company

Atlantic Fasteners Co., LLC

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

Address

1 Applied Plaza
Number Street

Cleveland
City

OH
State

44115
ZIP Code

Contact phone

(216) 426-4136

Email

appliedcreditor@applied.com

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**ATLANTIC[®]
FASTENERS**

An Applied MSS™ company

Invoice Reprint

AS9120 certified

 REMIT TO
P.O. BOX 1068
AGAWAM, MA 01001

BILL TO

 105673
STARRY
38 CHAUNCY STREET
SUITE 200
BOSTON, MA 02111

SHIP TO

 STARRY INC
C/O OMNI LOGISTICS
4801 FREIDRICH
#250 (BUILDING 3)
AUSTIN, TX 78744

INVOICE # 10653020	ORDER NUMBER 1744473-	DATE 10/04/22	SHIP DATE 10/04/22	PAGE 1 OF 1	LOCATION 01 AGAWAM, MA 01001
WRITTEN BY DIANE MCDONALD		SALES REP BJH	PAYMENT TERMS 1% 10 DAYS NET 30 DAYS		SHIP VIA UPS COLL GND
ORDER DATE 07/21/22	CONTACT JOSE RAPOSO		CUSTOMER P/O NUMBER PO32499		CUSTOMER RELEASE #

ORDER LINE	PRODUCT/DESCRIPTION	QUANTITY OPEN	QUANTITY SHIPPED	QUANTITY BACKORDERED	PRICE	U/M	EXTENSION
1	CPN-500-00698 1/4" THUMBSCREW 1 1/2" BLACK 1/4-20 X 1 1/4 S/S SCREW * DELIVERY 11-13 WORK WEEKS ARO NRNC	6000	6000	0	89.2256	C	5,353.54
							6NOB907B2520125S

Note:

 Quantities of Special Ordered items may
vary +/- 10% due to manufacturers discretion

All Invoices are to be Paid in USD \$\$ IF PAID BY 10/14/22 DEDUCT 53.54

MERCHANDISE TOTAL	HANDLING	MISC CHARGE	TAX	FREIGHT	DEPOSIT AMOUNT	DEPOSIT APPLIED	INVOICE TOTAL
5,353.54	0.00	0.00	0.00	0.00	0.00	0.00	5,353.54