

Fill in this information to identify the case:

Debtor Starry Group Holdings, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

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 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. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Arlington County Treasurer</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Arlington County Treasurer Arlington County Treasurer 2100 Clarendon Blvd, Ste 217 Arlington, VA 22201 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should payments to the creditor be sent? (if different) Contact phone <u>7032284816</u> Contact email <u>See summary page</u>
	Contact phone _____ Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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: 9616

7. How much is the claim?

\$ 16098.03

. 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.

Business Taxes

9. Is all or part of the claim secured?

☐ No

☒ Yes. The claim is secured by a lien on property.

Nature or 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: Business Tangible Taxes

Basis for perfection: VA Code sec.58.1-3842c

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: \$ 24000

Amount of the claim that is secured: \$5637.66

Amount of the claim that is unsecured: \$ 10460.37 (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) 10 %

☒ 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 all that apply:

☐ 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).

\$ 10460.37

☐ 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.

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 03/22/2023
MM / DD / YYYY

/s/Amber Shuman
Signature

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

Name Amber Shuman
First name Middle name Last name

Title Court Collections Coordinator

Company Arlington County Treasurer
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 480-0830 | International (781) 575-2040

Debtor: 23-10219 - Starry Group Holdings, Inc. District: District of Delaware		
Creditor: Arlington County Treasurer Arlington County Treasurer 2100 Clarendon Blvd, Ste 217 Arlington, VA, 22201 Phone: 7032284816 Phone 2: Fax: Email: treasurercompliance@arlingtonva.us	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Business Taxes	Last 4 Digits: Yes - 9616	Uniform Claim Identifier:
Total Amount of Claim: 16098.03	Includes Interest or Charges: Yes	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(8): 10460.37	
Has Secured Claim: Yes: 5637.66 Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Other Describe: Business Tangible Taxes Value of Property: 24000 Annual Interest Rate: 10%, Fixed Arrearage Amount: Basis for Perfection: VA Code sec.58.1-3842c Amount Unsecured: 10460.37	
Submitted By: Amber Shuman on 22-Mar-2023 4:28:22 p.m. Eastern Time Title: Court Collections Coordinator Company: Arlington County Treasurer		



CARLA DE LA PAVA
TREASURER

ARLINGTON COUNTY, VIRGINIA

OFFICE OF THE COUNTY TREASURER

LITIGATION DIVISION

2100 CLARENDON BLVD., SUITE 217

ARLINGTON, VA 22201

703-228-4816 FAX 703-228-7439



CHRISTOPHER J. SADOWSKI
DEPUTY TREASURER

Statement of Account

STARRY INC
38 CHAUNCEY ST STE 200
BOSTON MA 02111-2301

Case Number: 2310219

Chapter: Chapter 11

Business Tangible

Period	Tax	Penalty	Interest	Balance
31-Dec-2020	\$1,210.15	\$121.02	\$0.00	\$1,331.17
31-Dec-2021	\$813.10	\$81.31	\$0.00	\$894.41
31-Dec-2022	\$1,624.80	\$162.48	\$0.00	\$1,787.28
Totals	\$3,648.05	\$364.81	\$0.00	\$4,012.86
Priority	\$0.00	\$0.00	\$0.00	\$0.00
Secured	\$3,648.05	\$364.81	\$0.00	\$4,012.86
Unsecured	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL PRIORITY:	\$0.00
TOTAL SECURED:	\$4,012.86
TOTAL UNSECURED:	\$0.00
TOTAL LIABILITY OWED TO ARLINGTON COUNTY:	\$4,012.86



CARLA DE LA PAVA
TREASURER

ARLINGTON COUNTY, VIRGINIA

OFFICE OF THE COUNTY TREASURER

COMPLIANCE DIVISION

2100 CLARENDON BLVD., SUITE 217

ARLINGTON, VA 22201

703-228-4816 FAX 703-228-7439



CAROLYN H. MEADOWS
DEPUTY TREASURER

Statement of Account

Business License

Account Id BLC-1001238262-02

	Tax	Penalty	Interest	Other	Credit	Balance
12/31/2019	\$1,434.56	\$0.00	\$0.00	\$0.00	-\$1,434.56	\$0.00
12/31/2020	\$5,990.75	\$599.07	\$137.93	\$25.00	-\$6,752.75	\$0.00
12/31/2021	\$5,990.75	\$599.08	\$82.35	\$25.00	-\$6,697.18	\$0.00
12/31/2022	\$10,460.37	\$1,046.04	\$43.60	\$25.00	-\$11,575.01	\$0.00
12/31/2023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$23,876.43	\$2,244.19	\$263.88	\$75.00	-\$26,459.50	\$0.00

DLN: L0166397568

In order to credit your account properly, **Balance Due: \$0.00**
return this portion with your payment

CARLA DE LA PAVA
ARLINGTON COUNTY TREASURER
PO Box 1756
Merrifield, VA 22116-1756

1001238262

March 21, 2023
Business License

DLN: L0166397568

Id: VOU1231999PRD

Balance Due: \$0.00

Amount Enclosed: _____

Media Number: _____



STARRY INC
38 CHAUNCY ST STE 200
BOSTON MA 02111-2301

THIS IS NOT A BILL

Arlington County Treasurer
PO Box 1754
Merrifield, VA 22116-1754

VOU1231999PRD0