

## Fill in this information to identify the case:

Debtor Starry, Inc.

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

Case number 23-10220

# 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>Delta Electronics USA Inc.</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?	<b>Where should notices to the creditor be sent?</b> Delta Electronics USA Inc. Coface North America Insurance Company 650 College Road East, Suite 2005 Princeton, NJ 08540, United States  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should payments to the creditor be sent? (if different)</b>  Contact phone <u>609-694-9823</u> Contact email <u>amy.schmidt@coface.com</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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Who made the earlier filing? _____	



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<b>6. Do you have any number you use to identify the debtor?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>0314</u> <u>    </u> <u>    </u>
<b>7. How much is the claim?</b> \$ <u>26913.94</u>	<b>Does this amount include interest or other charges?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
<b>8. What is the basis of the claim?</b>	<p>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.</p> <p><u>Goods Sold</u></p>
<b>9. Is all or part of the claim secured?</b>	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature or property:</b> <div><input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.</div><div><input type="checkbox"/> Motor vehicle</div><div><input type="checkbox"/> Other. Describe: _____</div></div> <div><b>Basis for perfection:</b> _____ 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.)</div> <div><b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)</div> <div><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</div> <div><b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
<b>10. Is this claim based on a lease?</b>	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b>    \$ _____</div>
<b>11. Is this claim subject to a right of setoff?</b>	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Identify the property: _____</div>



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).

\$ \_\_\_\_\_

☐ 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 03/27/2023  
MM / DD / YYYY

/s/Amy Schmidt  
Signature

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

Name Amy Schmidt  
First name Middle name Last name

Title agent

Company Coface North America Insurance Company  
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

<b>Debtor:</b> 23-10220 - Starry, Inc. <b>District:</b> District of Delaware		
<b>Creditor:</b> Delta Electronics USA Inc. Coface North America Insurance Company 650 College Road East, Suite 2005  Princeton, NJ, 08540 United States <b>Phone:</b> 609-694-9823 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> amy.schmidt@coface.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> Yes <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b>	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Goods Sold	<b>Last 4 Digits:</b> Yes - 0314	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 26913.94	<b>Includes Interest or Charges:</b> Yes	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Amy Schmidt on 27-Mar-2023 11:46:00 a.m. Eastern Time <b>Title:</b> agent <b>Company:</b> Coface North America Insurance Company		

# Statement of Account 1 ( 1 )

2303080314



Print Date 03/27/2023  
Balance Date 03/27/2023  
Customer Id S0052103

## Customer Address

STARRY INC.  
38 CHAUNCY STREET SUITE 200,  
BOSTON  
MA 02111

Delta Electronics (USA) Inc.  
2925 E. Plano Pkwy.  
Plano, TX 75074  
UNITED STATES  
Phone: +1 469 330-9100  
Fax: +1 972 881 5330  
Internet: www.eltek.com

Invoice No	Reference No	Invoice Date	Due Date	Customer PO	Open Amount	Curr
	UNPAID TAXES	12/05/2022	12/05/2022	UNPAID TAXES	873.26	USD
9118283373	9118283373	09/09/2022	10/09/2022	PO29024	16,668.00	USD
9118286847	9118286847	10/06/2022	11/05/2022	PO31966	8,703.30	USD
9118289192	9118289192	10/29/2022	11/28/2022	PO29508	669.38	USD
Balance As Of 03/27/2023					26,913.94	USD

Not Due	Past Due 1 - 30 Days	Past Due 31 - 60 Days	Past Due 61 - 90 Days	Due more than 90 Days	Currency
0.00	0.00	0.00	0.00	26,913.94	USD

Remit Address  
2925 E. Plano Pkwy.  
Plano, TX  
75074  
UNITED STATES

ACH/Wire Information  
Provided upon Request

Phone: +1 469 330-1594  
Fax: +1 972 881 5330  
Internet: www.eltek.com  
www.deltaww.com

# INVOICE

1 ( 1 )

**Invoice Number** 9118283373  
**Invoice Date** 09/09/2022  
**Our Reference** CODY DUTCHER  
**Order Date** 03/03/2022

**Purchase Order#** PO29024  
**Order Number** 5111789249  
**Your Reference**  
**Customer Number** S0052103

**Delta Electronics (USA) Inc.**  
 2925 E. Plano Pkwy.  
 Plano, TX 75074  
 UNITED STATES  
**Phone:** +1 469 330-9100  
**Fax:** +1 972 881 5330  
**Internet:** www.eltek.com

**Invoice Address**  
 STARRY INC.  
 38 CHAUNCEY STREET SUITE 200,  
 BOSTON MA 02111  
**VAT No.**

**Delivery Address**  
 Starry,inc. c/o OMNI Logistics  
 4801 FREIDRICH #250 (BUILDING 3)  
 AUSTIN TX 78744

**Forward Agent**

**Real Ship Date**  
 09/09/2022

**Terms of Delivery**

FOB Origin

**Due Date**

Up to 10/09/2022 without deduction

**Label Note** PO

**Ship Via**  
 UPS Ground

**Terms of Payment**  
 Net 30 Days  
**Payment Reference**  
 9118283373

**Label Note** CO

Pos	Part Number	Description	Sales Quantity	Unit	Sales Unit Price	Discount	Price Total(USD)
10	241122.125	FLATPACK S 48/1800 HE 700-00084	36	PCE	330.00	0%	11,880.00
20	340575	TEMP PROBE NO RING TERMINAL, 10 FT 700-00639	15	PCE	52.40	0%	786.00
30	SPS-FPS200-A01-VV	CONTROLLER SPS FPS 48V 200A 50MV DRY 700-00487	7	PCE	384.00	0%	2,688.00

=====

<b>Sub Total Amount</b>	<b>15,354.00</b>
<b>Freight</b>	<b>43.69</b>
=====	
<b>Net Amount</b>	<b>15,397.69</b>
<b>Total Tax</b>	<b>1,270.31</b>

=====

**Invoice Amount to Pay** **16,668.00**

Kevin Clerkin  
 Supply Chain Operations Specialist  
 Starry, Inc.  
 (617) 640-0677  
 KCLERKIN@STARRY.COM

All invoices with PO's listed should be sent to ap@starry.com and kclerkin@starry.com

**Tracking Information**

Delivery No	Ship Date	Ship Via	Tracking No	Terms of Delivery
8112321545	09/10/2022	UPS GROUND	1Z44TT650301291635	FOB
8112321545	09/10/2022	UPS GROUND	1Z44TT650301291644	FOB

**Remit Address**  
 2925 E. Plano Pkwy.  
 Plano, TX  
 75074  
 UNITED STATES

**ACH/Wire Information**  
 Provided upon Request

**Phone:** +1 469 330-1594  
**Fax:** +1 972 881 5330  
**Internet:** www.eltek.com  
 www.deltaww.com

# INVOICE

1 ( 1 )

Invoice Number 9118286847  
Invoice Date 10/06/2022  
Our Reference CODY DUTCHER  
Order Date 06/29/2022

Purchase Order# PO31966  
Order Number 5111852763  
Your Reference  
Customer Number S0052103

Delta Electronics (USA) Inc.  
2925 E. Plano Pkwy.  
Plano, TX 75074  
UNITED STATES  
Phone: +1 469 330-9100  
Fax: +1 972 881 5330  
Internet: www.eltek.com

Invoice Address  
STARRY INC.  
38 CHAUNCEY STREET SUITE 200,  
BOSTON MA 02111  
VAT No.

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

Forward Agent

Real Ship Date  
10/06/2022

Terms of Delivery

FOB Origin

Due Date

Up to 11/05/2022 without deduction

Label Note PO

Ship Via  
Others

Terms of Payment  
Net 30 Days  
Payment Reference  
9118286847

Label Note CO

Pos	Part Number	Description	Sales Quantity	Unit	Sales Unit Price	Discount	Price Total(USD)
10	323222	KIT: LPB060 BATTERY BOX 700-00813	30	PCE	268.00	0%	8,040.00

Sub Total Amount 8,040.00

Net Amount 8,040.00

Total Tax 663.30

Invoice Amount to Pay 8,703.30

Kevin Clerkin  
Supply Chain Operations Specialist  
Starry, Inc.  
(617) 640-0677  
KCLERKIN@STARRY.COM

All invoices with PO's listed should be sent to invoice@starry.com and kclerkin@starry.com

=====  
Please direct payment inquiries and any other questions to AP@starry.com

Remit Address  
2925 E. Plano Pkwy.  
Plano, TX  
75074  
UNITED STATES

ACH/Wire Information  
Provided upon Request

Phone: +1 469 330-1594  
Fax: +1 972 881 5330  
Internet: www.eltek.com  
www.deltaww.com

# INVOICE

1 ( 1 )

Invoice Number 9118289192  
Invoice Date 10/29/2022  
Our Reference CODY DUTCHER  
Order Date 03/23/2022

Purchase Order# PO29508  
Order Number 5111806188  
Your Reference  
Customer Number S0052103

Delta Electronics (USA) Inc.  
2925 E. Plano Pkwy.  
Plano, TX 75074  
UNITED STATES  
Phone: +1 469 330-9100  
Fax: +1 972 881 5330  
Internet: www.eltek.com

Invoice Address  
STARRY INC.  
38 CHAUNCEY STREET SUITE 200,  
BOSTON MA 02111  
VAT No.

Delivery Address  
STARRY INC.  
67 Kemble Street  
BOSTON MA 02119

Forward Agent

Real Ship Date

Terms of Delivery

FOB Origin

Due Date

Up to 11/28/2022 without deduction

Label Note PO

Ship Via  
Others

Terms of Payment

Net 30 Days

Payment Reference

9118289192

Label Note CO

Pos	Part Number	Description	Sales Quantity	Unit	Sales Unit Price	Discount	Price Total(USD)
10	TEMP000001	REPLACMNT FILTER FOR CABINETS TT018-00043-01	30	PCE	21.00	0%	630.00

Sub Total Amount 630.00

Net Amount 630.00

Total Tax 39.38

Invoice Amount to Pay 669.38

Kevin Clerkin  
Supply Chain Operations Specialist  
Starry, Inc.  
(617) 640-0677  
KCLERKIN@STARRY.COM

DN# 8112255210

Tracking: UPS# 1Z2Y97A40394244355

Remit Address  
2925 E. Plano Pkwy.  
Plano, TX  
75074  
UNITED STATES

ACH/Wire Information  
Provided upon Request

Phone: +1 469 330-1594  
Fax: +1 972 881 5330  
Internet: www.eltek.com  
www.deltaww.com



# DEBIT NOTE

Invoice Number 2420000018  
Invoice Date 12/05/2022  
Our Reference  
Order Date

Purchase Order Number  
Order Number  
Your Reference  
Customer Number S0052103

1 ( 1 )

Delta Electronics (USA) Inc.  
2925 E. Plano Pkwy.  
Plano, TX 75074  
UNITED STATES  
Phone: +1 469 330-9100  
Fax: +1 972 881 5330  
Internet: www.eltek.com

Invoice Address  
STARRY INC.  
38 CHAUNCY STREET SUITE 200,,  
BOSTON MA 02111  
UNITED STATES  
VAT No.

Delivery Address  
STARRY INC.  
38 CHAUNCY STREET SUITE 200,,  
BOSTON MA 02111  
UNITED STATES

Delivery Date  
12/05/2022

Terms of Payment Due Date  
Prepaid ( T/T in advance ) (for Term II96) 12/05/2022

Quantity	Description	Unit Price	Amount(USD)
1.000	UNPAID TAXES FOR 2019 AND 2020	873.2600	873.26
Invoice Amount to Pay			873.26

Remit Address  
2925 E. Plano Pkwy.  
Plano, TX  
75074  
UNITED STATES

ACH/Wire Information  
Provided upon Request

Phone: +1 469 330-1594  
Fax: +1 972 881 5330  
Internet: www.eltek.com  
www.deltaww.com