

Fill in this information to identify the case:

Debtor 1 VER Technologies Holding, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of Delaware

Case number 18-10834 (KG)

RECEIVED
MAY 21 2018

KURTZMAN CARSON CONSULTANTS

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? 4Wall Entertainment, Inc.
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>4Wall Entertainment, Inc.</u> Name <u>9525 Berger Rd., Suite G</u> Number Street <u>Columbia MD 21046</u> City State ZIP Code Contact phone <u>702-263-3858</u> Contact email <u>eleone@4wall.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name <u>3165 West Sunset Rd. Ste 100</u> Number Street <u>Las Vegas NV 89118</u> City State ZIP Code Contact phone <u>Erin Leone</u> Contact email <u>eleone@4Wall.com</u></p>
--	--

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: _____

7. How much is the claim? \$ 939.00. 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.
Rental of Theatrical Lighting equipment

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.)

RECEIVED
 MAY 21 2018

KURTZMAN CARSON CONSULTANTS

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: _____

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)() 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.

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 05/14/2018
MM / DD / YYYY



Signature

RECEIVED
MAY 21 2018

KURTZMAN CARSON CONSULTANTS

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

Name Erin Leone
First name Middle name Last name

Title Credit Manager

Company 4Wall Entertainment, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 3165 West Sunset Rd., Suite 100
Number Street
Las Vegas, NV 89118
City State ZIP Code

Contact phone 702-263-3858 Email eleone@4Wall.com



*Large Enough to Service...
Small Enough to Care.®*

To whom it may concern,

I'm not sure if these forms are all correct. I had six locations to file.

If you have any problems, please feel free to contact me at any time.

Sincerely,

Erin Leone

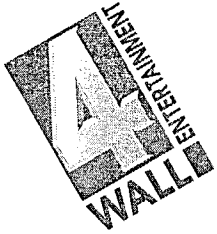
C/O 4Wall Entertainment. Inc.

3165 West Sunset Rd.

Suite 100

Las Vegas, NV 89118

702-263-3858



Billing Statement

Date: 05/14/2018

9525 BERGER ROAD
 SUITE G
 COLUMBIA, MD 21046 USA
 Phone: (410) 242-3322
 Fax: (410) 247-5589

Issued To

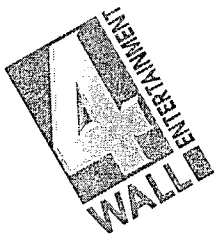
Statement Period: 04/26/2018 - 04/26/2018

VER DC
 ACCOUNTS PAYABLE
 912 RUBERTA AVE
 GLENDALE, CA 91201

Total Balance: 939.00

Date	Invoice No.	P.O. Number / Order Description	Amount	Credits	Balance
03/28/2018	D33801	P.O. No: 2005653 Order No: D53403 WEEKEND RENTAL L620 ADAPTERS	239.00	0.00	239.00
03/31/2018	D33870	P.O. No: 2004866 Order No: D53122 QQ CONNERS 03/12 03:26 PM	700.00	0.00	700.00

Total	Current	31-60	61-90	Over 90
939.00	0.00	939.00	0.00	0.00



Invoice

Invoice No: **D33801**
 Invoice Date: 03/28/2018

9525 BERGER ROAD
 SUITE G
 COLUMBIA, MD 21046 USA
 Phone: (410) 242-3322
 Fax: (410) 247-5589

Billed To

VER DC
 ACCOUNTS PAYABLE
 912 RUBERTA AVE
 GLENDALE, CA 91201

Order Details

Agent: MIKE GOLD Phone:
 Email: mgold@4wall.com
 Order: D53403 WEEKEND RENTAL L620 ADAPTERS
 Usage: 03/25/2018 - 03/26/2018
 Customer: D1243-VER DC
 Deal: D1240-VER DC
 Location: CLIENT PICK UP
 PO No: 2005653 Ref No:
 Ordered By:
 Phone No: (301) 731-9560 Fax: () -
 Terms: NET 25 DAYS

RENTAL

Description	From	To	Qty.
ADAPTER EDISON MALE / L6-20 FEMALE	03/25/18	03/26/18	32

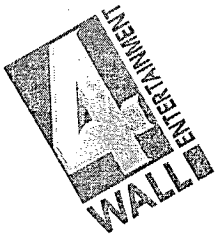
RENTAL TOTAL: 64.00

MISCELLANEOUS

Description	Qty.	Rate	Extended
SHOP OPENING WKND PER PERSON	1.00	175.00	175.00

MISCELLANEOUS TOTAL: 175.00

GRAND TOTAL: 239.00



Invoice

Invoice No: **D33870**
 Invoice Date: 03/31/2018

9525 BERGER ROAD
 SUITE G
 COLUMBIA, MD 21046 USA
 Phone: (410) 242-3322
 Fax: (410) 247-5589

Billed To

VER DC
 ACCOUNTS PAYABLE
 912 RUBERTA AVE
 GLENDALE, CA 91201

Order Details

Agent: MARK CONNERS Phone: (410) 242-3322
 Email: mconners@4wall.com
 Order: D53122 QQ CONNERS 03/12 03:26 PM
 Usage: 03/13/2018 - 03/19/2018
 Customer: D1243-VER DC
 Deal: D1240-VER DC
 Location:
 PO No: 2004866 Ref No:
 Ordered By: C HAWKINS
 Phone No: (301) 731-9560 Fax: () -
 Terms: NET 25 DAYS

RENTAL

Description	From	To	Qty.
LED COLOR FORCE 72" RGBA	03/13/18	03/19/18	4

RENTAL TOTAL: 700.00
GRAND TOTAL: 700.00