

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>4Imprint</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? <u>4Imprint</u> <u>25303 Network Place</u> <u>Chicago, IL 60673-1253</u> Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should payments to the creditor be sent? (if different) Contact phone <u>800-260-5606</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: 2642 ____

7. How much is the claim? \$ 565.69 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 or property:
☐ Real estate: If the claim is secured by the debtor's principle 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 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) _____ %
☐ 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).

\$ _____

☐ 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 04/23/2023
MM / DD / YYYY

/s/Megan Fibiger
Signature

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

Name Megan Fibiger
First name Middle name Last name

Title Customer Credit Manager

Company 4imprint, Inc
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: 4Imprint 25303 Network Place Chicago, IL, 60673-1253 Phone: 800-260-5606 Phone 2: Fax: 800-355-5043 Email: AccountsReceivableInterns@4imprint.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Goods sold	Last 4 Digits: Yes - 2642	Uniform Claim Identifier:
Total Amount of Claim: 565.69	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Megan Fibiger on 23-Apr-2023 6:51:47 p.m. Eastern Time Title: Customer Credit Manager Company: 4imprint, Inc		



101 Commerce St
PO Box 320
Oshkosh, WI 54901

www.4imprint.com

877-446-7746

800-355-5043

JORDAN KAVANAUGH
STARRY INTERNET
891 KENWICK RD
COLUMBUS OH 43209-3517

Shipping Address

Jordan Kavanaugh
Starry
4171 Arlingate Plaza
Suite 16
Columbus, OH 43228-4115
USA
Tel: (614) 379-1563

Invoice Number 10520026

Invoice Date October 24, 2022

Reference No

Account No. 5622642

Account Rep. Kayla Ripp

Our Order No. 23784030

Item		Frost Flex Cup - 10 oz.		Colors	(Cup,Trim): Frosted, Frosted	
Qty	Item #	Description		Unit \$	Price \$	Total \$
250	121317-10	Frost Flex Cup - 10 oz.		0.8700	217.50	217.50
1	Set-Up Charge	Set-Up Charge		40.0000	40.00	40.00
1	Coupon	Coupon Code		-25.0000	-25.00	-25.00
		Freight			10.53	10.53
					Tax	18.23
						261.26

Item	Value Lip Balm		Colors	(Tube,Flavor): White, Vanilla Mint		
Qty	Item #	Description	Unit \$	Price \$	Total \$	
250	8886	Value Lip Balm	0.8900	222.50	222.50	
1	Set-Up Charge	Set-Up Charge(Per Order Line)	50.0000	50.00	50.00	
		Freight		10.69	10.69	
				Tax	21.24	
					304.43	

Total Net 526.22

Total Tax 39.47

Grand Total 565.69

Total Due 565.69

Please ensure that payment is received by Nov 23 2022.



101 Commerce St
PO Box 320
Oshkosh, WI 54901

www.4imprint.com

877-446-7746

800-355-5043

Invoice Number	10520026	Account No.	5622642
Invoice Date	October 24, 2022	Account Rep.	Kayla Ripp
Your Order No.		Our Order No.	23784030

Thank You! We appreciate your business.

Any overruns you may have received are yours with our compliments.

- To ensure proper credit to your account, please quote "**10520026/5622642**" on your check or remittance.
- If you are not satisfied with your order, please call **1-800-300-0764**. All claims must be made within 5 days of receipt.
- Any questions regarding your invoice? Please call 1-800-982-8979. Our terms are Net 30.
- Please make checks payable to 4imprint, Inc.

4imprint Federal ID #39-1837105, GSA Contract # GS-07F-9626S. A Late Payment Charge based on maximum annual percentage allowed by your state law will be applied to this balance owed under this invoice when the invoice becomes past due. The purchaser agrees to pay all of the company's reasonable attorney's fees and any collection agency fees incurred in the collection of any amount owed hereunder and not paid when due. Purchaser agrees to pay any sales or use tax. No credit will be issued for returned merchandise without our consent. This invoice is a conditional acceptance by the seller of the buyer's offer to purchase seller's goods. It may contain terms which differ from or add to those contained in the buyer's purchase order, and to the extent that this is the case, the seller hereby expressly conditions its acceptance of the buyer's offer on the buyer's assent to the additional or different terms. The buyer's receipt and retention of the goods covered by this invoice constitutes acceptance of any such additional or different terms. The buyer and seller agree that any contract hereby entered into has been made and is to be construed according to our State Law.

To Pay Your Invoice Online Please Visit:

www.4imprint.com/payinvoice

To Remit By Check:

4imprint, Inc.

25303 Network Place

Chicago, IL 60673-1253