

**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**

<p><b>1. Who is the current creditor?</b></p>	<p><u>Adaptive Insights LLC, a Workday Company</u> Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor _____</p>	
<p><b>2. Has this claim been acquired from someone else?</b></p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>	
<p><b>3. Where should notices and payments to the creditor be sent?</b></p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p><b>Where should notices to the creditor be sent?</b></p> <p>See summary page</p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>Workday, Inc. PO Box 396106 San Francisco, CA 94139, USA</p>
	<p>Contact phone <u>602-351-8205</u></p> <p>Contact email <u>bcosman@perkinscoie.com</u></p>	<p>Contact phone <u>925-951-9522</u></p> <p>Contact email <u>accountsreceivable@workday.com</u></p>
	<p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	
<p><b>4. Does this claim amend one already filed?</b></p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY</p>	
<p><b>5. Do you know if anyone else has filed a proof of claim for this claim?</b></p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Who made the earlier filing? _____</p>	



**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? \$ 47,621.27. 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.  
Technical services and/or goods provided. See addendum attached.

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)?

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> 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 03/30/2023  
MM / DD / YYYY

/s/Alexander C. Robinson  
Signature

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

Name Alexander C. Robinson  
First name Middle name Last name

Title Senior Litigation Counsel

Company Adaptive Insights, LLC, a Workday Company  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2300 Geng Road, Suite 100, Palo Alto, CA, 94303, USA

Contact phone 877-967-5329 Email alenvander.robinson@workday



# 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> Adaptive Insights LLC, a Workday Company Perkins Coie LLP, Attn: Brad Cosman, Esq. 2901 N. Central Ave., Suite 2000  Phoenix, AZ, 85012 USA <b>Phone:</b> 602-351-8205 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> bcosman@perkinscoie.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> Creditor	
<b>Disbursement/Notice Parties:</b> Workday, Inc. PO Box 396106  San Francisco, CA, 94139 USA <b>Phone:</b> 925-951-9522 <b>Phone 2:</b>  <b>Fax:</b>  <b>E-mail:</b> accountsreceivable@workday.com <b>DISBURSEMENT ADDRESS</b>		
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Technical services and/or goods provided. See addendum attached.	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 47,621.27	<b>Includes Interest or Charges:</b> No	
<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> Alexander C. Robinson on 30-Mar-2023 10:41:54 a.m. Eastern Time <b>Title:</b> Senior Litigation Counsel <b>Company:</b> Adaptive Insights, LLC, a Workday Company		

**Optional Signature Address:**

Alexander C. Robinson  
2300 Geng Road, Suite 100

Palo Alto, CA, 94303  
USA

**Telephone Number:**  
877-967-5329

**Email:**  
[alenvander.robinson@workday.com](mailto:alenvander.robinson@workday.com)

**ADDENDUM TO PROOF OF CLAIM OF  
ADAPTIVE INSIGHTS, LLC, A WORKDAY COMPANY**

Adaptive Insights, LLC's proof of claim is based on the attached invoice totaling \$47,621.27.

Adaptive Insights, LLC expressly reserves the right to revise, supplement, or amend this Proof of Claim as necessary and appropriate.



**Adaptive Insights LLC**  
 2300 Geng Road  
 Suite 100  
 Palo Alto, CA 94303  
 United States of America  
 Federal Tax ID: 65-1188215  
 Tel: +1 (650) 528-7500

# INVOICE

**Invoice Number:** 136349  
**Invoice Date:** June 30, 2022  
**Due Date:** July 30, 2022  
**Terms:** Net 30  
**PO Number:**  
**Amount Due:** USD 47,621.27

**Bill To:**  
**Starry, Inc.**  
 38 Chauncy St Ste 200  
 Boston, MA 02111  
 United States of America

**Ship To:**  
**Starry, Inc.**  
 38 Chauncy St Ste 200  
 Boston, MA 02111  
 United States of America

Memo: Payment #2 per Quote Q-144239

Qty	Item Description	Invoice Line Memo	Amount
1	Integration Framework - Unlimited Systems		6,622.64
3	Full Seat for Planning and Analytics		4,050.00
7	Contributor Seat for Planning and Analytics		5,670.00
1	Planning & Analytics (includes up to 10 view seats)		24,172.64
1	Support - Standard (included)		0.00
1	OfficeConnect Base Fee (Regional)		4,304.72
Net Amount			44,820.00
Tax:			2,801.27
<b>Total</b>			<b>USD 47,621.27</b>

**Please Remit Payments To:**

**Via Electronic Funds Transfer (preferred):**

Beneficiary Name: Adaptive Insights LLC  
 Beneficiary Account: 4644736753  
 ABA: 121000248  
 SWIFT: WFBUS6S  
 Bank: Wells Fargo Bank, N.A.  
 Bank Address: 420 Montgomery Street,  
 San Francisco, CA 94104

Mail Checks To:  
 Adaptive Insights LLC  
 PO BOX 889115  
 Los Angeles, CA 90088-9115

Payments can be sent by courier (Fedex, UPS, etc) to:  
 Lockbox Services Box 399115  
 Adaptive Insights LLC  
 3440 Flair Dr.  
 El Monte, CA 91731

2022-06-30



3350 W. Bayshore Road  
Palo Alto, CA 94303  
650.528.7500  
adaptiveinsights.com

October 15, 2021

Re: Updated Check Remittance Address

To Our Valued Customer,

We would like to bring to your attention an important upcoming change to our remittance address for check payments. As November 8, 2021, please update your records to the following address for check payments. Please do not send checks to this updated address prior to November 8, 2021 as payments cannot be accepted until this date.

**Mail Checks To:**

Adaptive Insights  
PO Box 889115  
Los Angeles, CA 90088-9115

**For Overnight Express Check Payments:**

Lockbox Services - 399115  
Adaptive Insights  
3440 Flair Dr.  
El Monte, CA 91731

Please contact Accounts Receivable for any questions or concerns at [accounts.receivable@workday.com](mailto:accounts.receivable@workday.com).

Sincerely,  
Adaptive Insights, LLC