

Fill in this information to identify the case:

Debtor 1 _____
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court for the: _____ District of _____
 Case number _____

FILED
FEB 07 2018
 U.S. BANKRUPTCY COURT
 MIDDLE DISTRICT OF TN
 8:14am

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

FEIN 46-5307782

1. Who is the current creditor?
 Name of the current creditor (the person or entity to be paid for this claim) Symspire
 Other names the creditor used with the debtor Interactive Systems, Inc.

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)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Name <u>Symspire</u>	Name _____
Number <u>539</u> Street <u>Mainstream Drive</u>	Number _____ Street _____
City <u>Nashville</u> State <u>TN</u> ZIP Code <u>37228</u>	City _____ State _____ ZIP Code _____
Contact phone <u>(615) 627-3538</u>	Contact phone _____
Contact email <u>adaniels@symspire.com</u>	Contact email _____

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: 9 3 9 6

7. How much is the claim? \$ 192.00. 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.
Alarm monitoring services

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.)
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 01/29/2018

MM / DD / YYYY


Signature

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

Name Ashley C Daniels
First name Middle name Last name

Title office manager

Company Sympine
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 539 mainstream Dr.
Number Street

Nashville TN 37228
City State ZIP Code

Contact phone 615-627-3538 Email adaniels@sympine.com



INSPIRING INTELLIGENT LIVING
 539 MAINSTREAM DRIVE • NASHVILLE, TN 37228
 615 332 0093 PH • 615 332 0415 FX
 TN LIC. #C-0842
 TN LIC. DC #45935

<i>Invoice</i>	
Invoice Number 639467	Date 2/1/2018
Customer Number 19396	Due Date 2/1/2018

To: Auto Masters of Franklin
 1900 Columbia Ave
 Franklin, TN 37064

Remit To: Symspire
 539 Mainstream Dr
 Nashville, TN 37228

Amount Enclosed: _____ **Net Due: \$192.00** *Detach And Return Top Portion With Your Payment*

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Auto Masters of Franklin	19396		2/1/2018	2/1/2018

Quantity	Description	Rate	Amount
<i>Auto Masters of Franklin, 1900 Columbia Ave, Franklin, TN</i>			
3.00	Basic Monitoring	32.00	96.00
<i>Auto Masters of Franklin - Shop, 1902 Columbia Ave, Franklin, TN</i>			
3.00	Basic Monitoring	32.00	96.00
	Tax		0.00
	Payments/Credits Applied		0.00
Invoice Balance Due:			\$192.00

Date	Invoice #	Description	Amount	Balance Due
2/1/2018	639467	Contracted Services	\$192.00	\$192.00

Symspire

Test your system monthly!

539 Mainstream Dr
 Nashville, TN 37228
 (615) 332-0093
 Fax: (615) 332-0415

FEIN 46 5307782

