FORM B10 (Official Form 10) (4/01) PROOF OF CLAIM DISTRICT OF New York UNITED STATES BANKRUPTCY COURT Southern Case Number Name of Debtor 1511951 Airfasttickets, Inc. NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Check box if you are aware that Name of Creditor (The person or other entity to whom the debtor owes anyone else has filed a proof of money or property): claim relating to your claim. Attach TransPerfect Translations Adams Globalization copy of statement giving particulars. ☐ Check box if you have never Name and address where notices should be sent: received any notices from the TransPerfect Translations Adams Globalization bankruptcy court in this case. Check box if the address differs C/O MetroGroup, Inc. Attention: Lee from the address on the envelope 26 Broadway, Suite 933, New York, New York 10004 sent to you by the court. THIS SPACE IS FOR COURT USE ONLY Telephone number: 212-425-7774 Account or other number by which creditor identifies debtor: if this claim replaces Check here a previously filed claim, dated:___ ☐ amends 5241-0927 ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a) 1. Basis for Claim Wages, salaries, and compensation (fill out below) ☐ Goods sold Services performed Your SS #: ☐ Money loaned Unpaid compensation for services performed ☐ Personal injury/wrongful death □ Taxes (date) (date) Other 3. If court judgment, date obtained: 2. Date debt was incurred: 6/30/2014 s 10.390.80 4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6. Unsecured Priority Claim. 5. Secured Claim. ☐ Check this box if you have an unsecured priority claim ☐ Check this box if your claim is secured by collateral (including a Amount entitled to priority \$ right of setoff). Specify the priority of the claim: Brief Description of Collateral: ☐ Wages, salaries, or commissions (up to \$4,650),* earned within 90 days before

filing of the bankruptcy petition or cessation of the debtor's business, whichever ☐ Real Estate ☐ Motor Vehicle is earlier - 11 U.S.C. § 507(a)(3). ☐ Other_ ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). ☐ Up to \$2,100* of deposits toward purchase, lease, or rental of property or Value of Collateral: \$ services for personal, family, or household use - 11 U.S.C. § 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or child -11 U.S.C. § 507(a)(7). Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). Amount of arrearage and other charges at time case filed included in *Amounts are subject to adjustment on 4 1/04 and every 3 years thereafter with secured claim, if any: \$_ respect to cases commenced on or after the date of adjustment. THIS SPACE IS FOR COURT USE ONLY

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Sign and print the name and title, if any, of the creditor or other person authorized to file

this claim (attach copy of power of attorney, if any):
Lee Stepner, Collection Manager, MetroGroup, 2/9/2016

1 1 2016

U.S. BANKRUPTCY COURT SO DIST OF NEW YORK

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

AirFastTickets, Inc. POC



July 6, 2015

VIA US MAIL
Airfasttickets
875 Third Avenue
New York, New York 10022
Attn: Accounts Payable

Creditor:

TransPerfect Translations Adams Globalization

Debtor:

Airfasttickets, Inc.

Amount:

\$12,676.78 which may include any applicable attorney's fees, accrued

finance charges or interest and/or other collection fees, as each may be

allowed by law.

Our File No.: 5241-0927

Dear Sir/Madam:

The above-captioned claim has been turned over to my firm for collection. Please send the above amount to MetroGroup or contact our office at (212) 425-7774. If you have any questions please feel free to contact the undersigned.

Thank you for your prompt attention to this matter.

Kate Ballegee

Very truly yours, METROGROUP

Kate Ballengee, Esq.

TO CLEAR YOUR ACCOUNT MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO <u>METROGROUP AGENT FOR TRANSPERFECT TRANSLATIONS</u>

MAIL TO:

METROGROUP 26 Broadway Suite 933 New York, NY 10004

ALTERNATIVELY, YOU MAY WIRE PAYMENT AS PER THE FOLLOWING INSTRUCTIONS:

JPMORGAN CHASE ABA#: 021-000021 ACCOUNT #: 744500220465

IF YOU WISH TO MAKE PAYMENT VIA CREDIT CARD OR ELECTRONIC CHECK, YOU MAY DO SO THROUGH OUR WEBSITE AT www.b2bcoilector.com

METROGROUP'S Federal Tax ID# is 13-3741835

THIS LETTER IS FROM A DEBT COLLECTOR AND IS AN ATTEMPT TO COLLECT A DEBT. ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.



Bill To:

AirFasttickets Attn: Accounts Payable 875 Third Avenue New York, New York 10022 USA

Requested By:

Dominic J. Fennell AirFasttickets 875 Third Avenue New York, New York 10022 USA

Invoice #:	655789	Sales Contact:		Rebekah Garbutt (rgarbutt@translations.com)	
Invoice Date:	06/30/2014			(igaibailegaaile	
Invoice Due:	07/30/2014	Payment '	Payment Terms:		
Contract #:	tpt581358	Purchase Order #:			
Project Notes:					
Description		Quantity	Unit	Unit Cost (US\$)	Extended Cost (US\$)
28014 - Aft sites Trans./Edit/Proof.		1.00	Flat	8,805.76	8,805.76
		Tota	Total to Bill this Contract: Accrued Interest: Tax Amount:		US\$ 8,805.76
					US\$1,585.04
					US\$0.00
			Total Amount Due:		US\$ 10,390.80

PAYMENT INSTRUCTIONS

Please remit payment to:

TransPerfect Translations International Inc. Attn.: Accounts Receivable Three Park Avenue, 39th Floor New York, NY 10016 Wire Transfer Details:

Citibank, N.A. A/C #: 06541211 ABA Routing #: 021000089 SWIFT CODE: CITIUS33 Tax ID #: 13-3686771

Please reference the Contract # tpt581358 and Invoice # 655789 with your remittance.

Interest will be charged at the rate of 1.5% per month (or the maximum allowed by law) for accounts more than 30 days past due.

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TRANSPERFECT GLOBAL HQ • 3 PARK AVENUE, 39TH FLOOR, NEW YORK, NY 10016
T +1 212.689.5555 F +1 212.689.1059 • E-MAIL AR@TRANSPERFECT.COM
WWW.TRANSPERFECT.COM

ADAMS GLOBALIZATION DIVISION • 10435 BURNET ROAD, SUITE 125, AUSTIN, TX 78758 T +1 512.821.1818 F +1 512.821.1888 • SALES E-MAIL INFO@ADAMSGLOBALIZATION.COM