Fill in this information to identify the case:

Debtor 1 Entrust Energy, Inc.

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: Southern District of Texas, Houston Division

Case number 21-31070

E-Filed on 08/10/2021
Claim # 109

Official Form 410

Proof of Claim

04/19

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?**

[redacted] _____
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor [redacted] _____

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)
[redacted] _____ Name	_____ Name
[redacted] _____ Number Street	_____ Number Street
[redacted] _____ [redacted] _____ [redacted] City State ZIP Code	_____ City State ZIP Code
Contact phone _____	Contact phone _____
Contact email [redacted]	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: ____ ____ ____ ____

7. **How much is the claim?** $ 3,296.78 . **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.

   Services Performed

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.** $ 0.00

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 one:*

	Amount entitled to priority
☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$ 0.00
☐ Up to $3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$ 0.00
☐ Wages, salaries, or commissions (up to $13,650*) 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).	$ 0.00
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$ 0.00
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$ 0.00
☐ Other. Specify subsection of 11 U.S.C. § 507(a)(__) that applies.	$ 0.00

* Amounts are subject to adjustment on 4/01/22 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 08/10/2021
MM / DD / YYYY

[redacted] _____
Signature

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

Name [redacted] _____
First name Middle name Last name

Title [redacted] _____

Company [redacted] _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

_____
City State ZIP Code

Contact phone _____ Email _____

Attachment 1 - entrust.pdf

Description - Attached is the bill I received from Entrust Energy on April 2021. With a total amount due of 3296.78.

Número de Factura: 31963298

Servicio al Cliente
1.800.871.8100
Lunes a Viernes
8 a.m. a 7 p.m. CST o
Sábado 10 a.m. a 2 p.m. CST

Cortes de Energía y Emergencias
1.866.223.8508
24 horas, 7 días a la semana

¡Maneje su cuenta en línea! Usted podrá ver su cuenta corriente o la historia de sus estados de cuenta, aprenderá más acerca de cómo usar "Mi Cuenta", y cómo registrarse para pagos automáticos fácilmente y rápidamente. Entre hoy a entrustenergy.com/register.

¿Has visto nuestro blog?
Encuentra consejos de estilo de vida y trucos para el ahorro de electricidad:
entrustenergy.com/blog

Aviso a los clientes

Si cree que esta factura incluye cargos no autorizados, puede llamar a Entrust Energy al 1.800.871.8100 para disputar dichos cargos, también puede presentar una queja ante la Comisión de Servicios Públicos de Texas: P. O. Box 13326, Austin, Texas 78711-3326, teléfono: 512.936.7120 o a la línea gratuita en Texas: 1.888.782.8477. Para personas con impedimentos de oído o habla que tengan teléfonos de texto (TTY), llamar al 512.936.7136.

Cliente: [redacted]

Número de Cuenta:
Fecha de Envío: Apr 19, 2021

Sumario

Monto de la factura anterior	$659.53
Pago Recibido, Gracias.	$659.53 CR
Saldo Anterior	$0.00
Cargos Actuales	$3296.78
Saldo Actual	$3296.78
Monto Adeudado May 05, 2021:	**$3296.78**
Después de Fecha de Pago:	$3296.78

Consulte el Glosario de términos entrustenergy.com/glossary

La Cantidad facturada puede incluir cambios de precios permitidos por ley o por medidas reglamentarias.

Entrust Energy PUCT # 10197

Para obtener mayor información acerca del servicios eléctrico residencial, visite **www.powertochoose.com.**

entrust ENERGY

P.O. Box 52100
Houston, TX 77052
Por favor no envié pagos a este PO Box.

796 78

Número de Cuenta:	[redacted]
Fecha de Envío:	Apr 19, 2021
Fecha de Vencimiento:	May 05, 2021
Monto Adeudado:	$3296.78
Después de Fecha de Pago:	$3296.78

☐ Quisiera hacer una donación al programa de asistencia para pago de factura:
☐ $1 ☐ $5 ☐ $10

Monto Total Adjunto: $

1066 [redacted]

ENTRUST ENERGY PAYMENT CENTER
PO BOX 731396
DALLAS TX 75373-1396

8232513263500003296783

Attachment 2 - Entrustenergyreceipts.pdf

Description - Three payments were made to pay off total amount due. Attached are the three receipts of payments made.

TRIPLE J PAYMENT CENTER
1042 S. ALAMO RD.
STE. D
ALAMO,TX 78516
Terminal ID: TX6615
ORIGINAL RECEIPT
05/24/2021 11:31 AM
Janie Aguilar

ENTRUST ENERGY INC TX

Transmission	2505
Transaction	14
Account #	[redacted]
Amount	1000.00
Fee	2.00

Payment(s)

Cash	1002.00

Total Paid	1002.00
Total due	1002.00
Change due	0.00

¡Gracias por ser cliente de Entrust Energy! Valoramos tu negocio y esperamos poder servirte en los años que vienen. Por favor llámanos si necesitas ayuda al:800.871.8100
customercare@entrustenergy.com
Keep your receipt until the payment has been completed as instructed. The receipt must be presented for any inquiry or change to the payment.
Payment Receipt Number: TX6615025060014
CheckFreePay Corporation 2900 Westside Pkwy, Alpharetta, GA 30004, toll free #1-866-887-4513.

Verify all account information is correct before leaving the payment location.
To see our privacy policy, go to www.checkfreepay.com/consumerprivacy.
Thank you for using CheckFreePay.

TRIPLE J PAYMENT CENTER
1042 S. ALAMO RD.
STE. D
ALAMO,TX 78516
Terminal ID: TX6615
ORIGINAL RECEIPT
07/15/2021 11:52 AM
Janie Aguilar

ENTRUST ENERGY INC TX

Transmission	2551
Transaction	15
Account #	[redacted]
Amount	1500.00
Fee	2.00

Payment(s)

Cash	1502.00

Total Paid	1502.00
Total due	1502.00
Change due	0.00

¡Gracias por ser cliente de Entrust Energy! Valoramos tu negocio y esperamos poder servirte en los años que vienen. Por favor llámanos si necesitas ayuda al:800.871.8100
customercare@entrustenergy.com
Keep your receipt until the payment has been completed as instructed. The receipt must be presented for any inquiry or change to the payment.
Payment Receipt Number: TX6615025510015
CheckFreePay Corporation 2900 Westside Pkwy, Alpharetta, GA 30004, toll free #1-866-887-4513.

Verify all account information is correct before leaving the payment location.
To see our privacy policy, go to www.checkfreepay.com/consumerprivacy.
Thank you for using CheckFreePay.

CUSTOMER COPY/COPIA DEL CLIENTE

[redacted]

Date: 08-09-2021
Time: 13:58:28

PAYMENT $ 796.78
FEE CHARGED $ 2.00
DISCOUNT $ 0.00
TOTAL $ 798.78

RECEIVER INFORMATION
Account # [redacted]

Biller Name Entrust Energy Inc TX
Reference Num
TX9893-1914-32

Transaction Id
05165062000002108091356336

Bill payment service brought to you by CheckFreePay.

¡Gracias por ser cliente de Entrust Energy! Valoramos tu negocio y esperamos poder servirte en los años que vienen. Por favor llámanos si necesitas ayuda al:800.871.8100
customercare@entrustenergy.com
Keep your receipt until the payment has been completed as instructed.
The receipt must be presented for any inquiry or change to the payment.
Payment Receipt Number:
TX9893019140032 CheckFreePay Corporation 2900 Westside Pkwy, Alpharetta, GA 30004, toll free #1-866-887-4513.

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To see our privacy policy, go to www.checkfreepay.com/consumerprivacy.
Thank you for using CheckFreePay.

We want to know what you think! Tell us about your most recent payment experience by visiting at www.fiserv.com/checkfreepay/cssurvey.