Case 19-15960-mkn Claim 26-1 Filed 01/15/20 Page 1 of 8

Fill in this information to identify the case:			
Debtor 1 TRADEGLOBAL, LLC			
Debtor 2 (Spouse, if filing)			
United States Bankruptcy Court for the: District of Nevada, Las Vegas Division			
Case number 19-15960-btb			

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 Nelson Mullins Riley and Scarborough LLP creditor? 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 ✓ No acquired from ☐ Yes. From whom? someone else? 3. Where should notices Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if and payments to the different) creditor be sent? Michael Lessne Federal Rule of Name Bankruptcy Procedure (FRBP) 2002(g) 100 SE 3rd Avenue, Suite 2700 Number Street Number Street 33394 Fort Lauderdale FL State ZIP Code State ZIP Code Contact phone (954) 745-5281 Contact phone Contact email michael.lessne@nelsonmullins.com Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use one): ✓ No Does this claim amend one already filed? ☐ Yes. Claim number on court claims registry (if known) ____ Filed on MM / DD / YYYY ✓ No 5. Do you know if anyone else has filed a proof ☐ Yes. Who made the earlier filing? of claim for this claim?

Official Form 410 Proof of Claim page 1

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	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?	rest or other charges?						
		 ✓ No ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). 						
3.	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.	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 Attachment (Official Form 410-A) with this Proof of Claim. Motor vehicle Other. Describe:					
			Basis for perfection: Attach redacted copies of documents, if a example, a mortgage, lien, certificate of tibeen filed or recorded.)		of perfection of a security interest (for , or other document that shows the lien has			
				\$				
			Value of property:	Ψ				
			Value of property: Amount of the claim that is secured:	\$				
				\$	(The sum of the secured and unsecured			
			Amount of the claim that is secured:	\$	(The sum of the secured and unsecured amounts should match the amount in line 7.			
			Amount of the claim that is secured: Amount of the claim that is unsecured:	\$as of the date of the p	(The sum of the secured and unsecured amounts should match the amount in line 7.			
10	Is this claim based on a	☑ No	Amount of the claim that is secured: Amount of the claim that is unsecured: Amount necessary to cure any default Annual Interest Rate (when case was file)	\$as of the date of the p	(The sum of the secured and unsecured amounts should match the amount in line 7.			
10	Is this claim based on a lease?		Amount of the claim that is secured: Amount of the claim that is unsecured: Amount necessary to cure any default Annual Interest Rate (when case was file)	as of the date of the ped)%	(The sum of the secured and unsecured amounts should match the amount in line 7.			
_			Amount of the claim that is secured: Amount of the claim that is unsecured: Amount necessary to cure any default Annual Interest Rate (when case was file Fixed Variable	as of the date of the ped)%	(The sum of the secured and unsecured amounts should match the amount in line 7.			

12. Is all or part of the claim	☑ No							
entitled to priority under 11 U.S.C. § 507(a)?	☐ Yes. Chec	cone:			Amount entitled to priority			
A claim may be partly priority and partly		☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).						
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$ person	\$0.00						
change to phoney.	☐ Wages bankru 11 U.S	\$0.00						
	☐ Taxes	or penalties owed to governmental units.	11 U.S.C. § 507(a)	(8).	\$			
	☐ Contrib	utions 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 ever	y 3 years after that for	cases begun on or aft	er the date of adjustment.			
a: a:								
Part 3: Sign Below								
The person completing this proof of claim must	Check the appr	opriate box:						
sign and date it.	✓ I am the creditor.							
FRBP 9011(b).	☐ I am the creditor's attorney or authorized agent.							
If you file this claim electronically, FRBP		stee, or the debtor, or their authorized a	-					
5005(a)(2) authorizes courts to establish local rules	☐ I am a gua	rantor, surety, endorser, or other codebto	or. Bankruptcy Rule	3005.				
specifying what a signature	n acknowledgment	that when calculating the						
is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.							
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.							
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.							
3571.	Executed on date 01/15/2020 MM / DD / YYYY							
	Mark Ba	ber						
	Print the name	of the person who is completing and	signing this claim	:				
	Name	Mark Barber						
	Name	First name Middle	name	Last name				
	Title	Partner						
	Company	Nelson Mullins Riley and Scar						
		Identify the corporate servicer as the comp	any if the authorized a	gent is a servicer.				
	Address	100 North Tampa Street, Suite	e 3500					
		Tampa	FL	33602				
		City	State					
	Contestation	(813) 885-3020			nelsonmullins.com			
	Contact phone	1010) 000-0020	⊨maii	mark.barber@	1100.6011110111110.60111			

Attachment 1 - TradeGlobal Proof of Claim with Signature.pdf Description -

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Fill in this information to identify the case:							
Debtor 1 T	radeGlobal LLC						
Debtor 2 (Spouse, if filing)							
United States Bankruptcy Court for the: District of Nevada							
Case number	19-15960-MKN						

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.

F	Part 1: Identify the Claim								
1.	Who is the current creditor?	Nelson Mullins Riley and Scarborough LLP Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Nelson Mullins Broad and Cassel							
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? Michael Lessne	Where should payments to the creditor be sent? (if different)						
		Name 100 S.E. 3rd Avenue Suite 2700 Number Street	Name Number Street						
		Fort Lauderdale FL 33394 City State ZIP Code	City State ZIP Code						
		Contact phone 954-745-5281 Contact email michael.lessne@nelsonmullins.com	Contact phone						
		Uniform claim identifier for electronic payments in chapter 13 (if you us	se 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?							

Official Form 410 Proof of Claim page 1

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б.	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?	\$8,841.40 . Does this amount include interest or other charges?						
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).						
3.	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	☑ No						
	lease?	☐ 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						

Is all or part of the claim entitled to priority under	☑ No						
11 U.S.C. § 507(a)?	☐ Yes. Chec	k one:				Amount entitled to priority	
A claim may be partly priority and partly	Domes 11 U.S	tic support obligations (includi .C. § 507(a)(1)(A) or (a)(1)(B).	ng alimony and child supp	oort) unde	r	\$	
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	☐ Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the					\$	
,						\$	
		or penalties owed to governme	ental units. 11 U.S.C. § 50	7(a)(8).		\$	
	☐ Contrib	outions to an employee benefit	plan. 11 U.S.C. § 507(a)(5).		\$	
	Other.	Specify subsection of 11 U.S.C	C. § 507(a)() that applie	s.		\$	
	* Amounts	are subject to adjustment on 4/01/2	22 and every 3 years after the	at for cases	begun on or afte	er the date of adjustment.	
Part 3: Sign Below							
The second of the	01 1 11	ADMITTAL POWER OF THE MEDICAL PROPERTY.					
The person completing this proof of claim must	Check the appr	opriate box:					
sign and date it.	I am the cr	editor.					
FRBP 9011(b).	☐ I am the creditor's attorney or authorized agent.						
If you file this claim	☐ I am the tru	istee, or the debtor, or their au	thorized agent. Bankrupto	cy Rule 30	04.		
electronically, FRBP 5005(a)(2) authorizes courts	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
to establish local rules							
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.						
A person who files a fraudulent claim could be	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true						
fined up to \$500,000, imprisoned for up to 5 years, or both.	and correct.						
18 U.S.C. §§ 152, 157, and 3571.	I declare under penalty of perjury that the foregoing is true and correct.						
0071.	Executed on da						
MM / DD / YYYY							
	Signature	4.45			*0		
	Print the name	of the person who is comple	eting and signing this cl	aim:			
	Name	Mark Barber					
		First name	Middle name		Last name		
	Title	Partner					
	Company	Nelson Mullins Riley a	and Scarborough LLI	Þ			
		Identify the corporate servicer a	s the company if the authoriz	ed agent is	a servicer.		
	Address	100 North Tampa Stre	eet, Suite 3500				
		Number Street					
		Tampa		FL	33602		
		City	5	State	ZIP Code		
	Contact phone	813-225-3020	(4	mai	rk harher@	nelsonmullins com	

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	A/R a	s of 09-16-	2019	WIP as of 9-15-2019			
Client Name & #	CM#	Fees	Costs	Total	Fees	Costs	Total
TradeGlobal, LLC - 154152	154152/00001	\$902.64	\$0.00	\$902.64	\$0.00	\$0.00	\$0.00
	154152/01502	\$6,290.34	\$0.00	\$6,290.34	\$858.00	\$0.00	\$858.00
	154152/01504	\$135.42	\$0.00	\$135.42	\$487.50	\$0.00	\$487.50
	154152/01505	\$0.00	\$0.00	\$0.00	\$167.50	\$0.00	\$167.50
TradeGlobal, LLC - 154152 Total		\$7,328.40	\$0.00	\$7,328.40	\$1,513.00	\$0.00	\$1,513.00

