

Fill in this information to identify the case:

Debtor 1 Jagged Peak Inc

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: _____ District of NEVADA

Case number 19-15959-MKN

RECEIVED
AND FILED DLS

2019 DEC 9 PM 12 35

U.S. BANKRUPTCY COURT
MARY A. SCHOTT, CLERK

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?

Simple Vms

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 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?

Simple Vms

Name

1373 BEECHMONT SUITE 140

Number Street

Cincinnati OH 45230

City

State

ZIP Code

Contact phone

888-255-8918

Contact email

accounting@simplevms.com

Where should payments to the creditor be sent? (if different)

Simple Vms

Name

1373 BEECHMONT SUITE 140

Number Street

Cincinnati OH 45230

City

State

ZIP Code

Contact phone

888-255-8918

Contact email

accounting@simplevms.comUniform 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) 59-000005

Filed on

9/24/2019
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? _____

JAGGED PEAK Ct ID



00058

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? \$ 13,004.42 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 agreement

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:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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).

\$ _____

☐ 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).

\$ _____

☐ 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).

\$ _____

☐ 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.

\$ _____

* 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.

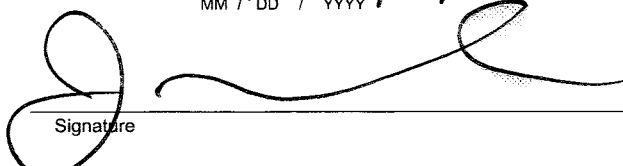
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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

9/8 11/4/2019
MM / DD / YYYY


Signature

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

Name

Jason, David Oswald
First name Middle name Last name

Title

President

Company

Simple Vms

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

Address

7373 BEECHMOUNT AVE Suite 140
Number Street
Cincinnati OH 45230
City State ZIP Code

Contact phone

888-255-8918

Email

accounting@simplevms.com

Totals Due from Jagged Peak- as

Row Labels	JaggedPeak totals Due
JaggedPeak-Avenel-07292019	\$ 49,446.25
JaggedPeak-Avenel-08052019	\$ 41,843.13
JaggedPeak-Avenel-08122019	\$ 40,241.95
JaggedPeak-Avenel-08192019	\$ 47,489.46
JaggedPeak-Avenel-08262019	\$ 42,567.52
JaggedPeak-Avenel-09032019	\$ 56,033.62
JaggedPeak-Avenel-09092019	\$ 46,139.05
JaggedPeak-Avenel-09162019	\$ 57,167.85
JaggedPeak-Gandy-05282019	\$ 9,557.15
JaggedPeak-Gandy-07222019	\$ 68,865.01
JaggedPeak-Gandy-07292019	\$ 61,569.40
JaggedPeak-Gandy-08052019	\$ 61,680.73
JaggedPeak-Gandy-08122019	\$ 64,950.15
JaggedPeak-Gandy-08192019	\$ 66,518.33
JaggedPeak-Gandy-08262019	\$ 66,027.17
JaggedPeak-Gandy-09032019	\$ 69,396.02
JaggedPeak-Gandy-09092019	\$ 57,673.97
JaggedPeak-Gandy-09162019	\$ 75,229.00
JaggedPeak-StPete-07292019	\$ 10,220.35
JaggedPeak-StPete-08052019	\$ 10,396.43
JaggedPeak-StPete-08122019	\$ 11,170.14
JaggedPeak-StPete-08192019	\$ 11,256.60
JaggedPeak-StPete-08262019	\$ 9,992.43
JaggedPeak-StPete-09032019	\$ 8,437.07
JaggedPeak-StPete-09092019	\$ 8,831.51
JaggedPeak-StPete-09162019	\$ 11,757.33
JaggedPeak-FTE-09012019	\$ 540.00
JaggedPeak-FTE-08012019	\$ 550.00
JaggedPeak-TampaCorpOffice-08122019	\$ (68.00)
Grand Total	\$ 1,065,479.62

ammended TradeGlobal 9-15-totals

\$13,004.42

AMMENDED

Totals with ammended

\$1,078,484.04

Jagged Peak

Vendor	Client	Site	Invoice#	Status	Hours	Expenses	Total Billed	Invoice Date	Due Date	Received	Past Due
Staffmark	Jagged Peak	Avenel	JaggedPeak-Avenel-09152019-only	Submitted	396.83	0	6847.72	9/23/19			
Nesco	Jagged Peak	Gandy	JaggedPeak-Gandy-09152019-only	Submitted	391.32	0	6156.7	9/23/19			
							13004.42				



Vendor	Discount	Hours # Exps	Total	Discount	Date to Pay	Amount Paid	Check / Reference Number
Nesco Resource	1.5000%	391.32	0	\$6,156.70	\$92.35	10/23/2019	\$6,064.35 []
10/23/2019 Total		391.32	0	\$6,156.70	\$92.35	10/23/2019	\$6,064.35 []

Total Before SimpleVMS Svc. Fee \$6,156.70 10/23/2019 to Op Acct: \$92.35

SimpleVMS Svc. Fee \$92.35

Grand Total 391.32 0 \$6,156.70 \$92.35 10/23/2019 \$6,156.70

Total SimpleVMS Discount \$92.35 []

Commission for Rob Geist \$4.62 []

Net to SimpleVMS after Commission \$87.73 []



Vendor	Discount	Hours	# Exps	Total	Discount	Date to Pay	Amount	Paid	Check / Reference Number
Staffmark	1.2500%	396.83	0	\$6,847.72	\$85.60	10/23/2019	\$6,762.12	[]	
10/23/2019 Total		396.83	0	\$6,847.72	\$85.60	10/23/2019	\$6,762.12	[]	10/23/2019 to Op Acct: \$85.60

Total Before SimpleVMS Svc. Fee \$6,847.72

SimpleVMS Svc. Fee \$85.60

Grand Total 396.83 0 \$6,847.72 \$85.60 10/23/2019 \$6,847.72

Total SimpleVMS Discount \$85.60 []

Commission for Rob Geist \$4.28 []

Net to SimpleVMS after Commission \$81.32 []

District of Nevada Claims Register

[19-15959-mkn JAGGED PEAK, INC., A NEVADA CORPORATION](#)

Judge: MIKE K. NAKAGAWA **Chapter:** 11

Office: Las Vegas **Last Date to file claims:** 01/15/2020

Trustee: **Last Date to file (Govt):** 03/16/2020

<i>Creditor:</i> (10930567)	Claim No: 5	<i>Status:</i>
SimpleVMS, LLC	<i>Original Filed</i>	<i>Filed by:</i> CR
7373 Beechmont Ave.	<i>Date:</i> 09/24/2019	<i>Entered by:</i> BMC GROUP, INC.
Suite L140	<i>Original Entered</i>	(1)
Cincinnati, OH 45230	<i>Date:</i> 09/24/2019	<i>Modified:</i>
	<i>Last Amendment</i>	
	<i>Filed:</i> 12/17/2019	
	<i>Last Amendment</i>	
	<i>Entered:</i> 12/17/2019	

Amount claimed: \$13004.42

History:

[Details](#) [5-1](#) 09/24/2019 Claim #5 filed by SimpleVMS, LLC, Amount claimed: \$1065479.62 (admin)

[Details](#) [5-2](#) 12/17/2019 Amended Claim #5 filed by SimpleVMS, LLC, Amount claimed: \$13004.42 (BMC GROUP, INC. (1))

Description: (5-2) Services performed

Remarks: (5-2) US BANKRUPTCY COURT RECEIVED 12/9/2019

Claims Register Summary

Case Name: JAGGED PEAK, INC., A NEVADA CORPORATION

Case Number: 19-15959-mkn

Chapter: 11

Date Filed: 09/16/2019

Total Number Of Claims: 1

Total Amount Claimed*	\$13004.42
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		

Fill in this information to identify the case:Debtor 1 JAGGED PEAK, INC.

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court District of NevadaCase number: 19-15959

FILED

U.S. Bankruptcy Court
District of Nevada

9/24/2019

Mary A. Schott, Clerk

**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?	<u>SimpleVms, LLC</u>	
	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 acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>SimpleVms, LLC</u>	_____
	Name	Name
	7373 Beechmont Ave. Suite L140 Cincinnati, OH 45230	
	Contact phone <u>888-255-8918</u>	Contact phone _____
	Contact email <u>accounting@simplevms.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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____										
7. How much is the claim?	\$ 1065479.62 <div style="float: right; text-align: right;"> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). </div>										
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 healthcare information. services performed										
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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.) <table style="width: 100%;"> <tr> <td style="width: 50%;">Value of property:</td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td>Amount of the claim that is secured:</td> <td>\$ _____</td> </tr> <tr> <td>Amount of the claim that is unsecured:</td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;">Amount necessary to cure any default as of the date of the petition:</td> <td style="width: 40%;">\$ _____</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;">Annual Interest Rate (when case was filed)</td> <td style="width: 40%;">_____ %</td> </tr> </table> <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	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)	_____ %
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)	_____ %										
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____										
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____										

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input checked="" type="checkbox"/> 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).	\$ 13650.00
	<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	\$ _____
<small>* Amounts are subject to adjustment on 4/1/22 and every 3 years after that for cases begun on or after the date of adjustment.</small>		

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 9/24/2019
MM / DD / YYYY

/s/ Jason D Oswald

Signature

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

Name	<u>Jason D Oswald</u>		
	<small>First name</small>	<small>Middle name</small>	<small>Last name</small>
Title	<u>President</u>		
Company	<u>SimpleVms</u>		
Address	<small>Identify the corporate servicer as the company if the authorized agent is a servicer</small> <u>7373 Beechmont Avenue Suite 140</u> <hr/> <small>Number Street</small> <u>Cincinnati, OH 45230</u> <hr/> <small>City State ZIP Code</small>		
Contact phone	<u>513-707-2382</u>	Email	<u>jason.oswald@simplevms.com</u>

Totals Due from Jagged Peak- as of 9-18-19



Row Labels	Invoice Total
Jagged Peak	\$ 1,065,479.62
JaggedPeak-Avenel-07292019	\$ 49,446.25
JaggedPeak-Avenel-08052019	\$ 41,843.13
JaggedPeak-Avenel-08122019	\$ 40,241.95
JaggedPeak-Avenel-08192019	\$ 47,489.46
JaggedPeak-Avenel-08262019	\$ 42,567.52
JaggedPeak-Avenel-09032019	\$ 56,033.62
JaggedPeak-Avenel-09092019	\$ 46,139.05
JaggedPeak-Avenel-09162019	\$ 57,167.85
JaggedPeak-Gandy-05282019	\$ 9,557.15
JaggedPeak-Gandy-07222019	\$ 68,865.01
JaggedPeak-Gandy-07292019	\$ 61,569.40
JaggedPeak-Gandy-08052019	\$ 61,680.73
JaggedPeak-Gandy-08122019	\$ 64,950.15
JaggedPeak-Gandy-08192019	\$ 66,518.33
JaggedPeak-Gandy-08262019	\$ 66,027.17
JaggedPeak-Gandy-09032019	\$ 69,396.02
JaggedPeak-Gandy-09092019	\$ 57,673.97
JaggedPeak-Gandy-09162019	\$ 75,229.00
JaggedPeak-StPete-07292019	\$ 10,220.35
JaggedPeak-StPete-08052019	\$ 10,396.43
JaggedPeak-StPete-08122019	\$ 11,170.14
JaggedPeak-StPete-08192019	\$ 11,256.60
JaggedPeak-StPete-08262019	\$ 9,992.43
JaggedPeak-StPete-09032019	\$ 8,437.07
JaggedPeak-StPete-09092019	\$ 8,831.51
JaggedPeak-StPete-09162019	\$ 11,757.33
JaggedPeak-FTE-09012019	\$ 540.00
JaggedPeak-FTE-08012019	\$ 550.00
JaggedPeak-TampaCorpOffice-08122019	\$ (68.00)
Grand Total	\$ 1,065,479.62

District of Nevada Claims Register

[19-15959-mkn JAGGED PEAK, INC.](#)

Judge: MIKE K. NAKAGAWA **Chapter:** 11

Office: Las Vegas **Last Date to file claims:** 01/15/2020

Trustee: **Last Date to file (Govt):** 03/16/2020

<i>Creditor:</i> (10930567)	Claim No: 5	<i>Status:</i>
SimpleVMS, LLC	<i>Original Filed</i>	<i>Filed by:</i> CR
7373 Beechmont Ave.	<i>Date:</i> 09/24/2019	<i>Entered by:</i> admin
Suite L140	<i>Original Entered</i>	<i>Modified:</i>
Cincinnati, OH 45230	<i>Date:</i> 09/24/2019	

Amount claimed: \$1065479.62

Priority claimed: \$13650.00

History:

[Details](#) [5-1](#) 09/24/2019 Claim #5 filed by SimpleVMS, LLC, Amount claimed: \$1065479.62 (admin)

Description:

Remarks:

Claims Register Summary

Case Name: JAGGED PEAK, INC.

Case Number: 19-15959-mkn

Chapter: 11

Date Filed: 09/16/2019

Total Number Of Claims: 1

Total Amount Claimed*	\$1065479.62
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority	\$13650.00	
Administrative		