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2019 SEP 30 AM 11 51

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

Fill in this information to identify the case:

Debtor 1 JAGGED PEAK

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of Nevada

Case number 19-BK-15959

Official Form 410

Proof of Claim

12/15

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?		CDW	
		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 type="checkbox"/> No <input type="checkbox"/> 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)
	CDW / Attn: Ronelle Erickson Name 200 N. Milwaukee Ave Number Street Vernon Hills IL 60061 City State ZIP Code Contact phone 847-419-6253 Contact email Roneeri@cdw.com		Name Number Street City State ZIP Code Contact phone 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? ☐ No
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

Account # 2030152

7. How much is the claim? \$ 25,695.76 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.

Goods Sold

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 all that apply:

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 \$2,775* 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 \$12,475*) 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 4/01/16 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 09/24/19
MM / DD / YYYY


Signature

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

Name Ronelle Erickson
First name Middle name Last name

Title Recovery Supervisor

Company CDW, LLC

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

Address 200 N Milwaukee Ave

Number Street Vernon Hills, IL 60061

City State ZIP Code

Contact phone 847419 6253 Email Ronelle@CDW.COM

Account 2030152-01 JAGGED PEAK

Invoice:	Date:	Original Amnt:	Open Amnt:	PO:
TQV6845	8/27/2019	\$ 25,718.40	\$ 25,683.83	2771
		\$ 25,683.83		

CDWL# WB12773-00001

*** ORIGINAL COPY **

Tax Identification
36-4530079

TQV6845

Q019 /

KVLQ818-00001



INVOICE NO.	ACCOUNT NO.	INVOICE DATE
TQV6845	2030152	8-27-19

S JAGGED PEAK
O 7650 W COURTNEY CAMPBELL CSWY
L 1220
D
T STEVEN HOFFSTETTER
O TAMPA, FL 33607-1462
8136376900

S JAGGED PEAK
H 7650 W COURTNEY CAMPBELL CSWY
I 1220
P
T BRAD TEMPLIN
O TAMPA, FL 33607-1462
P.O.# 2771

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
SEAN STONE		8-20-19	8-27-19	ELECTRONIC DISTRIBUTION	NET 30-VERBAL	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
160	160	3446628	MS MPSAA OFF 365 PRO+ USER MSCSS		138.24	22118.40
		MFG#:AAA-04077-CCD-12MO				
		Electronic distribution - NO MEDIA				
20	20	3446643	MS MPSA VISIO PO365 USER CSS		180.00	3600.00
		MFG#:AAA-04825-CCD-12MO				
		Electronic distribution - NO MEDIA				
Cost Center:						
Quote/Order Source:						
					Subtotal:	25718.40
					Freight:	.00
					Sales Tax:	.00
PLEASE REMIT PAYMENT TO:					INVOICE	U.S. Currency
CDW Direct					TOTAL	25718.40

ISO 9001:2011
CERTIFIED

TERMS AND CONDITIONS OF SALE:
THE TERMS AND CONDITIONS OF SALE ARE LIMITED TO THOSE
ON CDW'S WEBSITE AT CDW.COM. NOTICE OF OBJECTION TO
AND REJECTION OF ANY ADDITIONAL OR DIFFERENT TERMS IN
ANY FORM DELIVERED BY CUSTOMER IS HEREBY GIVEN.

SUPPORT NUMBERS:
Technical Support Toll-free: (800) 383-4239
Repairs Toll-free: (866) 465-6555 or CDWrepaircoordinators@cdw.com
Customer Relations Toll-free: (866) 782-4239
or CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
CDW Vernon Hills Will Call Pick Up at (847) 371-3600 or
Curbside@cdw.com

Thank you for your business.

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

Creditor: (10949905)
CDW/ATTN: RONELLE
ERICKSON
200 N. MILWAUKEE AVE
VERNON HILLS IL
60061

Claim No: 6
Original Filed
Date: 09/30/2019
Original Entered
Date: 10/01/2019

Status:
Filed by: CR
Entered by: CC Castellan
Modified:

Amount claimed: \$25695.76

History:

[Details](#) [6-1](#) 09/30/2019 Claim #6 filed by CDW/ATTN: RONELLE ERICKSON, Amount claimed: \$25695.76
(Castellan, CC)

Description:

Remarks:

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*	\$25695.76
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		