

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

RECEIVED
OCT 21 2019
BMC GROUP

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?
 Fuller Electrical Contractors, Inc.
 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)

<p>Where should notices to the creditor be sent?</p> <p>Fuller Electrical Contractors, Inc.</p> <p>Name _____</p> <p>107 Dunbar Avenue, Unit L</p> <p>Number Street _____</p> <p>Oldsmar FL 34677</p> <p>City State ZIP Code _____</p> <p>Contact phone 313.814.0999</p> <p>Contact email msanchez@fullerelectricalinc.com</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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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? \$ _____ 3,250.00. 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. \$ _____

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 10/15/2019
MM / DD / YYYY


Signature

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

Name Marianne Sanchez
First name Middle name Last name

Title Office Manager

Company Fuller Electrical Contractors, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 107 Dunbar Avenue, Unit L
Number Street

Oldsmar FL 34677

City State ZIP Code

Contact phone 813.814.0999 Email msanchez@fullerelectricalinc.com



107 Dunbar Avenue, Unit L
 Oldsmar, FL 34677
 P: 813.814.0999 | F: 813.855.3620
 accounting@fullerelectricalinc.com
 www.fullerelectricalinc.com

Invoice

Date	Control #
7/31/2019	7080

Project	7080-AC Refeed_Unit D
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Bill To
Jagged Peak, Inc. 7650 West Courtney Campbell Causeway Suite 1200 Tampa, FL 33607

Job Address
2007 Gandy Boulevard North Suite 1200 St. Petersburg, FL 33702

Due Date
7/31/2019

Qty/Hrs	Item	Description	Rate/Price Ea.	Amount
	Description Scope of Work	P.O. 3208 Per quote dated 7.12.19: Install new 200A, 480V sub-panel, fed from existing 400A panel and refeed AC and fork lift charging panel.		0.00
	Labor_Electrician	Job Labor and Materials	3,250.00	3,250.00
PAST DUE Balance. Please remit payment.			Total	\$3,250.00

Invoice due upon receipt. Interest at 1.5% per month starts accruing after that date. Any objections to goods or services must be expressed in writing. If no written objections are received within 30 days, the invoice and work | services are conclusively presumed correct and any objections waived. Should it be necessary to collect this invoice, customer agrees to pay all costs including reasonable attorney fees.

Credit Card payments are accepted over the phone.

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

<p><i>Creditor:</i> (10969539) FULLER ELECTRICAL CONTRACTORS INC 107 DUNBAR AVE, UNIT L OLDSMAR, FL 34677</p>	<p>Claim No: 21 <i>Original Filed</i> Date: 10/21/2019 <i>Original Entered</i> Date: 10/21/2019</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> BMC GROUP, INC. (1) <i>Modified:</i></p>
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Amount claimed: \$3250.00

History:

[Details](#) [21-1](#) 10/21/2019 Claim #21 filed by FULLER ELECTRICAL CONTRACTORS INC, Amount claimed: \$3250.00 (BMC GROUP, INC. (1))

Description: (21-1) Services provided

Remarks: (21-1) ClaimsAgent Recvd: 10/21/2019

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*	\$3250.00
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		