

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 _____

Case number _____

RECEIVED
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 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?** ControlCase, LLC
 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?	Where should payments to the creditor be sent? (if different)
	<u>ControlCase, LLC</u> Name <u>12015 Lee Jackson Memorial Hwy, Suite 520</u> Number Street <u>Fairfax VA 22033</u> City State ZIP Code Contact phone <u>703-201-1608</u> Contact email <u>kburgoa@controlcase.com</u>	<u>ControlCase, LLC</u> Name <u>PO BOX 161959</u> Number Street <u>Atlanta GA 30321</u> City State ZIP Code Contact phone <u>< same</u> Contact email <u>< same</u>

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? _____

JAGGED PEAK Ctl ID

 00035

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? \$ 23,750.00. 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.
Good 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 one:

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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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 09/27/2019
MM / DD / YYYY

Karina Burgoa
Signature

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

Name Karina Burgoa
First name Middle name Last name

Title AR Collections Manager

Company ** Agreed with CFO
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 12015 Lee Jackson Memorial Hwy, Suite520
Number Street
a F
City State ZIP Code

Contact phone _____ Email _____

Control Case LLC
 12015 Lee Jackson Memorial Hwy
 Suite 520
 Fairfax VA 22033
 AR_US@controlcase.com
 www.controlcase.com



Bill To
 Jagged Peak
 7650 W Courtney Campbell Causeway #1200, Tampa FL 33607 USA
 Tampa FL 33607
 United States

Invoice # LLC-00188
Date 7-Aug-2019
Due Date 6-Sep-2019
Terms Net 30
PO # Contract signed: 4th
Account Mar 2019
Sales order Sales Order
 #SO6649,SO6650,SO
 6651

Activity	Tax Code	Tax Rate	Tax Amt.	Amount
Compliance as a Services PCI Certification with CaaS & HITRUST Certification Quarter 3 of 4 Period of Service: 1-Aug-2019 - 1-Nov-2019 Billing: In Advance, next bill date: 1-Nov-2019				\$23,750.00
			Subtotal	\$23,750.00
			Tax Total (0%)	\$0.00
			Total	\$23,750.00

Amount Chargeable (in Words)
 FORTY-SEVEN THOUSAND FIVE HUNDRED US Dollar Only

Summary	
SUBTOTAL	47,500.00
DISCOUNT ITEM	
TAX TOTAL	0.00
TOTAL	47,500.00
AMOUNT DUE	23,750.00

Lockbox Address:
 Control Case, LLC
 PO Box 161959
 Atlanta, GA 30321-1959

Wire Instructions:
 Bank: Synovus Bank, Birmingham, AL USA
 ABA Routing Number: 061100606
 Account Name: Control Case, LLC
 Account Number: 1009540475
 Swift Code: FICOUS44, First Commercial Bank





KARINA BURGOA

Collection Manager

ControlCase, LLC
12015 Lee Jackson Memorial Hwy
Suite 520 Fairfax, VA 22033
Phone : (703) 201-1608
kburgoa@controlcase.com
<http://www.controlcase.com>

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> (10990066) CONTROLCASE LLC 12015 LEE JACKSON MEMORIAL HWY SUITE 520 FAIRFAX, VA 22033</p>	<p>Claim No: 35 <i>Original Filed</i> Date: 11/07/2019 <i>Original Entered</i> Date: 11/07/2019</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: \$23750.00

History:

[Details](#) [35-1](#) 11/07/2019 Claim #35 filed by CONTROLCASE LLC, Amount claimed: \$23750.00 (BMC GROUP, INC. (1))

Description: (35-1) Goods sold

Remarks: (35-1) ClaimsAgent Recvd: 11/5/2019

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*	\$23750.00
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		