

RECEIVED
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BMC GROUP

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

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? Staffmark Investment 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)

| | |
|---|--|
| <p>Where should notices to the creditor be sent?</p> <p><u>Staffmark</u> Name</p> <p><u>201 East 4th Street, Suite 800</u> Number Street</p> <p><u>Cincinnati</u> <u>OH</u> <u>45202</u> City State ZIP Code</p> <p>Contact phone <u>513-852-4645</u></p> <p>Contact email <u>lisa.bailey@staffmarkgroup.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</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> |
|---|--|

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 3 8 3

7. How much is the claim? \$ 375,927.82. 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

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.

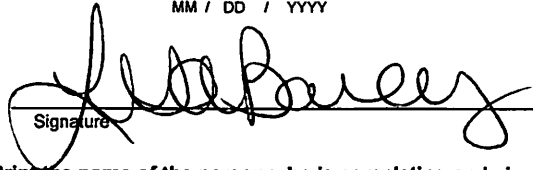
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 11/08/2019
MM / DD / YYYY


Signature

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

Name Lisa Bailey
First name Middle name Last name

Title Collections Supervisor

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

Address 201 East 4th Street, Suite 800
Number Street
Cincinnati OH 45202
City State ZIP Code

Contact phone 513-852-4645 Email lisa.bailey@staffmarkgroup.com

| Branch | Customer | Corporate Number | Invoice | As of date | Dt Invoice | Orig Item Amt | Total AR | 01-29 Days | 30-44 Days | 45-59 Days | 60-89 Days | 90-119 Day | 120-179 D | Over 180 D |
|--------------|----------|------------------|--------------|------------|------------|-------------------|-------------------|-------------|------------------|-------------------|-------------------|------------------|-------------|-------------|
| 135034 | 1027383 | 1020444 | 0004030922 | 7/29/2019 | 7/29/2019 | 744.85 | 744.85 | 0.00 | 0.00 | 0.00 | 0.00 | 744.85 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004030944 | 7/29/2019 | 7/29/2019 | 1,179.98 | 1,179.98 | 0.00 | 0.00 | 0.00 | 0.00 | 1,179.98 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004031023 | 7/30/2019 | 7/30/2019 | 280.20 | 280.20 | 0.00 | 0.00 | 0.00 | 0.00 | 280.20 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004033080 | 8/1/2019 | 8/2/2019 | 41,684.01 | 41,684.01 | 0.00 | 0.00 | 0.00 | 0.00 | 41,684.01 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004033200 | 8/1/2019 | 8/2/2019 | 120.94 | 120.94 | 0.00 | 0.00 | 0.00 | 0.00 | 120.94 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004035665 | 8/6/2019 | 8/6/2019 | 207.66 | 207.66 | 0.00 | 0.00 | 0.00 | 207.66 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004035666 | 8/6/2019 | 8/6/2019 | 270.42 | 270.42 | 0.00 | 0.00 | 0.00 | 270.42 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004035683 | 8/6/2019 | 8/6/2019 | 135.22 | 135.22 | 0.00 | 0.00 | 0.00 | 135.22 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004037615 | 8/8/2019 | 8/9/2019 | 40,711.78 | 40,711.78 | 0.00 | 0.00 | 0.00 | 40,711.78 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004042146 | 8/15/2019 | 8/16/2019 | 40,287.18 | 40,287.18 | 0.00 | 0.00 | 0.00 | 40,287.18 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004044882 | 8/20/2019 | 8/20/2019 | 860.49 | 860.49 | 0.00 | 0.00 | 0.00 | 860.49 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004044883 | 8/20/2019 | 8/20/2019 | 644.01 | 644.01 | 0.00 | 0.00 | 0.00 | 644.01 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004046633 | 8/22/2019 | 8/23/2019 | 46,766.02 | 46,766.02 | 0.00 | 0.00 | 0.00 | 46,766.02 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004051289 | 8/29/2019 | 8/30/2019 | 45,161.36 | 45,161.36 | 0.00 | 0.00 | 0.00 | 45,161.36 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004052413 | 8/29/2019 | 8/30/2019 | 17.74 | 17.74 | 0.00 | 0.00 | 0.00 | 17.74 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004053996 | 8/30/2019 | 8/30/2019 | 77.29 | 77.29 | 0.00 | 0.00 | 0.00 | 77.29 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004053997 | 8/30/2019 | 8/30/2019 | 85.51 | 85.51 | 0.00 | 0.00 | 0.00 | 85.51 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004053998 | 8/30/2019 | 8/30/2019 | 81.05 | 81.05 | 0.00 | 0.00 | 0.00 | 81.05 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004053999 | 8/30/2019 | 8/30/2019 | 83.43 | 83.43 | 0.00 | 0.00 | 0.00 | 83.43 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004054000 | 8/30/2019 | 8/30/2019 | 78.94 | 78.94 | 0.00 | 0.00 | 0.00 | 78.94 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004055919 | 9/5/2019 | 9/6/2019 | 53,008.05 | 53,008.05 | 0.00 | 0.00 | 53,008.05 | 0.00 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004060580 | 9/12/2019 | 9/13/2019 | 46,991.54 | 46,991.54 | 0.00 | 0.00 | 46,991.54 | 0.00 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004063379 | 9/13/2019 | 9/13/2019 | 264.96 | 264.96 | 0.00 | 0.00 | 264.96 | 0.00 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004065264 | 9/19/2019 | 9/20/2019 | 806.16 | 806.16 | 0.00 | 806.16 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004065201RB | 9/19/2019 | 9/26/2019 | 54,747.06 | 54,747.06 | 0.00 | 54,747.06 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004068186 | 9/20/2019 | 9/20/2019 | 493.78 | 493.78 | 0.00 | 493.78 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 135034 | 1027383 | 1020444 | 0004068322 | 9/24/2019 | 9/24/2019 | 138.19 | 138.19 | 0.00 | 138.19 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Total | | | | | | 375,927.82 | 375,927.82 | 0.00 | 56,185.19 | 100,264.55 | 175,468.10 | 44,009.98 | 0.00 | 0.00 |

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

| | | |
|--|--|---|
| Print or type. See Specific Instructions on page 3. | <p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. RGF Staffing USA, Inc.</p> <p>2 Business name/disregarded entity name, if different from above Staffmark Investment LLC</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> | <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> |
| | <p>5 Address (number, street, and apt. or suite no.) See instructions. 201 East 4th Street, Suite 800</p> <p>6 City, state, and ZIP code Cincinnati, OH 45202</p> <p>7 List account number(s) here (optional)</p> | <p>Requester's name and address (optional)</p> |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| 7 | 1 | - | 0 | 8 | 4 | 2 | 2 | 1 | 6 |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|----------------------------|---------------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ 1/2/19 |
|------------------|----------------------------|---------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

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> (10992530) | Claim No: 40 | <i>Status:</i> |
| STAFFMARK INVESTMENT LLC | <i>Original Filed</i> | <i>Filed by:</i> CR |
| 201 EAST 4TH STREET, SUITE 800 | <i>Date:</i> 11/11/2019 | <i>Entered by:</i> BMC GROUP, INC. |
| CINCINNATI, OH 45202 | <i>Original Entered</i> | (1) |
| | <i>Date:</i> 11/11/2019 | <i>Modified:</i> |

Amount claimed: \$375927.82

History:

[Details](#) [40-1](#) 11/11/2019 Claim #40 filed by STAFFMARK INVESTMENT LLC, Amount claimed: \$375927.82 (BMC GROUP, INC. (1))

Description: (40-1) Services performed

Remarks: (40-1) ClaimsAgent Recvd: 11/11/2019

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* | \$375927.82 |
| 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 | | |