

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
NOV 19 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? Spectrum Waste Services, dba The Spectrum Group
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? **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>Michael Morreale</u> Name <u>P.O.Box 1140</u> Number Street <u>Wall, NJ 07719</u> City State ZIP Code Contact phone <u>201-264-2932</u> Contact email <u>thespectrumgroup99@gmail.com</u>	<u>Michael Morreale</u> Name <u>P.O.Box 1140</u> Number Street <u>Wall, NJ 07719</u> City State ZIP Code Contact phone <u>201-264-2932</u> Contact email <u>thespectrumgroup99@gmail.com</u>
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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? _____

JAGGED PEAK Ctl ID



00047

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? \$ 310.00 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

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)?

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

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:

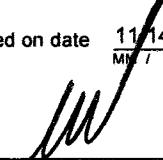
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 11/14/2019
MM / DD / YYYY



 Signature

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

Name Michael Morreale
First name Middle name Last name

Title Owner

Company Spectrum Waste Services, dba The Spectrum Group
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address P.O.Box 1140
Number Street
Wall, NJ 07719
City State ZIP Code

Contact phone 201-264-2932 Email thespectrumgroup99@gmail.com



Spectrum Waste Services dba The Spectrum Group
PO Box 1140
Wall, NJ 07719
billing@thespectrumgroup.net

BILL TO

Sean Osborne
Jagged Peak
1400 Randolph Ave
Avenel, NJ 07001

INVOICE 4771

DATE 08/30/2019 **TERMS** Due on receipt

DUE DATE 09/01/2019

ACTIVITY	QTY	RATE	AMOUNT
Recycling Services Pallet Refuse Trailer Pull on 08/30/19	1	200.00	200.00

Please make checks payable to:
The Spectrum Group
P.O.Box 1140
Wall, NJ 07719
(201) 264-2932

TOTAL DUE \$200.00



Spectrum Waste Services dba The Spectrum Group
PO Box 1140
Wall, NJ 07719
billing@thespectrumgroup.net

BILL TO

Sean Osborne
Jagged Peak
1400 Randolph Ave
Avenel, NJ 07001

INVOICE 4839

DATE 08/29/2019 **TERMS** Due on receipt

DUE DATE 09/01/2019

ACTIVITY	QTY	RATE	AMOUNT
Extra Service Pallet pull on 08/29/19	1	110.00	110.00

Please make checks payable to:
The Spectrum Group
P.O.Box 1140
Wall, NJ 07719
(201) 264-2932

TOTAL DUE \$110.00

PROOF OF CLAIM FILING INFORMATION FOR

**JAGGED PEAK, INC.
(LEAD CASE)
CASE NO. 19-15959**

U.S. BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA

Debtor Name	Case Number
Jagged Peak, Inc.	19-15959
TradeGlobal, LLC	19-15960
TradeGlobal North America Holding, Inc.	19-15961

General Bar Date: TBA

Governmental Bar Date: TBA

You may file your completed and executed Proof of Claim as follows:

If by regular mail, send to:

**BMC Group, Inc.
Attn: Jagged Peak Claims Processing
PO Box 90100
Los Angeles, CA 90009**

If by messenger or overnight delivery, send to:

**BMC Group, Inc.
Attn: Jagged Peak Claims Processing
3732 West 120th Street
Hawthorne, CA 90250**

Once filed, a "Filed" stamped copy of the proof of claim will be returned to the claimant Within three (3) business days of docketing IF the claimant encloses a stamped, self-addressed envelope with a copy of the proof of claim.

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: (10999961) **Claim No:** 43 *Status:*
SPECTRUM WASTE *Original Filed* *Filed by:* CR
SERVICES DBA THE *Date:* 11/19/2019 *Entered by:* BMC GROUP, INC.
SPECTRUM GROUP *Original Entered* (1)
ATTN: MICHAEL MORREALE *Date:* 11/19/2019 *Modified:*
PO BOX 1140
WALL, NJ 07719

Amount claimed: \$310.00

History:

[Details](#) [43-1](#) 11/19/2019 Claim #43 filed by SPECTRUM WASTE SERVICES DBA THE SPECTRUM GROUP, Amount claimed: \$310.00 (BMC GROUP, INC. (1))

Description: (43-1) Services performed

Remarks: (43-1) ClaimsAgent Recvd: 11/19/2019

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*	\$310.00
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		