Fill in this in	formation to identify the case:
Debtor 1	JAGGED PEAK, INC
Debtor 2 (Spouse, if filing)	
United States B	Bankruptcy Court for the: District of Nevada
Case number	19-15959

RECEIVED JAN 1 6 2020 **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.

b	Partition Identity the Claim						
1.	Who is the current creditor?	Centurylink Communications, 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?	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)		
		Centurylink Comn	nunications, l	LCBankruptcy	Centurylink Communications-Bankruptcy		
	Federal Rule of Bankruptcy Procedure	Name			Name		
	(FRBP) 2002(g)	1025 EL Dorado Blvd (Attn: Legal-BKY)			220 N 5th ST		
		Number Street Broomfield	CO	80021	Number Street Bismarck	ND	58501
		City	State	ZIP Code	City	State	ZIP Code
		Contact phone 720-888-1000			Contact phone 800-772-9313		
		Contact email Bankru		enturylink.com	Contact email bmg	bankruptcy@c	enturylink.com
		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	er on court claim	s registry (if known)		Filed on	/ DD / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	✓ No ☐ Yes. Who made the	ne earlier filing?				

JAGGED_PEAK Ctl ID

Ο.	Do you have any nur you use to identify to debtor?				
7. How much is the claim? \$8968.61. Does this amount include interest or other charges?					
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).			
 .	What is the basis of 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.			
		Telecommunications			
9.	is all or part of the ci secured?	Altachment (Official Form 410-A) with this Proof of Claim. Motor vehicle Other. Describe: Motor vehicle Other. Describe: Motor vehicle Motor vehi			
		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			
	. Is this claim based o	na ☑No			
10	lease?	Yes. Amount necessary to cure any default as of the date of the petition.			
10		☐ Yes. Amount necessary to cure any default as of the date of the petition. \$			
	ls this claim subject				

Official Form 410 Proof of Claim page 2

12. Is all or part of the claim	☑ No					
entitled to priority under 11 U.S.C. § 507(a)?	☐ Yes. Check	k all that apply:		Amount entitled to priority		
A claim may be partly priority and partly		tic support obligations (including alimony and child of C. § 507(a)(1)(A) or (a)(1)(B).	support) unde	s		
nonpriority. For example, in some categories, the law limits the amount entitled to priority.		2,850* of deposits toward purchase, lease, or renta al, family, or household use. 11 U.S.C. § 507(a)(7).	l of property of	or services for \$		
chalca to phony.	bankruj	, salaries, or commissions (up to \$12,850°) earned of the petition is filed or the debtor's business ends, v. C. § 507(a)(4).	within 180 da vhichever is e	ys before the arlier. \$		
	☐ Taxes	or penalties owed to governmental units. 11 U.S.C.	§ 507(a)(8).	\$		
	☐ Contrib	utions to an employee benefit plan. 11 U.S.C. § 50	7(a)(5).	\$		
	Other.	Specify subsection of 11 U.S.C. § 507(a)() that a	oplies.	\$		
	* Amounts	are subject to adjustment on 4/01/16 and every 3 years aft	er that for case	s begun on or after the date of adjustment.		
Part 3: Sign Below						
The person completing this proof of claim must	Check the appro	opriate box:				
sign and date it.	I am the creditor.					
FRBP 9011(b).	☐ I am the creditor's attorney or authorized agent.					
If you file this claim	☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.					
electronically, FRBP 5005(a)(2) authorizes courts	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
to establish local rules specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.					
A person who files a fraudulent claim could be	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true					
fined up to \$500,000, imprisoned for up to 5	and correct.					
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under	penalty of perjury that the foregoing is true and corr	ect.			
3571.	Executed on date 1-8-2020 MM / DD / YYYY					
	\bigcap	i / a				
	Signature Signature					
	Name	Jennifer Kadrmas				
		First name Middle name		Last name		
	Title	Credit/Collections Analyst				
Company Centurylink Communications, LLC. Identify the corporate servicer as the company if the authorized agent is a servicer.						
	Address	220 N 5th ST				
		Number Street				
		Bismarck	ND	58501		
		City	State	ZIP Code		
	Contact phone	800-772-9313	Email hr	ng bankruntcv@centurvlink.com		

Official Form 410 Proof of Claim page 3

Claim Attachment

CenturyLink Bankruptcy

Centurylink Communications, LLC

JAGGED PEAK

220 N 5th St

82-138095

Bismarck, ND 58501

Date: 01/08/2020

Date Filed	Debtor Name	Case Number	Chapter Type
9/16/19	JAGGED PEAK INC	19-15959	11
Account Nun	nber Account Name	Pre Petition	Post Petition
Account Ivan	moei Account Name	Trefeund	Ш

Grand Total:

Total:

\$8,968.61 \$8,968.61

\$8,968.61

\$5,295.09 \$5,295.09

\$5,295.09



October 07, 2019 Invoice: 1478151944 Billing Cycle: 23-293

Contact CenturyLink

1-800-860-1020

Page 1 of 9

JAGGED PEAK INC Account # 82138095

Phone # 813-637-6900

Bill Summary

Previous Balance	\$7,110.73
Payment(s) Received, Thank You	-\$7,110.73
Adjustments to Previous Balance	\$7,110.73
Balance Forward	\$7,110.73
Current Charges	
Current Gross Charges	\$6,730.00
Government Fees & Taxes	\$129.35
Other Fees & Monthly Charges	\$293.62
Current Net Charges	\$7,152.97
Amount Due	\$14,263.70

Thank you for choosing CenturyLink Communications, LLC. Your new invoice: Getting closer!

https://controlcenter.centurylink.com to view your billing and service information on-line and enroll in

Billing Inquiries and general information

Go Green! Use Control Center at

Paperless Billing or One Page Direct.

We are right on schedule for the upcoming switch to a new invoice format in the coming months. We've been sharing details on what you can expect along the way - see page 2 for a few more additional features that you can look forward

The Property Surcharge will increase from 4.75% to 5.55% and the Cost Recovery Fee will increase from 5.10% to 5.85% effective October 1, 2019.

Invoice Contents Account Summaries	Starts on Page
Your Account Balance	3
Service Summary	5
12-Month Review of Spending	6
Service Detail	8

Please fold, tear here, and return this portion with your payment.

To change your billing address, call us at 1-800-860-1020

CenturyLink

Payment Due for New Charges November 06, 2019, unless your contract states otherwise. Please Send Payment to: CENTURYLINK

1478151944

82138095

\$14,263.70

PO BOX 52187 PHOENIX, AZ 85072-2187

Invoice Number

Account Number

Amount Due

Amount Pald:

JAGGED PEAK INC 7650 W COURTNEY CAMPBELL **CAUSEWAY** STE 1200 **TAMPA, FL 33607**



104

1478151944082138095611111000071529700014263708

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: (11058132) Claim No: 70 Status: CENTURYLINK COMMUNICATIONS LLC Original Filed Filed by: CR

- BANKRUPTCY

Date: 01/22/2020

Filed by: CR

Entered by: BMC GROUP, INC. (1)

1025 EL DORADO BLVDOriginal EnteredATTN: LEGAL-BKYDate: 01/22/2020

BROOMFIELD, CO 80021

Amount claimed: \$8968.61

History:

Details 70- 01/22/2020 Claim #70 filed by CENTURYLINK COMMUNICATIONS LLC - BANKRUPTCY, Amount

Modified:

<u>1</u> claimed: \$8968.61 (BMC GROUP, INC. (1))

Description: (70-1) Telecommunications

Remarks: (70-1) ClaimsAgent Recvd: 01/16/2020

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* \$8968.61

Total Amount Allowed*

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		

^{*}Includes general unsecured claims