| Fill in this information to identify the case: | | | |
|------------------------------------------------|------------------------------------------------|--|--|
| Debtor 1 | KIKO USA, Inc. | | |
| Debtor 2 (Spouse, if filing) | | | |
| United States E | Bankruptcy Court for the: District of Delaware | | |
| Case number | 18-10069 | | |
| | | | |

Official Form 410

MAR 23 2018

BMC GROUP

RECEIVED

| Proof of Claim | 04 | 4/16 |
|-----------------------------------------------------------------------------------|----|------|
| | | |
| Deed the instructions have dilling and this fam. White such the second states and | | |

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.

| ŀ | art 1. Identify the C | laim | | | | | |
|----|-----------------------------------------------------------------------------|----------------------------|------------------------------------------------------------|---------------------------------------|--------------------------|------------------------------|--------------|
| 1. | Who is the current creditor? | AT&T Mob Name of the cu | ility II LLC rent creditor (the person or entit | ty to be paid for this cla | im) | | |
| | | Other names the | e creditor used with the debtor | AT&T | | | |
| 2. | Has this claim been acquired from someone else? | ☑ No □ Yes. From | n whom? | · · · · · · · · · · · · · · · · · · · | | | |
| 3. | Where should notices and payments to the creditor be sent? | | d notices to the creditor b vices, Inc Karen A. Cavagna | | Where shou different) | uld payments to the creditor | be sent? (if |
| | Federal Rule of | Name | | | Name | | ······ |
| | Bankruptcy Procedure (FRBP) 2002(g) | One AT&T W | ay, Room 3A104 | | | | |
| | | Number | Street | <u>, ,</u> | Number | Street | · · · · · |
| | | Bedminster | NJ | 07921 | | | |
| | | City | State | ZIP Code | City | State | ZIP Code |
| | | Contact phone | (908) 532-1957 | | Contact phone | 3 | |
| | | Contact email | km1426@att.com | | Contact email | | |
| | | Uniform claim ic | lentifier for electronic payments | in chapter 13 (if you us | e one): | | |
| 4. | Does this claim amend one already filed? | ☑ No ❑ Yes. Clai | m number on court claims re | egistry (if known) | | Filed on | / YYYY |
| 5. | Do you know if anyone else has filed a proof of claim for this claim? | ☑ No □ Yes. Who | o made the earlier filing? _ | | | | |



| Do you have any number you use to identify the debtor? | No $\vec{\mathbf{v}}$ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 3537 |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| How much is the claim? | \$ <u>11,402.37</u> . 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). |
| 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 |
| Is all or part of the claim secured? | |
| | 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 |
| ls this claim based on a | 2 No |
| | Yes. Amount necessary to cure any default as of the date of the petition. |
| lease? | |
| lease? . Is this claim subject to a right of setoff? | 2 No |

| 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, | Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | en manuen a amerika dage de da \$ |
| in some categories, the law limits the amount entitled to priority. | Up to \$2,850* 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 \$12,850*) 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 4/01/19 and every 3 years after that for cases begun on or aft | er the date of adjustment. |

Part 3: Sign Below

Check the appropriate box:

sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP

The person completing

this proof of claim must

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.

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.

03/21/2018 Executed on date MM / DD / YYYY

Miller thins /s/ Signature

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

| Name | Diana | | | Atkins Miller | |
|---------------|---------------------------------------------------------|-------------|----------------|----------------|--|
| | First name | Middle name | | Last name | |
| Title | Bankruptcy Represe | ntative | | | |
| Company | AT&T Mobility II LLC Identify the corporate servicer | | thorized agent | is a servicer. | |
| Address | 1801 Valley View Lar | ne | | | |
| | Number Street | | | | |
| | Farmers Branch | | ТΧ | 75234 | |
| | City | · . | State | ZIP Code | |
| Contact phone | <u>(866) 539-1474</u> | | Email | da411s@att.com | |

AT&T Corp Pre-petition Claim Documentation

Creditor: AT&T Mobility II LLC

Debtor 1: KIKO USA, Inc.

Debtor 2 (Spouse, if filing):

Court: District of Delaware

File Date:01/11/2018

Chapter: 13

Total Amount Filed: \$ 11,402.37

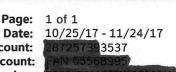
| Account Number | Billed Amount Due | Last Transaction | Last Payment |
|----------------|--------------------------|------------------|--------------|
| 3537 | \$ 11,402.37 | 01/10/2018 | 12/27/2017 |



KIKO USA, INC. 470 PARK AVE S FL 15 NEW YORK, NY 10016-6820

att.com

Bill Cycle Date: Account: Foundation Account: Invoice:



Visit us online at: www.att.com/business

Wireless Statement

Bill-At-A-Glance

| New Charges Due in Full by | Dec 19, 2017 |
|-----------------------------------|--------------|
| Total Amount Due | \$7,016.92 |
| New Charges | \$1,828.04 |
| Past Due - Please Pay Immediately | \$5,188.88 |
| Adjustments | \$8,468.25 |
| Payment - Thank You! | \$6,200.00CR |
| Previous Balance | \$2,920.63 |

Service Summary

| Service | Page | Total |
|--------------------------|------|------------|
| Account Charges | 1 | \$5.29 |
| 🕑 Wireless | 2 | \$1,822.75 |
| Total New Charges | | \$1,828.04 |

Manage Your Account: Online: att.com/myatt Mobile App: att.com/myattapp Support: 800 331-0500 or 611 from your mobile device TTY: 866 241-6567

For Important Information about your bill, please see the **News You Can Use** section (Page 63).

Return bottom portion with your check in the enclosed envelope. Payments may take 7 days to post.

Wireless Services provided by AT&T Mobility, LLC.

87257393537

Please include account number on your check.

Printed on Recyclable Paper

DUE BY: Dec 19, 2017

Past Due Charges - \$5,188.88 - Please Pay Immediately

S AT&T

CHECK FOR AUTO PAY (SEE REVERSE) Make checks payable to: AT&T MOBILITY PO Box 6463 Carol Stream, IL 60197-6463



CALL TO ORDER: 866.587.8147

Payments & Adjustments

| Item | | |
|-------|---------------------------------------|------------|
| No. | Description | , |
| 1. | American Express payment posted 11/03 | 5,000.00CR |
| 2. | Payment posted 11/21 | 1,200.00CR |
| Total | Payments | 6,200.00CR |
| | | |
| 3. | Returned Check 10/26 | 5,968.25 |
| 4. | Returned Check 11/13 | 2,500.00 |
| Total | Adjustments | 8,468.25 |
| Tota | l Payments & Adjustments | 2,268.25 |

Account Charges

| One-Time Charges | |
|---------------------------------------------------|------|
| Date Description | |
| 1. 11/24 Late Payment Charge | 5.00 |
| Surcharges and Other Fees | |
| County Gross Receipts Surcharge | 0.10 |
| 3. MTA Telecom Surcharge | 0.04 |
| | |

KIKO USA, INC. 470 PARK AVE S FL 15

NEW YORK, NY 10016-6820

99900287257393537000000018280400000701692000

Account Number

\$7,016.92

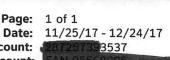
the second s



KIKO USA, INC. ATTN: JOHNNY VILLALBA 470 PARK AVE S FL 15 NEW YORK, NY 10016-6820

att.com

Bill Cycle Date: Account: Foundation Account: Invoice:



Visit us online at: www.att.com/business

Wireless Statement

Bill-At-A-Glance

| Previous Balance Payment - 11/27 | \$7,016.92 \$5,188.88CR |
|-----------------------------------------|----------------------------|
| Adjustments | \$0.00 |
| Past Due - Please Pay Immediately | \$1,828.04 |
| New Charges | \$2,075.72 |
| New Charges | \$2,015.12 |
| Amount to be Debited | \$3,903.76 |
| AutoPay will Debit Your Bank Account by | Jan 17, 2018 |

Service Summary

| Service | Page | Total |
|-------------------|------|------------|
| Account Charges | 1 | \$48.19 |
| Wireless | 2 | \$2,027.53 |
| Total New Charges | | \$2,075.72 |
| | | |

Manage Your Account: Online: att.com/myatt Mobile App: att.com/myattapp Support: 800 331-0500 or 611 from your mobile device TTY: 866 241-6567

For Important Information about your bill, please see the **News You Can Use** section (Page 61).



CALL TO ORDER: 866.613.4083 Questions about your service? Chat with us at: att.com/CustomerHelp

Account Charges

| Other Charges and Credits | |
|----------------------------------------------------|-------|
| One-Time Charges | |
| Date Description | |
| 1. 11/27 Restoral Fee | 35.00 |
| 2. 12/24 Late Payment Charge | 5.00 |
| Total One-Time Charges | 40.00 |
| Supported and Other Free | |
| Surcharges and Other Fees | |
| 3. County Gross Receipts Surcharge | 0.87 |
| Federal Universal Service Charge | 2.23 |
| 5. MTA Telecom Surcharge | 0.32 |
| 6. State Telecommunications Excise | 1.29 |
| Surcharge | |
| Total Surcharges and Other Fees | 4.71 |
| Government Fees and Taxes | |
| 7. City District Sales Tax - Telecom | 0.15 |
| 8. City Sales Tax - Telecom | 1.76 |
| 9. NY State Sales Tax - Telecom | 1.57 |
| Total Government Fees and Taxes | 3.48 |
| | |
| Total Other Charges & Credits | 48.19 |
| Total Account Charges | 48.19 |
| | |

Wireless Services provided by AT&T Mobility, LLC.

\$3,903.76

Printed on Recyclable Paper



Past Due Charges - \$1,828.04 - Please Pay Immediately

AutoPay will Debit Your Bank Account by: Jan 17, 2018

Account Number



KIKO USA, INC. ATTN: JOHNNY VILLALBA 470 PARK AVE S FL 15 NEW YORK, NY 10016-6820

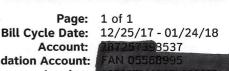
AT&T MOBILITY PO Box 6463 Carol Stream, IL 60197-6463



KIKO USA, INC. ATTN: JOHNNY VILLALBA 470 PARK AVE S FL 15 NEW YORK, NY 10016-6820

att.com

Account: **Foundation Account:** Invoice:



Visit us online at: www.att.com/business

Wireless Statement

Bill-At-A-Glance

| Previous Balance | \$3,903.76 |
|-----------------------------------|--------------|
| Payment - Thank You! | \$5,926.72CR |
| Adjustments | \$10,362.13 |
| Past Due - Please Pay Immediately | \$8,339.17 |
| New Charges | \$1,610.69 |
| Total Amount Due | \$9,949.86 |
| New Charges Due in Full by | Feb 19, 2018 |

Service Summary

| Service | Page | Total |
|-------------------|------|------------|
| Account Charges | 1 | \$5.29 |
| Wireless | 2 | \$1,605.40 |
| Total New Charges | | \$1,610.69 |

Manage Your Account: Online: att.com/myatt Mobile App: att.com/myattapp Support: 800 331-0500 or 611 from your mobile device TTY: 866 241-6567

> For Important Information about your bill, please see the News You Can Use section (Page 63).

Return bottom portion with your check in the enclosed envelope. Payments may take 7 days to post.



Wireless service you can count on

With AT&T wireless service, you can enjoy entertainment your way on the Nation's Best Data Network. Based on Nielsen Certified Data Network Score Q2+Q3 '17.

Call to order 800.449.1679 Go to att.com/GetMoreATT Visit your local AT&T store

Payments & Adjustments

| Item | | |
|------------|--------------------------------------------------------------------------------------|------------|
| No. | Description | |
| 1. | Payment posted 12/27 | 1,828.04CR |
| 2. | American Express payment posted 01/15 | 194.92CR |
| | Installment Plan ID: 28000007099403 | |
| | 646-943-3036 | |
| 3. | Payment posted 01/17 | 3,903.76CR |
| Tota | l Payments | 5,926.72CR |
| | | |
| 4. | Credit Card Chargeback 01/15 Tre-petite Payment Reversal 01/16 Pour ment Reversal | 5,000.00 |
| 5. | Payment Reversal 01/16 Payment Reta | 5,188.88 |
| 6. | Wireless - Balance of Installment Plan | 173.25 |
| | ID: 280000007099403 646-943-3036 | |
| Tota | l Adjustments | 10,362.13 |
| Tota | al Payments & Adjustments | 4,435.41 |

Account Charges

| Other Charges and Credits | |
|------------------------------------|------|
| One-Time Charges | |
| Date Description | |
| 1. 01/24 Late Payment Charge | 5.00 |
| Surcharges and Other Fees | |
| 2. County Gross Receipts Surcharge | 0.10 |
| 3. MTA Telecom Surcharge | 0.04 |

Wireless Services provided by AT&T Mobility, LLC.

Printed on Recyclable Paper

DUE BY: Feb 19, 2018

Past Due Charges - \$8,339.17 - Please Pay Immediately



Account Number 287257393537

Please include account number on your check.

KIKO USA, INC. ATTN: JOHNNY VILLALBA 470 PARK AVE S FL 15 NEW YORK, NY 10016-6820

CHECK FOR AUTO PAY (SEE REVERSE)

Make checks payable to: AT&T MOBILITY PO Box 6463 Carol Stream, IL 60197-6463

\$9,949.86