United States Bankrupcty Court for the District of Delaware Fill in this information to identify the case: (Select only one Debtor per claim form): Sugarfina, Inc. (Case No. 19-11973) Sugarfina International, LLC (Case No. 19-11974) Sugarfina (Canada), Ltd. (Case No. 19-11975)	RECEIVED JAN 2 2 2020 BMC GROUP
Modified Form 410 Proof of Claim	If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY 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	e Claim	
1. Who is the current creditor?	Name of the current creditor (the person or entity to paid for the Other name the creditor used with the debtor SACE	
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?         Allick Technologies /ne.         Name         16301       Olevan /r. #2004         Number. Street         Multon       Tk. 7500 /         City       State         Contact phone <u>14-103 / 10050</u> Contact email <u>Shan unon with one of the contact of the contact email of the contact of the contact email of</u>	Where should payments to the creditor be sent? (if different)         SHAWA         Name         Number       Street         City       State       ZIP Code         Contact phone
4. Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known	n) Filed on MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?	
BMC Modified Form 410	Proof of Cla	aim SUGARFINA POC page 1

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Part 2: Give inform	ation ab	out 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	v number you use to identif	y the debtor: <u>2264</u>
7. How much is the claim?	<u>\$ 94</u>	No Yes. Atta	count include interest or on the statement itemizing interequired by Bankruptcy Rul	rest, fees, expenses, or other
8. What is the basis of the claim?	Attach red Limit disc	a: Goods sold, money loaned, lease, service dacted copies of any documents supporting losing information that is entitled to privacy, <u>PAGING SERVICES</u>	the claim required by Ban	kruptcy Rule 3001(c).
9. Is all or part of the claim secured?		. The claim is secured by a lien on property Nature of property: Real estate. If the claim is secured by Attachment (Official Form Other. Describe: Basis for perfection: Attach redacted copies of documents, if a example, a mortgage, lien, certificate of ti been filed or recorded.) Value of property: Amount of the claim that is secured: Amount of the claim that is unsecured: Amount of the claim that is unsecured: Amount necessary to cure any default a Annual Interest Rate (when case was file Fixed Variable	the debtor's principal resid 410-A) with this <i>Proof of C</i> ny, that show evidence of the, financing statement, or \$\$\$\$\$\$	perfection of a security interest (for other document that shows the lien has - - _ (The sum of the secured and unsecured amounts should match the amount in line 7.)
10. Is this claim based on a lease?	<b>A</b>	. Amount necessary to cure any default	as of the date of the peti	tion. \$
11. Is this claim subject to a right of setoff?	Yes.	. Identify the property:		

•

11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priorit
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).	\$
n some categories, the aw limits the amount entitled to priority.	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.	\$

## Part 3: Sign Below

The person completing	Check the appropriate box:
this proof of claim must	
sign and date it. FRBP 9011(b).	I am the creditor.
If you file this claim	I am the creditor's attorney or authorized agent.
electronically, FRBP 5005(a)(2) authorizes courts	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
to establish local rules specifying what a signature	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.
is.	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.
A person who files a	anothe of the claim, the cleditor gave the debior cledit for any payments received toward the debi.
fraudulent claim could be fined up to \$500,000,	I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.
imprisoned for up to 5 years, or both.	I declare under penalty of perjury that the foregoing is true and correct.
18 U.S.C. §§ 152, 157, and 3571.	Executed on date 0/15/2020
	S-W/
	Signature
	Print the name of the person who is completing and signing this claim:
	Name Shannon Dong Last name
	Title Director & Operatimes
	Company QUICK TECHNORICS //L_ Identify the corporate servicer as the company if the authorized agent is a servicer.
	Address <u>1630/ QUOUM Ar. Suite UDA</u>
	Adjson TO 75001
	Contact phone 214-631-6000 Email State ZIP Code Email

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16301 Quorum Drive, #200A Addison, TX 75001 P: 800.925.7243 F: 800.905.7243

Bill To

## Invoice

Acco	unt#	Date	Invoice #
212	284	7/31/2019	795832

Sugarfina 3915 West 102nd Stre Los Angeles, CA 9030 USA					
Terms	Due Date	P.O. Number	Rep	Group	Via
Due Have Dessist	0/40/0040		470		

Ship To

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To remit payment by MC, Visa, Amex or Discover, please complete the information below and return via fax to 800.905.7243. Card # Exp. Date To	0.05 0.08			145.35 284.08
	Subtotal Sales Tax Fotal	S T	Гах (0.0%)	\$429.43 \$0.00 \$429.43
Cardholder Signature			credit 	\$0.00 \$429.43

Billing Address (if different)

Thank you for your business!

Payment is due within 10 days unless otherwise stated on invoice. There is a 2% late fee per month on past dues.



16301 Quorum Drive, #200A Addison, TX 75001 P: 800.925.7243 F: 800.905.7243

## Invoice

Account #	Date	Invoice #
212284	8/31/2019	805737

Sugarfina 3915 West 102nd Street Los Angeles, CA 90303 USA

Ship To	•••••••••••••••••••••••••••••••••••••••	 ·	

Quantity       Item Code       Description       Base Rate       Price Each       Amount         3,838       217310       Keyword Ad - Full Image       0.05       0.05       191.90         4,067       218110       Search Results Featured Product       0.08       0.08       0.08       325.36								
Quantity       Item Code       Description       Base Rate       Price Each       Amount         3,838       217310       Keyword Ad - Full Image       0.05       0.05       0.05       191.90         4,067       218110       Search Results Featured Product       0.08       0.08       325.36	Те	erms	Due Date	P.O. Number	Rep	Group	Via	F.O.B.
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4,067       218110       Search Results Featured Product       0.08       0.08       0.08       325.36	Quantity	Item Code		Description		Base Rate	Price Each	Amount
To remit payment by MC, Visa, Amex or Discover, please complete the information below and eturn via fax to 800.905.7243.       Sales Tax (0.0%)       \$0.00         Card # Exp. Date       Total       \$517.26         Cardholder Signature       Signature       Balance Due (USD)       \$517.26			Keyword Ad - Fu Search Results F	ll Image Featured Product				191.90 325.36
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Cardholder Signature PMNT/Credit \$0.00 Balance Due (USD) \$517.26	Card #			Exp. Date		Total		\$517.26
Balance Due (USD) \$517.26						PMNT/C	redit	\$0.00
						Balance	Due (USD)	\$517.26

Billing Address (if different)

Thank you for your business!

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