Fill in this information to identify the case:					
Debtor 1	TelexFree, LLC				
Debtor 2 (Spouse, if filing)					
United States E	Bankruptcy Court for the: District of Massachusetts, Boston Division				
Case number	14-40987				

E-Filed on 06/09/2016 Claim # 503

Official Form 410

Proof of Claim

12/15

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.

F	Part 1: Identify the Claim								
1.	Who is the current creditor?	Orlando Alfredo Alvarado Burbano 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 pay different)	ments to the creditor be	e sent? (if				
	Federal Rule of	Orlando Alfredo Alvarado Burbano Name	Name						
	Bankruptcy Procedure	Flat 68B Leander Road	Flat 68B Leanc	ler Road					
	(FRBP) 2002(g)	Number Street	Number Street						
		London United Kingdor SW2 2LJ	London	Unknown					
		City State ZIP Code	City	State	ZIP Code				
		Contact phone (208) 671-6529	Contact phone		-				
		Contact email jaydonor2710@yahoo.co.uk	Contact email		-				
		Uniform claim identifier for electronic payments in chapter 13 (if you u	use one):						
4.	Does this claim amend one already filed?	✓ No☐ Yes. Claim number on court claims registry (if known) _		Filed on	/ 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 Ves. Last 4 digits of the debtor's account or any number you use to identify the debtor: 1 0 4 5						
7. How much is the claim?	\$1,083.00 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.						
Ciaiii:	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.						
	Money not pay						
9. Is all or part of the claim secured?	✓ NoYes. 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?	Ves. Amount necessary to cure any default as of the date of the petition. \$00						
11. Is this claim subject to a right of setoff?	No Yes. Identify the property:						

12. Is all or part of the claim	✓No				
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Chec	ck all that apply:	Amount entitled to priority		
A claim may be partly		stic support obligations (including alimony and child support) under c.C. § 507(a)(1)(A) or (a)(1)(B).	\$0.00		
priority and partly nonpriority. For example, in some categories, the		\$2,850* of deposits toward purchase, lease, or rental of property or services for al, family, or household use. 11 U.S.C. §507(a)(7).	r \$0.00		
law limits the amount entitled to priority.	bankru	s, salaries, or commissions (up to \$12,850*) earned within 180 days before the ptcy petition is filed or the debtor's business ends, whichever is earlierC. § 507(a)(4).	\$		
	_	or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$0.00		
	Contrib	outions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$		
	Other.	Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$0.00		
	* Amounts a	are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or af	ter the date of adjustment.		
13. Is all or part of the	№ No				
claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?	Yes.Indica	ate the amount of your claim arising from the value of any goods received by ebtor within 20 days before the date of commencement of the above case, in a the goods have been sold to the Debtor in the ordinary course of such or's business. Attach documentation supporting such claim.	\$0.00_		
Part 3: Sign Below					
The person completing this proof of claim must	Check the appr	opriate box:			
sign and date it. FRBP 9011(b).	I am the creditor.				
If you file this claim	I am the cr	editor'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. A person who files a	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.				
fraudulent claim could be fined up to \$500,000,	I have examine	d the information in this <i>Proof of Claim</i> and have a reasonable belief that the ir	nformation 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.			
3 U.S.C. §§ 152, 157, and 571.	Executed on da	tte 06/09/2016 MM / DD / YYYY			
		WINT / DD / TTTT			
		do Alvarado			
	Signature	and the marcon who is completing and circuing this alaim.			
	Frint the name	of the person who is completing and signing this claim:			
	Name	Orlando Alfredo Alvarado Burbano			
		First name Middle name	Last name		
	Title	Mr			
	Company	CRM			
	Company	Identify the corporate servicer as the company if the authorized agent is a se	rvicer.		
	Address	Number Street			
		Number Sheet			
		City	e ZIP Code		
	Contact phone	Email			