Fill in this information to identify the case:

Debtor 1 TelexFree, LLC

Debtor 2 (Spouse, if filing)

United States Bankruptcy Court for the: District of Massachusetts, Boston Division

Case number 14-40987

E-Filed on 06/09/2016 Claim # 530

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.

Part 1: Identify the Claim

1.	Who is the current creditor?	AMIRA ELPKHIT 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 paym different)	ents to the creditor be	sent? (if		
		MOWAHIP ELAMIN ELPKHIT					
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name				
		48 CLARK ST	. tailie				
		Number Street	Number Street				
		SALEM					
		SALEW Massachuse 01970 City State ZIP Code	City	State	ZIP Code		
		•	Ony	Oldie			
		Contact phone 9789088777	Contact phone				
		Contact email mowelp16@gmail.com	Contact email				
		Uniform claim identifier for electronic payments in chapter 13 (if you use one):					
4.	Does this claim amend one already filed?	Vo Ves. 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
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6. Do you have any number you use to identify the debtor?	In Image No					
7. How much is the claim?	\$					
8. What is the basis of the claim?	amples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. ach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). it disclosing information that is entitled to privacy, such as health care information. CASH					
9. Is all or part of the claim secured?	No Yes. The claim is secured by a lien on property. Nature of property:					
10. Is this claim based on a lease?	✓ No ✓ Yes. 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	sk all that apply:	Amount entitled to priority				
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.		stic support obligations (including alimony and child support) under C. § 507(a)(1)(A) or (a)(1)(B).	\$0.00				
		\$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).	or \$0.00_				
		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 earlier.	e \$0.00_				
		.C. § 507(a)(4). or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$0.00				
	_	putions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ 0.00				
		Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$				
		are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or a	۴				
13. Is all or part of the							
claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?	the D which	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 creditor's attorney or authorized agent.						
electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. A person who files a	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 <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.						
	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 da	tte 06/09/2016 MM / DD / YYYY					
	Signature Print the name of the person who is completing and signing this claim:						
		AMIRA ELPKHIT					
	Name	First name Middle name	Last name				
	Title	PRESIDENT					
	Company	Identify the corporate servicer as the company if the authorized agent is a se	Prvicer.				
	Address	Number Street					
		City Stat	te ZIP Code				
Contact phone Email							