

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 06/23/2016
Claim # 935

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?** NELLIE GONZALEZ
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? _____

	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>NELLIE GONZALEZ</u>	_____
	Name	Name
	<u>5114 BEAVER HILL DR</u>	_____
	Number Street	Number Street
	<u>HOUSTON Texas 77084</u>	_____
	City State ZIP Code	City State ZIP Code
	Contact phone <u>(832) 368-5164</u>	Contact phone _____
Contact email <u>ortiznellie@yahoo.com</u>	Contact email _____	
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 on court claims registry (if known) _____ Filed on _____
MM / DD / 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
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 7,338.80. 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.
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.
VOIP CONTRACT

9. Is all or part of the claim secured? No
 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

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____ 0.00

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ <u>0.00</u>
<input type="checkbox"/> 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).	\$ <u>0.00</u>
<input type="checkbox"/> 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).	\$ <u>0.00</u>
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ <u>0.00</u>
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ <u>0.00</u>
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) that applies.	\$ <u>0.00</u>

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)? No

Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ 0.00

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

Check the appropriate box:

- 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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature 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 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 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.

Executed on date 06/23/2016
MM / DD / YYYY

NELLIE GONZALEZ
Signature

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

Name NELLIE GONZALEZ
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street
City State ZIP Code

Contact phone _____ Email _____

Attachment 1 - TELEXFREE.pdf

Description -

Deposits and other additions

Date	Description	Amount
02/20/14	Tx Tlr Transfer	9,975.00
02/24/14	Deposit	400.00
03/05/14	Deposit	600.00
03/05/14	Deposit	560.00
03/10/14	Deposit	570.00
Total deposits and other additions		\$12,105.00

Withdrawals and other subtractions

Date	Description	Amount
02/20/14	HEB #553 02/20 #000448200 PURCHASE 4955 NORTH HWY 6 HOUSTON TX	-22.65
02/21/14	SHELL Service 02/21 #000461200 PURCHASE SHELL KATY TX	-20.86
02/24/14	CHECKCARD 0221 ABC*Gold s Gym 800-6226290 TX 24906414052006116415979 RECURRING	-10.83
02/24/14	CHECKCARD 0222 CAPTAIN TOMS SEAFOOD BA KATY TX 24431064054286086002453	-26.95
02/25/14	CHECKCARD 0221 AW*TELEXFREEINC 5082630733 74824874055407543464281	-1,425.25
02/25/14	CHECKCARD 0222 AW*TELEXFREEINC 5082630733 74824874055407543489593	-1,425.25
02/25/14	CHECKCARD 0225 CHEVRON 003080 HOUSTON TX 79200540460340561879081	-30.43
02/25/14	DILLARDS - 077 02/25 #000000025 PURCHASE MEMORIAL HOUSTON TX	-56.82
02/25/14	SOU CACHE #218 02/25 #000019385 PURCHASE 303 MEMORIAL CITY HOUSTON TX	-208.77
02/26/14	CHECKCARD 0223 AW*TELEXFREEINC 5082630733 74824874056407544610337	-1,425.25
02/26/14	CHECKCARD 0225 AMBIT TEXAS, LLC 877-282-6248 TX 24692164056000091673624	-60.03
02/26/14	CHECKCARD 0225 SPRINT *WIRELESS 800-639-6111 KS 24692164056000073929762	-192.27
02/26/14	CHECKCARD 0225 LA MICHOACANA 18H KATY TX 24707804056980157048197	-9.58
02/26/14	HARRIS COUNTY MU DES:CKBYPHONE ID:500991712630002	-110.00
02/26/14	COMPASS BANK DES:CKBYPHONE ID:500991712630002	-3.95

continued on the next page

John Singer
Sargent
The Watercolors

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Withdrawals and other subtractions - continued

Date	Description	Amount
02/27/14	CHECKCARD 0224 AW*TELEXFREEINC 5082630733 74824874057408545164901	-1,425.25
02/28/14	CHECKCARD 0225 AW*TELEXFREEINC 5082630733 74824874058408545697099	-1,425.25

Service fees

Date	Transaction description	Amount
02/25/14	CHECKCARD 0222 AW*TELEXFREEINC	-42.76
02/25/14	CHECKCARD 0221 AW*TELEXFREEINC	-42.76
02/26/14	CHECKCARD 0223 AW*TELEXFREEINC	-42.76

continued on the next page

Service fees - continued

Date	Transaction description	Amount
02/27/14	CHECKCARD 0224 AW*TELEXFREEINC	-42.76
02/28/14	CHECKCARD 0225 AW*TELEXFREEINC	-42.76
Total service fees		-\$213.80

Note your Ending Balance already reflects the subtraction of Service Fees.

✓ Important Platinum Privileges program update.

Beginning May 31, 2014, we will no longer enroll clients in the Platinum Privileges program in AR, IA MA, ME, NH, NM, OK, RI, TX, AZ, CA, ID, OR. Clients enrolled in Platinum Privileges by May 31 will continue receiving and enjoying the benefits of the program if they meet the qualifications. Please visit your local banking center to learn more about these benefits and qualifications.

To help you BALANCE YOUR CHECKING ACCOUNT, visit bankofamerica.com/statementbalance or the Statements and Documents tab in Online Banking for a printable version of the How to Balance Your Account Worksheet.