Fill in this information to identify the case:					
Debtor 1 TelexFree, LLC					
Debtor 2					
United States Bankruptcy Court for the: District of Massachusetts, Boston Division					
Case number					

E-Filed on 06/25/2016 Claim # 965

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 PAULO FERNANDO DE SOUZA REZENDE creditor? Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Has this claim been No acquired from ☐ Yes. From whom? someone else? 3. Where should notices Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if and payments to the different) creditor be sent? PAULO FERNANDO DE SOUZA REZENDE Federal Rule of Name Bankruptcy Procedure 30 WOODLAWN ST (FRBP) 2002(g) Number Number Street Street **EVERETT** Massachuse 02149 City ZIP Code State ZIP Code Contact phone 6173892781 Contact phone Contact email paulofsrezende@hotmail.com Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use one): Does this claim amend ☑ No one already filed? ☐ Yes. Claim number on court claims registry (if known) ___ Filed on MM / DD / YYYY ✓ No 5. Do you know if anyone else has filed a proof ☐ Yes. Who made the earlier filing? of claim for this claim?

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?	? \$				
8. What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.				
claim?	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.				
	TELEX FREE INVESTMENT				
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: Massis for perfection:				
	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)?	Yes. Chec	ck 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.	Domes 11 U.S	stic support obligations (including alimony and child support) under i.C. § 507(a)(1)(A) or (a)(1)(B).	\$		
		\$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).	\$0.00		
	☐ Wages bankru	\$0.00			
		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 cr	editor.			
	I am the cr	editor's attorney or authorized agent.			
If you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.				
5005(a)(2) authorizes courts to establish local rules specifying what a signature	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.				
is.		at an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgmen claim, the creditor gave the debtor credit for any payments received toward the	· ·		
A person who files a 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 in	formation 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 06/25/2016				
3371.	MM / DD / YYYY				
PAULO REZENDE					
	Signature				
	Print the name	of the person who is completing and signing this claim:			
		PAULO FERNANDO DE SOUZA REZENDE			
	Name		Last name		
	Title				
	Company	Identify the corporate servicer as the company if the authorized agent is a servicer.			
	Address				
		Number Street			
		City State	e ZIP Code		
	Contact phone	Email			