Fill in this information to identify the case:

Debtor 1 TelexFree, Inc.

Debtor 2 (Spouse, if filing) _____

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

Case number 14-40988

E-Filed on 08/27/2016
Claim # 2261

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?**

Julio Alberto Ruiz de Pena
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?**
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent?** (if different)
Julio Alberto Ruiz de Pena Name	_____ Name
Calle Colon #100 Barrio Enriquillo Number Street	_____ Number Street
Higuey 23000 City State ZIP Code	_____ City State ZIP Code
Contact phone (809) 554-3448	Contact phone _____
Contact email juliofirst@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?**

☑ 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? $ 2,850.00 **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.

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.

Telexfree 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: _____

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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☑ No

☐ Yes. *Check all that apply:*

	Amount entitled to priority
☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$ 0.00
☐ 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).	$ 0.00
☐ 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).	$ 0.00
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$ 0.00
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$ 0.00
☐ Other. Specify subsection of 11 U.S.C. § 507(a)(__) that applies.	$ 0.00

* 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).

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

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.

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.

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.

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 08/27/2016
MM / DD / YYYY

Julio Alberto Ruiz de Pena
Signature

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

Name: Julio Alberto Ruiz de Pena
First name | Middle name | Last name

Title: Mr.

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 - Bank Transaction to Ewallet (1).pdf
Description -

TelexFREE Thursday, January 16, 2014

Dear Julio Ruiz [julioalberto],

Thank you! Your wire deposit request has been recorded. To complete this request, please choose one of the following options:

- Internet banking using your bank's website and Bill pay feature
- Telephone banking using your bank's phone service feature
- By making a transfer from your local bank branch

Please use the below information while initiating the transfer:

Amount to pay:	2.163,59€
Currency:	EUR
Bank Name:	DEUTSCHE POSTBANK
Bank Address:	DPB AG, Bayerstrasse 49, MUENCHEN, DE
Account Name:	BTSW GMBH, AGENT OF GLOBALEWALLET
Account Address:	Waldstr38, Bruck, 85567, DE
Account Number:	25442805
Account IBAN:	DE54700100800025442805
SWIFT Code:	PBNKDEFF700
Código del Banco:	70010080
Reference Number:	WMD026301

Note: Please ensure this reference number is sent with your payment. If this reference is missing the payment will not be credited to your account.

Please note:
* Once your transfer of **2.163,59€ EUR** has been received, your requested amount of**$2,850.00 USD** will be credited to your eWallet.
* Please use this reference number for this transfer ONLY. you must create a new wire to eWallet transaction and receive a new reference number for each future transfer or your deposit will be delayed.
* You may incur a foreign exchange charge from the bank if you deposit funds in a different currency other than the currency of this bank account.
* If you experience any problems with making wire transfer, please contact customer support.

PLEASE DO NOT REPLY TO THIS EMAIL

Thank you,
The Team at
https://telexfree.globalewallet.com