Fill in this information to identify the case:

Debtor 1 YOGAWORKS, INC., a Delaware C-Corporation

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: District of Delaware, Wilmington Division

Case number 1:20-bk-12599

E-Filed on 02/10/2021
Claim # 415

Official Form 410
Proof of Claim

04/19

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?

Cheryl Czyz
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)
Cheryl Czyc Name	Name
2175 S. Coast Hwy Unit #5 Number Street	Number Street
Laguna Beach CA 92651 City State ZIP Code	City State ZIP Code
Contact phone (949) 680-5056	Contact phone
Contact email czyzc@yahoo.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) 413 Filed on 02/10/2021
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?**

$ 1,000.00 . **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.

Breach of 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)?**

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 one:*

	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 $3,025* 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 $13,650*) 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 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

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 02/10/2021
MM / DD / YYYY

Cheryl Czyc
Signature

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

Name Cheryl Czyz
First name Middle name Last name

Title

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

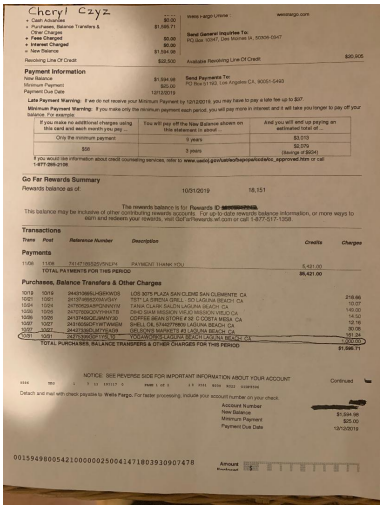
Address
Number Street

City State ZIP Code

Contact phone Email

Attachment 1 - Receipt_Yogaworks_CC.pdf
Description - Credit Card Statement

Back **IMG_2825.jpg**



Cheryl Czyz

+ Cash Advances	$0.00
+ Purchases, Balance Transfers & Other Charges	$1,595.71
+ Fees Charged	$0.00
+ Interest Charged	$0.00
= New Balance	$1,594.96
Revolving Line Of Credit	$20,500

Wells Fargo Online: wellsfargo.com

Send General Inquiries To:
PO Box 10347, Des Moines IA, 50306-0347

Available Revolving Line Of Credit $20,905

Payment Information

New Balance	$1,594.96
Minimum Payment	$25.00
Payment Due Date	12/13/2019

Send Payments To:
PO Box 11703, Los Angeles CA, 90051-5460

Late Payment Warning: If we do not receive your Minimum Payment by 12/12/2019, you may have to pay a late fee up to $37.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the New Balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	5 years	$3,013
$58	3 years	$2,079 (Savings of $934)

If you would like information about credit counseling services, refer to www.usoj.gov/uetrb/bapcpa/ccdebtc_approved.htm or call 1-877-266-2106

Go Far Rewards Summary

Rewards balance as of: 10/31/2019 16,151

The rewards balance is for: Rewards C [redacted]

This balance may be inclusive of other contributing rewards accounts. For up-to-date rewards balance information, or more ways to earn and redeem your rewards, visit GoFarRewards.wf.com or call 1-877-517-1358

Transactions

Trans	Post	Reference Number	Description	Credits	Charges
Payments					
11/08	11/08	24147395320700425	PAYMENT THANK YOU	5,421.00	
			TOTAL PAYMENTS FOR THIS PERIOD	5,421.00	
Purchases, Balance Transfers & Other Charges					
10/18	10/18	24431566EL4BRWK05	LOS 3075 PLAZA SAN CLEMS SAN CLEMENTE CA		216.66
10/21	10/21	24131495ZD5AVGAV	TST* LA BREA GRILL - SO LAGUNA BEACH CA		10.07
10/24	10/24	24760523ARPQNNNYW	TANIA CLARK SALON LAGUNA BEACH CA		140.00
10/25	10/25	24707500K2VYWHVT8	CHIC SAM MISSION VIEJO MISSION VIEJO CA		14.00
10/26	10/26	24131495QEJ8NNY30	COFFEE BEAN STORE # 32 C COSTA MESA CA		12.16
10/27	10/27	24416036FFVWTWMSM	SHELL OIL 57440779800 LAGUNA BEACH CA		30.05
10/27	10/27	24431395JJ8V75A39	DR. BOWS MARKETS #1 LAGUNA BEACH CA		161.94
CR	10/31	24147395K2T7LTE	GOGO*WIFI GALORE BEACH GOLETA BEACH CA		(20.00)
			TOTAL PURCHASES, BALANCE TRANSFERS & OTHER CHARGES FOR THIS PERIOD		$1,595.71

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION ABOUT YOUR ACCOUNT

Continued

Detach and mail with check payable to: Wells Fargo. For faster processing, include your account number on your check.

Account Number	[redacted]
New Balance	$1,594.96
Minimum Payment	$25.00
Payment Due Date	12/13/2019

00159498005421000000250043471803930907478

Amount Enclosed $