EIN 9105

Fill in this information to identify the case:	
Debtor 1	~~Lori Dillon~~ Yogaworks Inc a delaware corporation
Debtor 2 (Spouse, if filing)	Yogaworks Inc a California corporation EIN 0457
United States Bankruptcy Court for the:	Delaware District of Delaware
Case number	20-12599 (KBO)

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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?

Lori Dillon
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?

Lori Dillon
Name

1731 E. Ocean Blvd
Number Street

Newport Beach CA 92661
City State ZIP Code

Contact phone 714 261-1005

Contact email loridillons@gmail.com

Where should payments to the creditor be sent? (if different)

Name

Same
Number Street

City State ZIP Code

Contact phone _____

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? _____

YOGAWORKS POC
00319

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?** $ 980.00 . **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.
   goods sold - Annual membership

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.** $_____

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).	$_____
☐ 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).	$_____
☐ 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).	$_____
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$_____
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$_____
☐ Other. Specify subsection of 11 U.S.C. § 507(a)(__) that applies.	$_____

* 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 01/26/2021
MM / DD / YYYY

Lori J Dillon
Signature

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

Name: Lori (First name) V. (Middle name) Dillon (Last name)

Title: _____

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

Address: 1731 E Ocean Blvd
Number Street
Newport Beach CA 92661
City State ZIP Code

Contact phone 714 261 1005 Email loridillons@gmail.com

Print | Save As... | Add Attachment | Reset

From: YogaWorks Orange County Business-10@mindbodyonline.com
Subject: YogaWorks - OC Sales Receipt
Date: Jun 21, 2020 at 3:40:23 PM
To: loridillons@gmail.com

yogaworks

THANK YOU

for your purchase!

Dear Lori,

Thank you for shopping at YogaWorks. Below is your purchase receipt; please keep a copy for your records.

Sale Date:	6/21/2020 - 3:40 PM
Sale ID:	101265442
Sold By:	Polanski, Lisa

1	Member Annual Newport Beach	$980.00
1	Member RENEWAL Annual	$0.00

Subtotal:	$980.00
Tax:	$0.00
Total:	$980.00

Payment Method	Amount

Credit (Visa/MC) $980.00
Lori Dillon
Visa - ***8100
Authorization #: 90299D

Lori Dillon
Customer Copy

SCHEDULED AUTOPAYS:
Lori Dillon agrees to pay the following:

Renewal Annual Newport Beach for LORI DILLON
every 12 Months. Starting 6/21/2020 12:00:00 AM
1. Member Annual Newport Beach Fee of $980.00

We appreciate your business - if

you purchased a series, please note the series expires 6 months from activation. To discuss reactivation or extension options, please contact your local studio and we'll be glad to help you.

We will happily issue a store credit for merchandise, excluding mats and opened media items, returned within 14 days of purchase with a receipt. Please retain this receipt for your records. All sales final on sale items. Gift Cards and Gift Certificates are non-refundable and non-transferable. Gift Cards and Gift Certificates may only be redeemed for YogaWorks merchandise or services and cannot be redeemed for cash.

Thank you!

Member Terms & Conditions:
yogaworks.com/members

You may log in to view your purchase history here: . If you have any additional questions, then please feel free to contact us using the email or phone number listed below.

Thank you!

The YogaWorks - OC Team

Web: https://www.yogaworks.com/

Phone: (949) 640-9642

YogaWorks - OC
1835 Newport Boulevard, Costa Mesa, CA 92627
949.642.7400
hello@yogaworks.com
https://www.yogaworks.com/

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Unsubscribe | Set preferences

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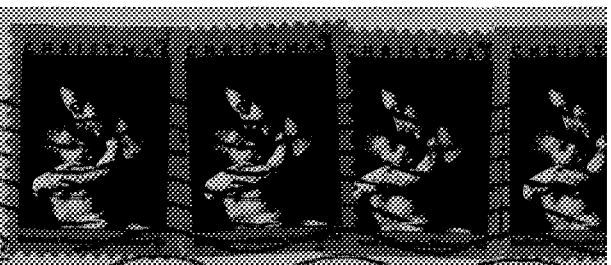
Dillon
1731 E. Ocean Blvd
Newport Beach CA
92661



SA PSDC 927 #2
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BMC Group
Attn: YW Claims Processing
P.O. Box 90100
Los Angeles, CA 90009

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