

FILED

2019 OCT 31 PM 12:37

**CLERK
U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE**

Fill in this information to identify the case:

Debtor 1 HIGHLAND CAPITAL MANAGEMENT

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of Delaware

Case number 19-12239

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? CDW
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)
<u>CDW / Attn: Ronelle Erickson</u>	
Name <u>200 N. Milwaukee Ave</u>	Name _____
Number Street <u>Vernon Hills IL 60061</u>	Number Street _____
City State ZIP Code <u>IL 60061</u>	City State ZIP Code _____
Contact phone <u>847-419-6253</u>	Contact phone _____
Contact email <u>Roneeri@cdw.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? _____

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1912239191031000000000002

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: _____

Account# 0914206

7. How much is the claim? \$ 2,648.25 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

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.)

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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)?

No

Yes. Check 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.

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

Up to \$2,775* 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 \$12,475*) 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.

\$ 2,648.25

* Amounts are subject to adjustment on 4/01/16 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 10/28/19
MM / DD / YYYY


Signature

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NOV 05 2019

KURTZMAN CARSON CONSULTANTS

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

Name Ronelle Erickson

First name Middle name Last name

Title Recovery Supervisor

Company CDW, LLC

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

Address 200 N Milwaukee Ave

Number Street

Vernon Hills, IL 60061

City State ZIP Code

Contact phone 8474190253 Email Roneeri@CDW.COM

0914206-01 HIGHLAND CAPITAL MANAGEMENT

VJH7256	10/14/201	\$ 759.93	\$ 759.93	TAPES
VGM8892	10/08/201	\$ 97.94	\$ 97.94	JROTH_CAPEX
VFX2202	10/04/201	\$ 2,641.79	\$ 1,790.38	JROTH_CAPEX

\$ 2,648.25

CDWL# WN44018-00001

*** ORIGINAL COPY **

Tax Identification
36-4530079

VJH7256
6646 /



1BZXD0B-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
VJH7256	0914206	10-14-19

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HIGHLAND CAPITAL MANAGEMENT
300 CRESCENT CT STE 700
ACCTS PAYABLE
DALLAS, TX 75201-7849
9726284100

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HIGHLAND CAPITAL MANAGEMENT
300 CRESCENT COURT
SUITE 700
ATTN:BOYD GOSSERAND
DALLAS, TX 75201
P.O.# TAPES

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
DAVID SCHMITT	10-14-19	10-14-19	DROP SHIP-GROUND	NET 30-VERBAL	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
1	1	2055261	HP LTO5 NON CUSTOM LABEL 20PK MFG#:C7975AN	449.62	449.62
10	10	2055263	HP LTO5 3TB WORM DATA TAPE MFG#:C7975W-DUP SPECIAL INSTRUCTIONS: Beginning of customer text: Beginning of customer text: End of customer text.	25.24	252.40
Cost Center: Quote/Order Source:			Subtotal:		702.02
			Freight:		.00
			Sales Tax:		57.91

PLEASE REMIT PAYMENT TO:
CDW Direct
PO Box 75723, Chicago, IL 60675-5723

INVOICE TOTAL	U.S. Currency 759.93
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**ISO 9001:2011
CERTIFIED**

TERMS AND CONDITIONS OF SALE:
 THE TERMS AND CONDITIONS OF SALE ARE LIMITED TO THOSE ON CDW'S WEBSITE AT CDW.COM. NOTICE OF OBJECTION TO AND REJECTION OF ANY ADDITIONAL OR DIFFERENT TERMS IN ANY FORM DELIVERED BY CUSTOMER IS HEREBY GIVEN.

SUPPORT NUMBERS:
 Technical Support Toll-free: (800) 383-4239
 Repairs Toll-free: (866) 465-6555 or CDWrepaircoordinators@cdw.com
 Customer Relations Toll-free: (866) 782-4239
 or CustomerRelations@CDW.com
 To have a Will Call order pre-invoiced contact the Curbside team at CDW Vernon Hills Will Call Pick Up at (847) 371-3600 or Curbside@cdw.com

Thank you for your business.

CDWL# WL68409-00004

*** ORIGINAL COPY **

Tax Identification
36-4530079

VGM8892
6646 /



1BZV2YY-00004

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
VGM8892	0914206	10-08-19

S HIGHLAND CAPITAL MANAGEMENT
 O 300 CRESCENT CT STE 700
 L
 D
 T ACCTS PAYABLE
 O DALLAS, TX 75201-7849
 9726284100

S HIGHLAND CAPITAL MANAGEMENT
 H 300 CRESCENT COURT
 I
 P SUITE 700
 T ATTN: JASON ROTHSTEIN
 O DALLAS, TX 75201
 P.O.# JROTH CAPEX

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
DAVID SCHMITT	10-04-19	10-08-19	UPS Ground	NET 30-VERBAL	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
1	1	3072616	MS SURF PRO WTY EHS 3YR MFG#:A9W-00001 SPECIAL INSTRUCTIONS: Beginning of customer text: Beginning of customer text: End of customer text.	90.48	90.48
Cost Center: Quote/Order Source:			Subtotal:		90.48
			Freight:		.00
			Sales Tax:		7.46
PLEASE REMIT PAYMENT TO:				INVOICE TOTAL	U.S. Currency 97.94
CDW Direct PO Box 75723, Chicago, IL 60675-5723					

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CERTIFIED

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or CustomerRelations@CDW.com
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Thank you for your business.

CDWL# WL02473-00001

*** ORIGINAL COPY **

Tax Identification
36-4530079

VFX2202

6646 /



1BZSV54-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
VFX2202	0914206	10-04-19

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T
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HIGHLAND CAPITAL MANAGEMENT
300 CRESCENT CT STE 700

ACCTS PAYABLE
DALLAS, TX 75201-7849
9726284100

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HIGHLAND CAPITAL MANAGEMENT
300 CRESCENT CT STE 700

ATTN: JASON ROTHSTEIN
DALLAS, TX 75201-7849
P.O.# JROTH CAPEX

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS
DAVID SCHMITT		10-01-19	10-04-19	ELECTRONIC DISTRIBUTION	NET 30-VERBAL
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
1	1	936508	COMMVAULT SUP & MNT PREM RNWL MFG#:S-PREM-RNWL Electronic distribution - NO MEDIA SPECIAL INSTRUCTIONS: Term Date: 11/1/2019-10/31/2020 CommVault Software Premium Support Coverage: (24 hours a day, 7 days a week): Beginning of customer text: Beginning of customer text: End of customer text.	2440.45	2440.45
Cost Center: Quote/Order Source:				Subtotal:	2440.45
				Freight:	.00
				Sales Tax:	201.34

PLEASE REMIT PAYMENT TO:
CDW Direct
PO Box 75723, Chicago, IL 60675-5723

INVOICE TOTAL	U.S. Currency 2641.79
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ISO 9001:2011
CERTIFIED

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Thank you for your business.