

**Fill in this information to identify the case:**

Debtor 1 4Cast Inc

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of Delaware

Case number 19-12239

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?	<u>4Cast Inc</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	Other names the creditor used with the debtor <u>Continuum Ececonomics</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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>4Cast Inc</u> <small>Name</small> <u>Suite 2147, 420 Lexington Avenue</u> <small>Number Street</small> <u>NY 10170</u> <small>City State ZIP Code</small> Contact phone <u>+442078818828</u> Contact email <u>creditcontrol@4castgm.com</u>	_____ <small>Name</small> _____ <small>Number Street</small> _____ <small>City State ZIP Code</small> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <small>MM / DD / YYYY</small>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

RECEIVED

NOV 26 2019

KURTZMAN CARSON CONSULTANTS



**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: g h d a

7. How much is the claim? \$ 16,500.00 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.  
Services under contract ref: HIGH-DA-003

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:** \$ 16,500.00 (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) 8.50 %  
 Fixed  
 Variable

RECEIVED

NOV 26 2019

KURTZMAN CARSON CONSULTANTS

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 one:

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.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* 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.

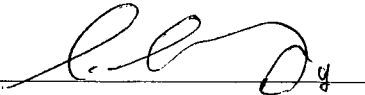
I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 11/11/2019  
MM / DD / YYYY

Craig Christiaens

Signature



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

Name Craig Christiaens  
First name Middle name Last name

Title Credit Manager

Company 4Cast Inc  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 420 Lexington Avenue, Suite 2147, New York  
Number Street

City NY State 10170  
City State ZIP Code

Contact phone +442078818828 Email creditcontrol@4castgm.com

RECEIVED

NOV 26 2019

KURTZMAN CARSON CONSULTANTS



# INVOICE

Highland Capital Management  
 300 Crescent Court  
 Suite 700  
 Dallas  
 TX 75201  
 United States

Invoice Date 01 Oct 2019  
 Invoice No. INV003517  
 Tax Point 01 Dec 2019  
 Contact BRENDAN KENNEDY  
 Federal Tax ID No. No: 13-397-4826  
 Customer Ref. HIGH-DA  
 Contract No. HIGH-DA-003

F A O: Drew Wilson

User Name	Description	Period From	Period To	Qty	Sales Tax %	Monthly Price USD	Net USD
Site Licence	Asset Management - Core	01 Dec 2019	30 Nov 2020	1	0	1,375.00	16,500.00

PLEASE ENSURE THAT THE FULL INVOICE AMOUNT IS REMITTED AFTER ALL BANK CHARGES.

	0.00
SubTotal	16,500.00
	0.00
Net	16,500.00
SALES TAX	0.00
<b>TOTAL USD DUE</b>	<b>16,500.00</b>

Please make checks payable to 4CAST Inc. and send to the address at the bottom of the page. Or Make Bank Transfers to 4CAST Inc. using:  
 HSBC Bank Address: 452 Fifth Avenue, NY 10018  
 ABA No: 021001088 Account No: 610828568  
 BIC: MRMDUS33

Date due 01 Dec 2019

www.4castweb.com . email: accounts@4castweb.com

Page No: 1

tele:+1 212 897 6777 . Fax: +1 212 897 6776

4CAST Inc . 420 Lexington Avenue . Suite 2147 . New York 10170 . USA