B10 (Official Form 10) (04/13)				Clain	n #59 Date Filed: 2/24/20
	CY COURT Northern District of Texas			P	ROOF OF CLAIM
Name of Debtor:		Case Number:			
			1		
Highland Captial Management, L.P.		19-34054-sgj1	1	ş .	THE PARTY OF THE P
NOTE D					$\sim 1$
	claim for an administrative expense that arise ment of an administrative expense according t				FEB 2 4 2020 (5
L	tity to whom the debtor owes money or proper	-			
CBIZ Valuation Group, LLC				CLI	ERK U.S. BANKBUPTCY COURT COURT (USE ONLY TEXAS
Name and address where notices should be	be sent:	WE STATE	Th.	☐ Check	this box if this claim amends a
CBIZ Valuation Group, LLC	•			previousl	y filed claim.
PO Box 849846		MAR 2 3 2	2020	Court C	laim Number:
Dallas, TX 75284				(If kno	
Telephone number: 972-406-6945	email: mlarmstrong@cbiz.com	ZCAR CARSON OF	2THAT CIRT	Filed on:	
Name and address where payment should		emainett es & (8,2 s* cen.ed Es. 1954)	23426476894164		this box if you are aware that
	,			anyone e	lse has filed a proof of claim
					o this claim. Attach copy of t giving particulars.
				statemen	i giving particulars,
Telephone number:	email:				
1. Amount of Claim as of Date Case Fi	iled: \$8,269.26				
If all or part of the claim is secured, comp	plete item 4				
If all or part of the claim is entitled to prid	ority, complete item 5.				
Check this box if the claim includes in	terest or other charges in addition to the princ	ipal amount of the	claim. Attach a st	tatement tl	nat itemizes interest or charges.
2. Basis for Claim: Services perfo	ormed		•		
(See instruction #2)	, med		•		
3. Last four digits of any number	3a. Debtor may have scheduled account a	ıs:   3b. Uniforn	n Claim Identifie	r (optiona	il):
by which creditor identifies debtor:					
1 2 4 6	(See instruction #3a)	(See instruc	ction #3b)		
4.6	•				es, as of the time case was filed,
<b>4. Secured Claim</b> (See instruction #4) Check the appropriate box if the claim is	secured by a lien on property or a right of	included in	secured claim, if	any:	
	ts, and provide the requested information.			\$	<del></del>
Nature of property or right of setoff:	□ Real Estate □ Motor Vehicle □ Other	Basis for p	erfection:		
Describe:	Sitem Balance Birnotol Vernote Bother	24010101 p			"
Value of Property: \$	_	Amount of	Secured Claim:	s	
Annual Interest Rate % 🗇 Fixe	d or TVariable	Amount Ur	isecured:	s	
(when case was filed)	a of Byariable			<u> </u>	
					· · · · · · · · · · · · · · · · · · ·
5. Amount of Claim Entitled to Priorit the priority and state the amount.	ty under 11 U.S.C. § 507 (a). If any part of	the claim falls int	to one of the follo	wing cates	gories, check the box specifying
☐ Domestic support obligations under 1	1	to \$12.475*)	☐ Contribution	s to an	
U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	earned within 180 days before the case	was filed or the	employee benef	īt plan –	
	debtor's business ceased, whichever is e 11 U.S.C. § 507 (a)(4).	arlier –	11 U.S.C. § 507	(a)(5).	Amount entitled to priority:
	11 0.0.0. 8 307 (4)(4).				
Up to \$2,775* of deposits toward purchase, lease, or rental of property or	☐ Taxes or penalties owed to government 11 U.S.C. § 507 (a)(8).	ental units –	☐ Other – Spec	graph of	\$

services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).

11 U.S.C. § 507 (a)(\_\_).

\*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this



B10 (Official Form 10) (04/13) 7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: 8. Signature: (See instruction #8) Check the appropriate box. I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, ☐ I am a guarantor, surety, indorser, or their authorized agent. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: Jan L. Moore CFO Title: Company: CBIZ Valuation Group, LLC

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

### INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

### Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

email: janmoore@cbiz.com

Address and telephone number (if different from notice address above):

972-620-0400

### Creditor's Name and Address:

Telephone number:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

## 1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

# 2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

#### 3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

## 3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

## 4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a). If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

#### 6. Credits:

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.

## 7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

## 8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



4851 LBJ Freeway, Suite 800, Dallas, TX 75244 | 972.620.0400

Highland Capital Management, L.P. Mr. Scott Ellington General Counsel 300 Crescent Court, Suite 700 Dallas, TX 75201

Date: 10/14/2019		1111488037 370021
For services rendered by CBIZ Valuation Group LLC as follows:		
Services rendered inclusive of meetings and discussions with counsel and prepara trial testimony.	tion for \$	5,000.00
Expenses		3,269.26
Curre	ent Amount Due \$	8,269.26

PAYMENT DUE UPON RECEIPT Please use one of the following methods. For billing inquiries or to pay by credit card, please call 972.620.0400

Wire Transfer Wire Transfer - International ACH/EFT **US Mail** Bank of America Bank of America Bank of America CBIZ Valuation Group, LLC 100 W 33rd St, NY, NY 10001 Swift Code: BOFAUS3N 1401 Elm St, 2nd Fl, NY, NY 10001 PO Box 849846 Dallas, TX 75284-9846 For credit to: CBIZ, Inc Chips #: 0959 For credit to: CBIZ, Inc Wire Routing #: 026-009-593 For credit to: CBIZ Inc ACH Routing #: 121-000-358 Include client # and invoice #(s) on Account # 1499805398 Account # 1499805398 Account # 1499805398 the check Desc: #1076 CBIZ Valuation Grp Desc: #1076 CBIZ Valuation Grp Desc: #1076 CBIZ Valuation Grp