

Fill in this information to identify the case:Debtor Avant Gardner, LLCUnited States Bankruptcy Court for the: _____ District of Delaware
(State)Case number 25-11443**Modified Official Form 410
Proof of Claim****04/25**

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 or 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>Alive Coverage LLC</u> 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?	<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? <u>Alive Coverage LLC</u> <u>1707 E. Lake Cannon Dr. NW</u> <u>Winter Haven, FL 33881</u> Contact phone _____ Contact email <u>julian@alivecoverage.com</u> Uniform claim identifier (if you use one): _____	Where should payments to the creditor be sent? (if different) Contact phone _____ Contact email _____
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 _____ MM / DD / YYYY	
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? _____	



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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ _
7. How much is the claim?	\$ <u>35,490.98</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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. <u>Services performed</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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 amount 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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 all that apply:

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

Amount entitled to priority

\$ _____

☐ Up to \$3,800* 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 \$17,150*) 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 4/01/28 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

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)(3) 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 acknowledgement 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 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 10/31/2025
MM / DD / YYYY

/s/Calder Wilson
Signature

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

Name Calder Wilson
First name Middle name Last name

Title Managing Member

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

Address

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 523-2951 | International (781) 575-2140

Debtor: 25-11443 - Avant Gardner, LLC District: District of Delaware		
Creditor: Alive Coverage LLC 1707 E. Lake Cannon Dr. NW Winter Haven, FL, 33881 Phone: Phone 2: Fax: Email: julian@alivecoverage.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
	Other Names Used with Debtor:	
Amends Claim: No Acquired Claim: No		
Basis of Claim: Services performed	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 35,490.98	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Calder Wilson on 31-Oct-2025 10:36:23 a.m. Pacific Time Title: Managing Member Company: Alive Coverage LLC		

A/R Aging Detail Report

Alive Coverage
As of October 31, 2025

DATE	TRANSACTION TYPE	NUM	CUSTOMER FULL NAME	DUE DATE	AMOUNT	OPEN BALANCE
91 or more days past due						
04/19/2025	Invoice	INV-2025-127	Avant Gardner LLC	05/19/2025	5,000.00	5,000.00
05/07/2025	Invoice	INV-2025-151	Avant Gardner LLC	06/06/2025	6,647.75	6,647.75
05/07/2025	Invoice	INV-2025-152	Avant Gardner LLC	06/06/2025	11,147.74	11,147.74
05/07/2025	Invoice	INV-2025-153	Avant Gardner LLC	06/06/2025	6,047.74	6,047.74
05/21/2025	Invoice	INV-2025-191	Avant Gardner LLC	06/20/2025	6,647.75	6,647.75
Total for 91 or more days past due					\$35,490.98	\$35,490.98
TOTAL					\$35,490.98	\$35,490.98

Alive Coverage LLC
1707 E Lake Cannon Dr NW
Winter Haven, FL 33881
8635579697

INVOICE



Invoice #: INV-2025-151

Invoice Date: 05/07/25

Amount Due: \$6,647.75

Avant Gardner LLC
100 Bogart Street
New York, NY 11206

Due Date

06/06/25

Description	Quantity	Price	Amount
May 1st, Sara Landry Mirage Night 1	1	\$6,647.75	\$6,647.75

Subtotal: \$6,647.75

Sales Tax (0%): **\$0.00**

Total: \$6,647.75

Payments: \$0.00

Amount Due: \$6,647.75

Account Legal Name: ALIVE COVERAGE LLC
Billing Address: 1707 E Lake Cannon Dr NW Winter Haven, FL 33881
Bank Name: Bank of America
Branch Address: 510 W Central Ave Winter Haven, FL 33880
Account Number: 229045486648
Routing Number (9 digits): 063100277
SWIFT Code: BOFAUS3N (for transfers in USD)
SWIFT code: BOFAUS6S (for transfers in all other currencies)

Thank you for your partnership!

To pay online, go to <https://app02.us.bill.com/p/alivecoverage>

Alive Coverage LLC
1707 E Lake Cannon Dr NW
Winter Haven, FL 33881
8635579697

INVOICE



Invoice #: INV-2025-152

Invoice Date: 05/07/25

Amount Due: \$11,147.74

Avant Gardner LLC
100 Bogart Street
New York, NY 11206

Due Date

06/06/25

Description	Quantity	Price	Amount
Cityfox: Regenerate May 3	1	\$11,147.74	\$11,147.74

Subtotal: \$11,147.74

Sales Tax (0%): **\$0.00**

Total: \$11,147.74

Payments: **\$0.00**

Amount Due: **\$11,147.74**

Account Legal Name: ALIVE COVERAGE LLC
Billing Address: 1707 E Lake Cannon Dr NW Winter Haven, FL 33881
Bank Name: Bank of America
Branch Address: 510 W Central Ave Winter Haven, FL 33880
Account Number: 229045486648
Routing Number (9 digits): 063100277
SWIFT Code: BOFAUS3N (for transfers in USD)
SWIFT code: BOFAUS6S (for transfers in all other currencies)

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Alive Coverage LLC
1707 E Lake Cannon Dr NW
Winter Haven, FL 33881
8635579697

INVOICE



Invoice #: INV-2025-153

Invoice Date: 05/07/25

Amount Due: \$6,047.74

Avant Gardner LLC
100 Bogart Street
New York, NY 11206

Due Date

06/06/25

Description	Quantity	Price	Amount
Black Coffee May 4 Mirage	1	\$6,047.74	\$6,047.74

Subtotal: \$6,047.74

Sales Tax (0%): **\$0.00**

Total: \$6,047.74

Payments: \$0.00

Amount Due: \$6,047.74

Account Legal Name: ALIVE COVERAGE LLC
Billing Address: 1707 E Lake Cannon Dr NW Winter Haven, FL 33881
Bank Name: Bank of America
Branch Address: 510 W Central Ave Winter Haven, FL 33880
Account Number: 229045486648
Routing Number (9 digits): 063100277
SWIFT Code: BOFAUS3N (for transfers in USD)
SWIFT code: BOFAUS6S (for transfers in all other currencies)

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Alive Coverage LLC
1707 E Lake Cannon Dr NW
Winter Haven, FL 33881
8635579697

INVOICE



Invoice #:	INV-2025-191
Invoice Date:	05/21/25
Amount Due:	\$6,647.75

Avant Gardner LLC
100 Bogart Street
New York, NY 11206

Due Date

06/20/25

Description	Quantity	Price	Amount
May 2nd, Sara Landry Mirage Night 2	1	\$6,647.75	\$6,647.75

Subtotal:	\$6,647.75
Sales Tax (0%):	\$0.00
Total:	\$6,647.75
Payments:	\$0.00
Amount Due:	\$6,647.75

Account Legal Name: ALIVE COVERAGE LLC
Billing Address: 1707 E Lake Cannon Dr NW Winter Haven, FL 33881
Bank Name: Bank of America
Branch Address: 510 W Central Ave Winter Haven, FL 33880
Account Number: 229045486648
Routing Number (9 digits): 063100277
SWIFT Code: BOFAUS3N (for transfers in USD)
SWIFT code: BOFAUS6S (for transfers in all other currencies)

Thank you for your partnership!

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Alive Coverage LLC
1707 E Lake Cannon Dr NW
Winter Haven, FL 33881
8635579697

INVOICE



Invoice #: INV-2025-127

Invoice Date: 04/19/25

Amount Due: \$5,000.00

Avant Gardner LLC
100 Bogart Street
New York, NY 11206

Due Date

05/19/25

Description	Quantity	Price	Amount
Mirage Announce Video	1	\$5,000.00	\$5,000.00

Subtotal: \$5,000.00

Sales Tax (0%): **\$0.00**

Total: \$5,000.00

Payments: \$0.00

Amount Due: \$5,000.00

Account Legal Name: ALIVE COVERAGE LLC
Billing Address: 1707 E Lake Cannon Dr NW Winter Haven, FL 33881
Bank Name: Bank of America
Branch Address: 510 W Central Ave Winter Haven, FL 33880
Account Number: 229045486648
Routing Number (9 digits): 063100277
SWIFT Code: BOFAUS3N (for transfers in USD)
SWIFT code: BOFAUS6S (for transfers in all other currencies)

Thank you for your partnership!

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