

Fill in this information to identify the case:

Debtor 1 AGILETHOUGHT

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: _____ District of Delaware

Case number 1:23-bk-11294

FILED

2023 OCT 11 AM 9:28

CLERK
U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE

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)

<p>Where should notices to the creditor be sent?</p> <p><u>CDW / Attn: Cynthia Esqueda</u></p> <p>Name _____</p> <p>Number <u>200</u> Street <u>N. Milwaukee Ave</u></p> <p>City <u>Vernon Hills</u> State <u>IL</u> ZIP Code <u>60061</u></p> <p>Contact phone <u>847-968-0156</u></p> <p>Contact email <u>cyntesq@cdw.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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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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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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ Account# 8848776
7. How much is the claim?	\$ <u>44,293.32</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>Goods/Services Sold</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 of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal 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 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) _____ % <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: _____

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12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

<input type="checkbox"/> 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 \$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____

* 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.

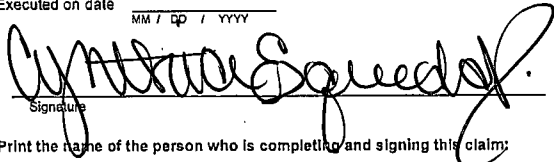
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 10/03/2023
MM / dd / YYYY


Signature

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

Name Cynthia V. Esqueda
First name Middle name Last name

Title Recovery Associate

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 847-968-0156 Email cyntesq@cdw.com

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Account# 8848776-01 AGILETHOUGHT

8/01/2022	T43129	\$	38,613.90
8/31/2022	ZR00281227	\$	946.57
1/26/2023	ZR00316850	\$	946.57
2/28/2023	ZR00325580	\$	946.57
03/28/23	ZR00335954	\$	946.57
04/27/23	ZR00340337	\$	946.57
05/26/23	ZR00355751	\$	946.57
	Total Owed	\$	44,293.32

REMIT PAYMENT TO: _____

INVOICE

ACH INFORMATION:
THE NORTHERN TRUST
50 SOUTH LASALLE STREET
CHICAGO, IL 60675

E-mail Remittance To: achremittance@cdw.com
ROUTING NO.: 071000152
ACCOUNT NAME: CDW DIRECT
ACCOUNT NO.: 47910



CDW Direct
PO Box 75723
Chicago, IL 60675-5723

RETURN SERVICE REQUESTED



INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
BT43129	08/01/22	8848776
SUBTOTAL	SHIPPING	SALES TAX
\$38,613.90	\$0.00	\$0.00
DUE DATE		AMOUNT DUE
08/31/22		\$38,613.90

AGILETHOUGHT
ACCOUNTS PAYABLE
2502 N ROCKY POINT DR STE 900
TAMPA FL 33607-1448
USA

CDW Direct
P.O. Box 75723
Chicago, IL 60675-5723

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

INVOICE DATE	INVOICE NUMBER	PAYMENT TERMS			DUE DATE	
08/01/22	BT43129	Net 30 Days			08/31/22	
ORDER DATE	SHIP VIA	PURCHASE ORDER NUMBER			CUSTOMER NUMBER	
07/27/22	ELECTRONIC DISTRIBUTION	4400000914			8848776	
ITEM NUMBER	DESCRIPTION	QTY ORD	QTY SHIP	QTY B/O	UNIT PRICE	TOTAL
5899199	CROWDSTRIKE FALCON EPP ENT FLEX BNDL Manufacturer Part Number: CS.EPPENT.SOLN.T6.12M Electronic distribution - NO MEDIA	1200	1200	0	21.98	26,376.00
5038243	CROWDSTRIKE FLCN PREV NGTAV B6 Manufacturer Part Number: CS.PREVENT.SOLN.T6.12M Electronic distribution - NO MEDIA	1200	1200	0	0.00	0.00
5038231	CROWDSTRIKE FLCN INSIGHT EDR B6 Manufacturer Part Number: CS.INSIGHT.SOLN.T6.12M Electronic distribution - NO MEDIA	1200	1200	0	0.00	0.00
5343526	CROWDSTRIKE THREAT GRAPH STD Manufacturer Part Number: CS.TG.STD.12M Electronic distribution - NO MEDIA	1200	1200	0	7.95	9,540.00
4915958	CROWDSTRIKE EXPRESS SUPPORT 1Y Manufacturer Part Number: RR.HOS.ENT.EXPS.12M Electronic distribution - NO MEDIA	1	1	0	2,697.90	2,697.90
5744579	CROWDSTRIKE UNIV LMS SUB Manufacturer Part Number: RR.PSO.ENT.PASS.12M Electronic distribution - NO MEDIA	6	6	0	0.00	0.00
<p>GO GREEN! CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at paperlessbilling@cdw.com. Please include your Customer number or an Invoice number in your email for faster processing.</p> <p>REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS! Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email credit@cdw.com with any questions.</p>						
ACCOUNT MANAGER		SHIPPING ADDRESS:			SUBTOTAL	\$38,613.90
MICHAEL BREITUNG 813-804-5420 micbrei@cdw.com		AGILETHOUGHT CRISTOBAL CASTELLANOS 2502 N ROCKY POINT DR STE 900 TAMPA FL 33607-1448			SHIPPING	\$0.00
SALES ORDER NUMBER					SALES TAX	\$0.00
MWQP410					AMOUNT DUE	\$38,613.90



Unique Entity ID (SAM): PHZDZ8SJ5CM1
ISO 9001 and ISO 14001 Certified
CDW DIRECT FEIN 36-4530079

HAVE QUESTIONS ABOUT YOUR ACCOUNT?
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VISIT US ON THE INTERNET AT www.cdw.com

REMIT PAYMENT TO: _____

INVOICE

ACH INFORMATION: THE NORTHERN TRUST
 50 SOUTH LASALLE STREET
 CHICAGO, IL 60675
 E-mail Remittance To: achremittance@cdw.com
 ROUTING NO.: 071000152
 ACCOUNT NAME: CDW DIRECT
 ACCOUNT NO.: 47910



CDW Direct
 PO Box 75723
 Chicago, IL 60675-5723



RETURN SERVICE REQUESTED

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
ZR00281227	08/31/2022	8848776
PAYMENT TERMS		
Due Upon Receipt		
DUE DATE	AMOUNT DUE	
09/01/2022	\$946.57	

CDW Direct
 P.O. Box 75723
 Chicago, IL 60675-5723

AGILETHOUGHT
 DAVID ROMINE
 2502 N ROCKY POINT DR STE 900
 TAMPA FL 33607-1448

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
There was a problem with your credit card please contact Annette 847-968-0198 Thank you							
1	ZOOM Video Zoom Meetings - Business Licenses - Monthly Payments	08/08/2022 - 09/07/2022	PAR2-BIZ-BASE-NH1M - Recurring	18.99	Each	43.00	816.57
2	ZOOM Video Monthly Payments	08/08/2022 - 09/07/2022	PAR1-WEB-100-FL1M - Recurring	40.00	Each	1.00	40.00
3	ZOOM Video Large Meeting 1,000 - NH Monthly,	08/08/2022 - 09/07/2022	PAR1-LMR-1K-NH1M - Recurring	90.00	Each	1.00	90.00

Microsoft CSP Subscription Service Period Update:
 If your Microsoft CSP subscription is with CDW, you should know that we've recently made changes to the Service Period dates shown on Invoices to align with your subscription period. The Service Period dates used to reflect the previous calendar month. Going forward, the Service Period dates will reflect a billing cycle based on the actual subscription service dates with Microsoft. Note that this change only impacts Microsoft CSP and the Service Period dates shown on the Invoice and does not impact renewal dates, billing rates or billing frequency. This will be in effect upon activation for all new CSP subscriptions. For existing subscriptions, the change will take effect at the time of renewal. At renewal, you may see two lines on the invoice: one that covers the prior calendar month and a second line that covers any 'gap' period to align with the new Service Period.

ACCOUNT MANAGER		SUBTOTAL	\$946.57
Michael Breitung 813/804-5420 micbrei@cdw.com		SALES TAX	\$0.00
PURCHASE ORDER		AMOUNT DUE	\$946.57



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 50 SOUTH LASALLE STREET
 CHICAGO, IL 60675

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 ROUTING NO.: 071000152
 ACCOUNT NAME: CDW DIRECT
 ACCOUNT NO.: 47910



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 PO Box 75723
 Chicago, IL 60675-5723

RETURN SERVICE REQUESTED



INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
ZR00316850	01/26/2023	8848776
PAYMENT TERMS		
Master Card / VISA		
DUE DATE	AMOUNT DUE	
01/26/2023	\$946.57	

CDW Direct
 P.O. Box 75723
 Chicago, IL 60675-5723

AGILETHOUGHT
 DAVID ROMINE
 2502 N ROCKY POINT DR STE 900 ACCOUNTS PAYABL
 TAMPA FL 33607-1448

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
1	ZOOM Video Zoom Meetings - Business Licenses - Monthly Payments	01/08/2023 - 02/07/2023	PAR2-BIZ-BASE-NH1M - Recurring	18.99	Each	43.00	816.57
2	ZOOM Video Monthly Payments	01/08/2023 - 02/07/2023	PAR1-WEB-100-FL1M - Recurring	40.00	Each	1.00	40.00
3	ZOOM Video Large Meeting 1,000 - NH Monthly,	01/08/2023 - 02/07/2023	PAR1-LMR-1K-NH1M - Recurring	90.00	Each	1.00	90.00

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ACCOUNT MANAGER		SUBTOTAL	\$946.57
Michael Breitung 608.288.3000 micbrei@cdw.com		SALES TAX	\$0.00
PURCHASE ORDER		AMOUNT DUE	\$946.57



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 CHICAGO, IL 60675

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 ROUTING NO.: 071000152
 ACCOUNT NAME: CDW DIRECT
 ACCOUNT NO.: 47910



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 PO Box 75723
 Chicago, IL 60675-5723

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INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
ZR00335954	03/28/2023	8848776
PAYMENT TERMS		
Net 30 Days		
DUE DATE	AMOUNT DUE	
04/27/2023	\$946.57	

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 P.O. Box 75723
 Chicago, IL 60675-5723

AGILETHOUGHT
 DAVID ROMINE
 2502 N ROCKY POINT DR STE 900
 TAMPA FL 33607-1448

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LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
1	ZOOM Video Zoom Meetings - Business Licenses - Monthly Payments	03/08/2023 - 04/07/2023	PAR2-BIZ-BASE-NH1M - Recurring	18.99	Each	43.00	816.57
2	ZOOM Video Monthly Payments	03/08/2023 - 04/07/2023	PAR1-WEB-100-FL1M - Recurring	40.00	Each	1.00	40.00
3	ZOOM Video Large Meeting 1,000 - NH Monthly,	03/08/2023 - 04/07/2023	PAR1-LMR-1K-NH1M - Recurring	90.00	Each	1.00	90.00

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Michael Breitung 608.288.3000 micbrei@cdw.com	SALES TAX	\$0.00
PURCHASE ORDER	AMOUNT DUE	\$946.57



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 50 SOUTH LASALLE STREET
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 ROUTING NO.: 071000152
 ACCOUNT NAME: CDW DIRECT
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 Chicago, IL 60675-5723

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INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
ZR00325580	02/28/2023	8848776
PAYMENT TERMS		
Master Card / VISA		
DUE DATE	AMOUNT DUE	
02/28/2023	\$946.57	

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 Chicago, IL 60675-5723

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1	ZOOM Video Zoom Meetings - Business Licenses - Monthly Payments	02/08/2023 - 03/07/2023	PAR2-BIZ-BASE-NH1M - Recurring	18.99	Each	43.00	816.57
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Michael Breitung 608.288.3000 micbrei@cdw.com		SALES TAX	\$0.00
PURCHASE ORDER		AMOUNT DUE	\$946.57



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ACH INFORMATION:
 THE NORTHERN TRUST
 50 SOUTH LASALLE STREET
 CHICAGO, IL 60675

E-mail Remittance To: achremittance@cdw.com
 ROUTING NO.: 071000152
 ACCOUNT NAME: CDW DIRECT
 ACCOUNT NO.: 47910



CDW Direct
 PO Box 75723
 Chicago, IL 60675-5723

RETURN SERVICE REQUESTED



INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
ZR00340337	04/27/2023	8848776
PAYMENT TERMS		
Master Card / VISA		
DUE DATE	AMOUNT DUE	
04/27/2023	\$946.57	

CDW Direct
 P.O. Box 75723
 Chicago, IL 60675-5723

AGILETHOUGHT
 DAVID ROMINE
 2502 N ROCKY POINT DR STE 900
 TAMPA FL 33607-1448

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LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
1	ZOOM Video Zoom Meetings - Business Licenses - Monthly Payments	04/08/2023 - 05/07/2023	PAR2-BIZ-BASE-NH1M - Recurring	18.99	Each	43.00	816.57
2	ZOOM Video Monthly Payments	04/08/2023 - 05/07/2023	PAR1-WEB-100-FL1M - Recurring	40.00	Each	1.00	40.00
3	ZOOM Video Large Meeting 1,000 - NH Monthly,	04/08/2023 - 05/07/2023	PAR1-LMR-1K-NH1M - Recurring	90.00	Each	1.00	90.00

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ACCOUNT NAME: CDW DIRECT
ACCOUNT NO.: 47910



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RETURN SERVICE REQUESTED

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
ZR00355751	05/26/2023	8848776
PAYMENT TERMS		
Master Card / VISA		
DUE DATE	AMOUNT DUE	
05/26/2023	\$946.57	

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P.O. Box 75723
Chicago, IL 60675-5723

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DAVID ROMINE
2502 N ROCKY POINT DR STE 900
TAMPA FL 33607-1448

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LINE#	ITEM DESCRIPTION	SERVICE PERIOD	RATE PLAN	PRICE	UOM	QTY	NET AMOUNT
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2	ZOOM Video Monthly Payments	05/08/2023 - 06/07/2023	PAR1-WEB-100-FL1M - Recurring	40.00	Each	1.00	40.00
3	ZOOM Video Large Meeting 1,000 - NH Monthly,	05/08/2023 - 06/07/2023	PAR1-LMR-1K-NH1M - Recurring	90.00	Each	1.00	90.00

Microsoft CSP Subscription Service Period Update:

If your Microsoft CSP subscription is with CDW, you should know that we've recently made changes to the Service Period dates shown on invoices to align with your subscription period. The Service Period dates used to reflect the previous calendar month. Going forward, the Service Period dates will reflect a billing cycle based on the actual subscription service dates with Microsoft. Note that this change only impacts Microsoft CSP and the Service Period dates shown on the invoice and does not impact renewal dates, billing rates or billing frequency. This will be in effect upon activation for all new CSP subscriptions. For existing subscriptions, the change will take effect at the time of renewal. At renewal, you may see two lines on the invoice: one that covers the prior calendar month and a second line that covers any 'gap' period to align with the new Service Period.

ACCOUNT MANAGER	SUBTOTAL	\$946.57
Michael Breitung 608.288.3000 micbrei@cdw.com	SALES TAX	\$0.00
PURCHASE ORDER	AMOUNT DUE	\$946.57



ISO 9001 and ISO 14001 Certified
CDW DIRECT FEIN 36-4530079

HAVE QUESTIONS ABOUT YOUR ACCOUNT?
PLEASE EMAIL US AT billingquestions@cdw.com
VISIT US ON THE INTERNET AT www.cdw.com