

Fill in this information to identify the case:

Debtor AN Global LLC

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 23-11294

Official Form 410
Proof of Claim

04/22

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?** COGENCY GLOBAL INC.
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?**

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>COGENCY GLOBAL INC.</u> <u>COGENCY GLOBAL INC.</u> <u>122 East 42nd Street</u> <u>NEW YORK, NY 10168, United States</u>	
Contact phone <u>8002210102</u>	Contact phone _____
Contact email <u>AR@COGENCYGLOBAL.COM</u>	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): <u>01AGILETH-ERTM0</u>	

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? _____



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: RTMO ____

7. How much is the claim? \$ 900.56. 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.
PROFESSIONAL SERVICES

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle 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 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) _____ %
 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)?

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:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* 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 \$15,150*) 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).	\$ _____
<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 4/01/25 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)(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 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 11/17/2023
MM / DD / YYYY

/s/SANDRA DIAZ-CAVANAUGH
Signature

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

Name SANDRA DIAZ-CAVANAUGH
First name Middle name Last name

Title AR SUPERVISOR

Company COGENCY GLOBAL INC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 548-5856 | International (781) 575-2073

Debtor: 23-11294 - AN Global LLC		
District: District of Delaware		
Creditor: COGENCY GLOBAL INC. COGENCY GLOBAL INC. 122 East 42nd Street NEW YORK, NY, 10168 United States Phone: 8002210102 Phone 2: Fax: 8009446607 Email: AR@COGENCYGLOBAL.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: PROFESSIONAL SERVICES	Last 4 Digits: Yes - RTMO	Uniform Claim Identifier: 01AGILETH-ERTM0
Total Amount of Claim: 900.56	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: SANDRA DIAZ-CAVANAUGH on 17-Nov-2023 12:36:21 p.m. Eastern Time Title: AR SUPERVISOR Company: COGENCY GLOBAL INC		



122 E 42ND STREET, 18TH FL
 NY, NY 10168
 P: 800.221.0102
 F: 800.944.6607
 INFO@COGENCYGLOBAL.COM
 COGENCYGLOBAL.COM

Invoice No.: 101055632
Invoice Date: 2/8/2023

Bill To:

AgileThought, Inc.
 Amit Singh
 222 Urban Towers
 Suite 1650 E
 Irving, TX 75039

Cust. No. 01AGILETH-ERTM0

Requested By:

Ropes & Gray LLP
 Hailey Lovett
 Prudential Tower
 800 Boylston Street
 Boston, MA 02199-3600

Cust. No. 01ROPGR01-5BLXL

Invoicing Office: New York, NY
 Order No.: 1885359
 Order Date: 01/18/2023
 Requested For:
 Service Specialist: Cesar Delgado

A 3% convenience fee will be assessed when paying by credit/debit card. To avoid the fee, choose the e-check/(ACH) option online, or remit a check with the coupon below.

SEND ALL REMITTANCES TO AR@COGENCYGLOBAL.COM

	<u>Qty</u>	<u>Disb</u>	<u>Service</u>	<u>Amount</u>
BLUE TORCH FINANCE LLC				
<i>Delaware - Department of State: Division Of Corporations</i>				
Certified Copy - Apostille	1	82.75	81.00	163.75
<i>New York - Department of State</i>				
Apostille	1	10.00	67.00	77.00
<i>New York - Kings County</i>				
Authentication - Notary	1	3.00	100.00	103.00
MISCELLANEOUS				
	<u>Qty</u>		<u>Charge</u>	<u>Amount</u>
FedEx International	2		90.00	180.00

Reasonable care is exercised in the completion of all service requests, however, as the responsibility for the accuracy of the public records rests with the filing officer, we accept no liability for the report contained herein.

Electronic payment details: Capital One Bank | Account Name: COGENCY GLOBAL INC. | Account Number: 8064002994
 ABA: 065000090 | Swift Code: HIBKUS44

Page 1 of 2

 Cut Here and Enclose with your payment



Want to pay online? Visit <https://pay.cogencyglobal.com>

Customer No	Invoice No	Due Date	Amount Due
01AGILETH-ERTM0	101055632	3/10/2023	\$523.75

Amit Singh
 222 Urban Towers
 Suite 1650 E
 Irving, TX 75039

COGENCY GLOBAL INC.
 P.O. Box 3168
 Hicksville, NY 11802

FEIN: 13-3246732
 Fax: 800.944.6607
 Phone: 800.221.0102

0101055632 01AGILETHERTM0 0000052375



Cust. No. 01AGILETH-ERTM0

Invoice No.: 101055632
Invoice Date: 2/8/2023

Total **\$523.75**

COMMENTS

Retrieved one document for use in Mexico. Received additional document for use in Mexico.

STATEMENT



122 E. 42ND ST
18FL.
NEW YORK, NY 10168
P: 800.221.0102
F: 800.944.6607
COGENCYGLOBAL.COM

Date:	11/17/2023
Customer No.	01AGILETH-ERTM0

PAYMENTS MADE BY CREDIT/DEBIT CARD WILL INCUR A 3% CONVENIENCE FEE. YOU CAN PAY BY ACH/E-CHECK OR PAPER CHECK AT NO ADDITIONAL COST.

AGILETHOUGHT, INC.
Accounts payable
222 W. LAS COLINAS BLVD
SUITE 1650 E
IRVING TX 75039
US

^Please return this portion with your payment^

Invoice Number	Date	Office	Requested By	Client Reference	Entity	Amount
101014571	1/3/2023	NYC	Hailey Lovett	115968-0006	SPECIAL POWER OF ATTORNEY - I	\$376.81
101055632	2/8/2023	NYC	Hailey Lovett		BLUE TORCH FINANCE LLC	\$523.75
Summary:						
<u>Current</u>	<u>31 - 60 Days</u>	<u>61 - 90 Days</u>	<u>91 - 120 Days</u>	<u>Over 120 Days</u>	Amount Due:	\$900.56
\$0.00	\$0.00	\$0.00	\$0.00	\$900.56		

PAYMENT

Pay by ACH (INCLUDE INVOICE NUMBERS):

Capital One Bank
P.O. Box 85139
Richmond, VA 238238
Account #8064002994
ABA #065000090
Swift Code: HIBKUS44

Pay online:

One-Time Payment: <https://pay.cogencyglobal.com>
Full Access: send requests to ar@cogencyglobal.com

Or Remit Check to:

COGENCY GLOBAL INC.
PO Box 3168, Hicksville, NY 11802

INFORMATION

Invoice Copies Available at:

<http://invoices.cogencyglobal.com> (portal access required)

Questions:

Email: ar@cogencyglobal.com
Phone: 800.221.0102
Int'l: +1.212.947.7200
Web: www.cogencyglobal.com

Contact and Address Updates:

ar@cogencyglobal.com



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 NY, NY 10168
 P: 800.221.0102
 F: 800.944.6607
 INFO@COGENCYGLOBAL.COM
 COGENCYGLOBAL.COM

Invoice No.: 101014571
Invoice Date: 1/3/2023

Bill To:

AgileThought, Inc.
 Amit Singh
 222 Urban Towers
 Suite 1650 E
 Irving, TX 75039

Cust. No. 01AGILETH-ERTM0

Requested By:

Ropes & Gray LLP
 Hailey Lovett
 Prudential Tower
 800 Boylston Street
 Boston, MA 02199-3600

Cust. No. 01ROPGR01-5BLXL

Invoicing Office: New York, NY
 Order No.: 1862013
 Order Date: 12/16/2022
 Client Ref No.: 115968-0006
 Requested For:
 Service Specialist: Cesar Delgado

A 3% convenience fee will be assessed when paying by credit/debit card. To avoid the fee, choose the e-check/(ACH) option online, or remit a check with the coupon below.

SEND ALL REMITTANCES TO AR@COGENCYGLOBAL.COM

	<u>Qty</u>	<u>Disb</u>	<u>Service</u>	<u>Amount</u>
SPECIAL POWER OF ATTORNEY - BLUE TORCH FINANCE LLC				
<i>New York - Department of State</i>				
Apostille	1	10.00	67.00	77.00
<i>New York - Kings County</i>				
Authentication - Notary	1	3.00	100.00	103.00
MISCELLANEOUS				
	<u>Qty</u>		<u>Charge</u>	<u>Amount</u>
FedEx International	1		130.81	130.81
FedEx Letter - Priority	2		33.00	66.00

Reasonable care is exercised in the completion of all service requests, however, as the responsibility for the accuracy of the public records rests with the filing officer, we accept no liability for the report contained herein.

Electronic payment details: Capital One Bank | Account Name: COGENCY GLOBAL INC. | Account Number: 8064002994
 ABA: 065000090 | Swift Code: HIBKUS44

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Customer No	Invoice No	Due Date	Amount Due
01AGILETH-ERTM0	101014571	2/2/2023	\$376.81

Amit Singh
 222 Urban Towers
 Suite 1650 E
 Irving, TX 75039

COGENCY GLOBAL INC.
 P.O. Box 3168
 Hicksville, NY 11802

FEIN: 13-3246732
 Fax: 800.944.6607
 Phone: 800.221.0102

0101014571 01AGILETHERTM0 0000037681



Cust. No. 01AGILETH-ERTM0

Invoice No.: 101014571
Invoice Date: 1/3/2023

Total **\$376.81**

COMMENTS

Received one (1) document to be apostilled for use in Mexico