UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE	PROOF OF CLAIM
Indicate the Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor	···································
XCynergy Data, LLC – (Case No. 09-13038) ☐ Cynergy Data Holdings, Inc. – (Case No. 09-13039) ☐ Cynergy Prosperity F	
Name of Creditor (the person or other entity to whom the debtor owes money or property):  BLYTHE, ANDRE	Check this box to indicate that this claim amends a previously filed
Name and address where notices should be sent; Name ID: 8455467 Pack No. 206	claim. Court Claim
Traine and address where notices should be some, a many 221 of 100 for	Number:
	(if known)
BLYTHE, ANDRE	Filed on:
13225 CARIS CT ALPHARETTA, GA 30004	
67 <b>6</b> -339-9953 hm	
67 <b>6</b> -339-9953 hm Telephone No. 678-662-1369 cell	
Name and address where payment should be sent (if different from above):	Check box if you are aware that anyone else has filed a proof of
BLYTHE ANSRE	claim relating to your claim.
BLYTHE, ANDRE 13225 CARIS COURT Telephone No.	Attach copy of statement giving particulars.
1 676-339-9733 nume	Check this box if you are the
1444 678-662-1369 Cell	debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ 7,230.76 77	5. Amount of claim Entitled to Priority under 11 U.S.C. § 507(a). If any
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.	portion of your claim falls in one of
If all or part of your claim is entitled to priority, complete item 5.	the following categories, check the box and state the amount.
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or charges	Specify the priority of the claim.
2. Basis for Claim: Unpaid Vacation Time (See instruction #3a on reverse side.)	Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor:	Wages, salaries, or commission (up to
3a. Debtor may have scheduled account as:	\$10,950*) earned within 180 days
(See instruction #3a on reverse side.) 3b. Creditor Tax ID #	before filing of the bankruptcy petition or cessation of the debtor's business,
4. Secured Claim (See instruction #4 on reverse side.)	which ever is earlier 11 U.S.C.
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested	§ 507(a)(4).
information.	Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5).
Nature of property or right of setoff: Real Estate Motor Vehicle Other  Describe:	Up to \$2,425* of deposits toward
	purchase, lease, or rental of property or
Value of Property: \$ Annual Interest Rate:%	services for personal, family, or household use 11 U.S.C. § 507(a)(7).
Amount of arrearage and other charges as of time case filed included in secured claim,	☐ Taxes or penalties owed to
if any: \$ Basis for Perfection:	governmental units 11 U.S.C. § 507(a)(8).
Amount of Secured Claim: \$ Amount Unsecured: \$	Other Specify applicable paragraph of
6. Section 503(b)(9) Claim Amount:	11 U.S.C. § 507(a)().
Check this box if your claim is for the value of goods received by the debtor within 20 days before the date of commencement of the case (11 U.S.C. §503(b)(9)). Include the amount of such claim in the space for "Section 503(b)(9) Claim	Amount entitled to priority:
Amount" above.	s 7,230.7677
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.	* Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with
8. 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. You may also	response to cases commenced on or after
attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may	the date of adjustment.
also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)	RECEIVED
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENT MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:	<b>'</b>
Date: I Inche Blythe Sevier VICE PRESIDENT ANDRE' BLYTHE	JAN 29 2010
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the	
creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.	KURTZMANCARSONCONSULTANTS

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.

Date Stamped Copy Returned

No self addressed stamped employs

☐ No self addressed stamped envelope ☐ No copy to return

B 10 (Custom Form 10) (04/09)





January 20, 2010

Andre Blythe

13225 CARIS COURT

ALPHARETTA GA 30004-0000

Dear: Andre

As a former employee of Cynergy Data, LLC (EIN# 26-1308677), and in accordance with your earlier request, we are able to confirm that upon your last day of employment with Cynergy Data on October 25, 2009, you were owed a total of 8 day(s) in earned vacation time. Based upon your compensation rate, this vacation accrual equates to the dollar sum of \$7230.7677. In accordance with the then existing employment policies/practices of Cynergy Data, you earned this vacation benefit as a direct result of your employment services put forth in 2008 and were allowed to take this time for the balance of the 2009 calendar year subject to managerial approval.

Following your review of this information, please contact me should you have any questions or require further clarification

Sincerely,

Trish M. Newman

**Human Resources Director** 

Cynergy Data, LLC