B 10 (Custom Form Fo) (0-4/09)	
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 per claim form.) **Cynergy Data, LLC - (Case No. 09-13038) Cynergy Data Holdings, Inc (Case No. 09-13039) Cynergy Prosperity Plus, LLC - (Case No. 09-13040)	
Name of Creditor (the person or other entity to whom the debtor owes money or property):	Check this box to indicate that this
BRUMFIELD, KIMBERLY	claim amends a previously filed
Name and address where notices should be sent: Name ID: 8535643 Pack No. 219	claim. Court Claim
Name and address where notices should be sent; Name ID. 8353043	Number:
	(if known)
BRUMFIELD, KIMBERLY 3904 GLENBROOK DR ARLINGTON, TX 76015	Filed on:
Telephone No (517) - 223 - 2108	
Name and address where payment should be sent (if different from above):	Check box if you are aware that
3904 Glenbrook DC	anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving
Arlington TX76016 Telephone No.	particulars.
(812)-223.2108	Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$	5. Amount of claim Entitled to Priority
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.	under 11 U.S.C. § 507(a). If any 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: (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: (See instruction #3a on reverse side.) 3b. Creditor Tax ID #	\$10,950*) earned within 180 days 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" above.	Amount entitled to priority:
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,	response to cases commenced on or after
invoices, itemized statements of running accounts, contracts, in attach a summary. Attach redacted copies of documents provide the stamped Copy Returned	the date of adjustment.
also attach a summary. (See instruction / and definition of	
224 No. annuta matuma	DECENIEN
If the documents are not available, please explain:	NEUELVEU
Date: 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.	FEB 0 1 2010
Panalty for presenting fraudulant claim: Fine of un to \$500,000 or imprirenment for un to 5 years or both 18 U.S.C. && 152 and	KURTZMAN CARSON CONSULTANTS



January 20, 2010

Kimberly Brumfield

6705 MT. VERNON CT

ARLINGTON TX 76017-0000

Dear: Kimberly

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 1 day(s) in earned vacation time. Based upon your compensation rate, this vacation accrual equates to the dollar sum of \$125.354. 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