

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. ( <b>Check only one Debtor per claim form.</b> ) <b>X</b> Cynergy Data, LLC – (Case No. 09-13038) <input type="checkbox"/> Cynergy Data Holdings, Inc. – (Case No. 09-13039) <input type="checkbox"/> Cynergy Prosperity Plus, LLC – (Case No. 09-13040)		
Name of Creditor (the person or other entity to whom the debtor owes money or property): ARTISTIQUE DIVERSIFIED Name and address where notices should be sent; Name ID: 8455281      Pack No. 160  ARTISTIQUE DIVERSIFIED PO BOX 465 LAVERNIA, TX 78121  Telephone No. 210-454-1447	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. <b>Court Claim Number:</b> _____ (if known)  Filed on: _____	
Name and address where payment should be sent (if different from above):  Artistique Diversified 134 Blaclock Rd La Vernia, TX 78121  Telephone No. 210-454-1447	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ 2,195.74 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. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> 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	5. Amount of claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.	
2. Basis for Claim: 5% deposit of settled amounts see Attached Agreement (See instruction #3a on reverse side.)	<input type="checkbox"/> 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: 2624 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.) 3b. Creditor Tax ID # 26-2796612	<input type="checkbox"/> Wages, salaries, or commission (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, which ever is earlier -- 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan -- 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -- 11 U.S.C. § 507(a)(7).	
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate: _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for Perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____	<input type="checkbox"/> Taxes or penalties owed to governmental units -- 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other -- Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  Amount entitled to priority: \$ _____  * Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with response to cases commenced on or after the date of adjustment.	
6. Section 503(b)(9) Claim Amount: _____ <input type="checkbox"/> 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.		
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 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 attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENT MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: 02-1-2010 Signature: Scott Pollock, President. 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.	RECEIVED FOR COURT USE ONLY FEB 16 2010	

*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 357.*



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Attn Tanya Hannon

**FAST TRANSACT**  
INTEGRATED PAYMENT TECHNOLOGIES

2590 Willamette Drive NE

Suite 202

Lacey, WA 98516

## Merchant Reserve Acknowledgment

This will acknowledge that as a condition of approval or continuance of the Merchant's (indicated below) credit card procession account, Fast Transact, Inc. and its agents, including its processing bank, have the authority to establish a reserve account in accordance with Section 7.B of the Merchant Procession Agreement ("MPA") and the following:

1. The reserve account will be established by:
  - A certified check made payable to Fast Transact, Inc. in the amount of \$\_\_\_\_\_.  
Initials \_\_\_\_\_
  - Withholding 5 % from each gross deposit, up to 20k.  
Initials WSP
  - Withholding \$\_\_\_\_\_ from first months processing.  
Initials \_\_\_\_\_
2. The reserve account will be used to offset any amounts owed by the Merchant under the MPA. Merchant will forward to Fast Transact, Inc. funds to replenish the reserve account if any funds are debited from it.
3. The balance of the reserve account, if any, will be returned to Merchant up to 270 days after termination of the MPA or Merchant's last transmission of sales drafts, whichever is later.

I acknowledge that if there is any conflict between the terms of this letter and the terms of the MPA, the terms of the MPA will govern.

Artistique Diversified Corp. Nevada  
Business Legal Name or D.B.A.

[Signature]  
Signature

W Scott Pollock, President 7-1-08  
Printed Name & Date

# Antisthene Diversified

## Adjst. Deposits with Cynergy Data

2008	July	468.44
	Aug	575.36
	Sept	786.17
	Oct	902.60
	Nov	945.37
	Dec.	743.84
2009	Jan	923.03
	Feb	882.68
	Mar	344.86
	Apr.	208.60
	May	270.87
	June	117.50
	July	<u>29.42</u>

Total 7195.74