

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

| 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. <b>(Check only one Debtor per claim form.)</b><br><input checked="" type="checkbox"/> 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):<br><b>BACK TO THE CARIBBEAN US</b><br><hr/> Name and address where notices should be sent: Name ID: 8535897      Pack No. 176<br><br><b>BACK TO THE CARIBBEAN US</b><br>7590 SW 37TH CT<br>DAVIE, FL 33314<br><br><div style="text-align: right;">Telephone No. <u>954-980-7677</u></div>                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.<br><b>Court Claim Number:</b> _____<br><div style="text-align: center;">(if known)</div><br>Filed on: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |
| Name and address where payment should be sent (if different from above):<br><br><div style="text-align: right;">Telephone No. _____</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <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.<br><br><input type="checkbox"/> Check this box if you are the debtor or trustee in this case.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |
| <b>1. Amount of Claim as of Date Case Filed:</b> \$ <u>21,269.09</u><br>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.<br>If all or part of your claim is entitled to priority, complete item 5.<br><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                                                                                                                                                                                                                                   | <b>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.</b><br>Specify the priority of the claim.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |
| <b>2. Basis for Claim:</b> <u>monies held for goods sold</u><br>(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).<br><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).<br><input type="checkbox"/> Contributions to an employee benefit plan -- 11 U.S.C. § 507(a)(5).<br><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).<br><input type="checkbox"/> Taxes or penalties owed to governmental units -- 11 U.S.C. § 507(a)(8).<br><input type="checkbox"/> Other -- Specify applicable paragraph of 11 U.S.C. § 507(a)(____). |                |
| <b>3. Last four digits of any number by which creditor identifies debtor:</b> <u>4103</u><br><br><b>3a. Debtor may have scheduled account as:</b> _____<br>(See instruction #3a on reverse side.)<br><b>3b. Creditor Tax ID #</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Other -- Specify applicable paragraph of 11 U.S.C. § 507(a)(____).<br><b>Amount entitled to priority:</b><br>\$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |
| <b>4. Secured Claim</b> (See instruction #4 on reverse side.)<br>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.<br><br><b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other<br><b>Describe:</b><br><br><b>Value of Property:</b> \$ _____ <b>Annual Interest Rate:</b> _____ %<br><b>Amount of arrearage and other charges as of time case filed included in secured claim,</b><br><b>if any:</b> \$ _____ <b>Basis for Perfection:</b> _____<br><b>Amount of Secured Claim:</b> \$ _____ <b>Amount Unsecured:</b> \$ _____ | * 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |
| <b>6. Section 503(b)(9) Claim Amount:</b> _____<br><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.                                                                                                                                                                                                                                                                                                                                                                               | <b>7. Credits:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |
| <b>8. Documents:</b> 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.)<br>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENT MAY BE DESTROYED AFTER SCANNING.<br>If the documents are not available, please explain:                                                                                                 | <b>RECEIVED</b><br><b>FEB 26 2010</b><br><b>KURTZMAN CARSON CONSULTANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |
| <b>Date:</b> <u>2/26/10</u><br><br><b>Signature:</b> <u>[Signature]</u><br>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.                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |

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.



0913038091218162524000940

**Schedule 1 to the Cure Notice**

**Executory Contracts with Proposed Cure Amounts\***

\*Any Cure Amount relating to an Assumed Contract, pursuant to which the Debtors are required to fund a reserve account, shall be deposited in accordance with the terms of such Assumed Contract.

| Name                                  | Address                                                                              | Cure Amount  |
|---------------------------------------|--------------------------------------------------------------------------------------|--------------|
| AMERICAN NATIONAL COUNSELING SERVICES | 73 BLUE DR 6 LYNCHBURG VA 24502                                                      | \$ 8.80      |
| AMERICAN PAYMENT SERVICE              | 110 AVE H SUITE 200 MARBLE FALLS TX 78654                                            | \$ -         |
| AMERICAN PAYMENT SYSTEMS              | 754 THE ALAMEDA 3302 SAN JOSE CA 95126                                               | \$ -         |
| AMERICAN STANDARD FINANCE COM         | 401 N MILAS ST 0 SANTA BARBARA CA 93101                                              | \$ 32,491.80 |
| AMERICAN STANDARD ONLINE COM          | 401 N MILPAS ST 0 SANTA BARBARA CA 93101                                             | \$ 36,603.30 |
| AMERICAN TECHNOLOGY PROCESSING        | 105 WOODCROFT COURT 0 NEW BERN NC 28562                                              | \$ -         |
| AMERICAS CHOICE READERS SERVICE       | 350 E STREET 0 SANTA ROSA CA 95404                                                   | \$ 93,262.47 |
| AMERICAS NETWORK INC                  | 2285 OAK RD SUITE B SNELLVILLE GA 30078                                              | \$ -         |
| AMERIMERCHANT                         | 475 PARK AVENUE SOUTH 15TH FLOOR NEW YORK NY 10016                                   | \$ -         |
| AmeriMerchant LLC                     | 450 Park Avenue South, 11th Floor, New York, NY 10016                                | \$ -         |
| AMHERST CAPITAL FUNDING, LLC          | 1600 AMHERST 0 BEVERLY HILLS MI 48025                                                | \$ -         |
| AMSAV 888 7110032*V                   | 1135 TERMINAL WAY STE 203 RENO NV 89502                                              | \$ 1,896.23  |
| ANCHOR DOOR                           | 606 E MAIN AVE SUITE C-4 PUYALLUP WA 98371                                           | \$ 2,943.06  |
| ANCHOR HOME SEARCH                    | 401 N MILPAS ST 0 SANTA BARBARA CA 93103                                             | \$ 58,012.76 |
| ANCHOR HOUSE FINANCIAL                | 401 N MILPAS STREET SUITE E SANTA BARBARA CA 93103                                   | \$ 60,542.30 |
| ANDREA MILLER FOUNDATION              | PO BOX 163 0 EXCELSIOR MN 55331                                                      | \$ 73.00     |
| ANDRES JEWELRY REPAIR                 | 4008 83RD ST 0 ELMHURST NY 11373                                                     | \$ 257.63    |
| ANGOLO IMPORT INC                     | 6740 NW 114TH AVE STE 704 DORAL FL 33178                                             | \$ 4,905.90  |
| ANGOLO IMPORT INC                     | 6740 NW 114TH AVE STE 704 DORAL FL 33178                                             | \$ 902.82    |
| ANTI-AGING PLUS                       | 405 RIVER GLEN TRACE 0 ATLANTA GA 30328                                              | \$ 1,522.53  |
| ANTONIO SMITH                         | 925 MAIN STREET 0 STONE MOUNTAIN GA 30083                                            | \$ -         |
| ANYTIME FITNESS CENTER                | 943 AMORETI STREET 0 LANDER WY 82520                                                 | \$ 0.03      |
| APIDRINE COM                          | 1350 DRAPER PARKWAY 0 DRAPER UT 84020                                                | \$ 62.06     |
| ARENAS BPS CORP /BPS SERVICE          | 7211 AUSTIN ST 283 FOREST HILLS NY 11375                                             | \$ -         |
| ARGENTINA FLAT                        | 1110 BRICKELL AVE SUITE 504 MIAMI FL 33131                                           | \$ 18,246.04 |
| ARRECIFES ADVERTISING                 | PO BOX 452639 0 MIAMI FL 33245                                                       | \$ 3,164.45  |
| ART 4 GIVING                          | 326 STARLING ROAD 0 MILL VALLEY CA 94941                                             | \$ 1.50      |
| Arthur J. Jarrett, III                | 46 William St Apt 2, Worcester MA 01609                                              | \$ -         |
| ARTIS FURNITURE CO                    | 2830 100TH ST 0 URBANDALE IA 50322                                                   | \$ 42,959.56 |
| ARTISTIQUE DIVERSIFIED                | PO BOX 465 0 LAVERNA TX 78121                                                        | \$ 9,548.75  |
| ASCENTIAL BIOSCIENCE LLC              | 489 W WASHINGTON #40 0 SEQUIM WA 98382                                               | \$ 29,329.62 |
| Aschettino, Stephen                   | 128 Split Oak Drive, East Norwich, NY 11732                                          | \$ 27,156.25 |
| ASCII SERVICES                        | 2665 HOMECREST AVE 5F BROOKLYN NY 11235                                              | \$ -         |
| AT&T WIRELESS-995010985 / CINGULAR    | AT&T MOBILITY PO BOX 6463 CAROL STREAM, IL 60197-6463                                | \$ 21,093.48 |
| AT&T WIRELESS-995020647 / CINGULAR    | AT&T MOBILITY P.O. BOX 6463 CAROL STREAM, IL 60197-6463                              | \$ -         |
| AT&T-052 433 5665 001                 | AT&T PO BOX 9001310 LOUISVILLE, KY 40290-1310                                        | \$ -         |
| AT&T-059 308 2664 001                 | AT&T PO BOX 9001310 LOUISVILLE, KY 40290-1310                                        | \$ -         |
| AT&T-678 556-0081 001 1884.           | AT&T P.O. BOX 105262 ATLANTA, GA 30348-5262                                          | \$ -         |
| AT&T-820921284                        | AT&T MOBILITY PO BOX 6463 CAROL STREAM, IL 60197-6463                                | \$ -         |
| AT&T-832514844                        | AT&T MOBILITY PO BOX 6463 CAROL STREAM, IL 60197-6463                                | \$ 420.58    |
| ATLAS MERCHANT SERVICES LLC           | 3761 VENTURE DRIVE SUITE 235 DULUTH GA 30097                                         | \$ -         |
| ATM ALLIANCE CORP                     | 3690 E. HWY 290 BUILDING B1-B2 DRIPPING SPRINGS TX 78620                             | \$ -         |
| AUCTIONMEN 8009313092                 | 15550 LIGHTWAVE DR STE 300 CLEARWATER FL 33760                                       | \$ 5,258.60  |
| Authorize.net                         | 915 South 500 East, Suite 200, American Fork, Utah 84003                             | \$ -         |
| Authur Janett                         | New - never been paid - No 1099 on file                                              | \$ -         |
| AUTO STAR MEMBERSHIP                  | 3109 KNOX SUITE 716 DALLAS TX 75205                                                  | \$ 1,144.02  |
| AUTOMATED MARKETING SYSTEMS LLC       | PMR 105 108 S 4TH STREET 0 CABOT AR 72023                                            | \$ 666.33    |
| AUTOMOTIVE WARRANTY SOLUTIONS         | 260 SW NATURA AVE 0 DEARFIELD BEACH FL 33441                                         | \$ 8,336.63  |
| AUTOSUPPORT 8004624804                | 15476 NW 77TH COURT SUITE 323 MIAMI LAKES FL 33016                                   | \$ 0.20      |
| AVALON RIVERVIEW NORTH                | AVALON RIVERVIEW NORTH - BOX NY018 SABRE BUSINESS PARK 2901 SABRE ST. STE 100 VIRGIN | \$ 2,970.00  |
| AVILA STONE                           | 501 SOUTH AVE 0 DONNA TX 78537                                                       | \$ 578.32    |
| AXCESS BANKCARD, LLC                  | 16230 S 37TH WAY 0 PHOENIX AZ 85048                                                  | \$ -         |
| AXIOM MERCHANT SERVICES               | 278 HEMINGWAY DR 0 OLDSMAR FL 34677                                                  | \$ -         |
| AXIS MERCHANT GROUP                   | 500 AIRPORT BLVD STE 405 BURLINGAME CA 94010                                         | \$ -         |
| B AND G HOLDINGS                      | 112-01 75TH AVE #2 FORST HILLS NY 11375                                              | \$ -         |
| B AND T WHOLESALE                     | PO BOX 702016 0 DALLAS TX 75370                                                      | \$ 8,097.10  |
| B C FUNDING, LLC                      | 280 ROUTE 109 2E FARMINGDALE NY 11735                                                | \$ -         |
| B.C. Funding, LLC                     | 3111 N University Drive, Suite 800, Coral Springs, FL 33065                          | \$ -         |
| BACK TO THE CARIBBEAN                 | 7590 SW 37TH CT 0 DAVIE FL 33314                                                     | \$ 40,998.70 |
| BACK TO THE CARIBBEAN                 | 7590 SW 37TH CT 0 DAVIE FL 33314                                                     | \$ 39,317.30 |
| BACK TO THE CARIBBEAN US              | 7590 SOUTHWEST 37TH COURT 0 DAVIE FL 33314                                           | \$ 19,409.83 |
| BANCARD PAYMENT SYSTEMS               | 820 N GLENVILLE DR 0 RICHARDSON TX 75081                                             | \$ -         |
| BANCTEK SOLUTIONS                     | 1660 WYNKOOP ST SUITE 1100 DENVER CO 80202                                           | \$ 15,109.18 |
| BANKCARD ALLIANCE                     | 55 TRUMBULL ST UNIT 1207 HARTFORD CT 6103                                            | \$ -         |
| BANKCARD CONSULTANTS                  | PO BOX 1277 0 MARY ESTHER FL 32569                                                   | \$ -         |
| BANKCARD LIBERTY                      | 3625 DEL AMO BLVD SUITE 395 TORRANCE CA 90503                                        | \$ -         |
| BANKCARD PROCESSING SERVICES          | 137 1/2 MAYNARD STREET 0 GLENDALE CA 91205                                           | \$ -         |
| BANKCARD USA                          | 1130 ATLANTIC AVENUE 0 CAMDEN NJ 8104                                                | \$ -         |
| BARR SECURITY AND CAFE PREPAY         | 5042 GROVELAND TERRACE 0 NAPLES FL 34119                                             | \$ 40,864.12 |
| BDI                                   | 1091 SOUTH CIMARRON SUITE A4 LAS VEGAS NV 89145                                      | \$ 66,560.20 |
| BDS                                   | 50 EAST 100 SOUTH 300 ST GEORGE UT 84770                                             | \$ 40,694.33 |
| BE                                    | 5900 HOLLIS STREET SUITE R2 EMERYVILLE CA 94608                                      | \$ 10,597.78 |
| BE                                    | 5900 HOLLIS STREET SUITE R2 EMERYVILLE CA 94608                                      | \$ 3,912.60  |
| BE                                    | 5900 HOLLIS STREET SUITE R2 EMERYVILLE CA 94608                                      | \$ 314.77    |
| BEE JEWELS INC                        | 606 S. HILL ST SUITE 902 LOS ANGELES CA 90014                                        | \$ 36,357.68 |
| BELLACLEAR                            | 10955 WESTMOOR DR FL 4 0 WESTMINSTER CO 80021                                        | \$ 14,039.22 |
| BELLANUE BEAUTY                       | 12328 VENICE BLVD 0 LOS ANGELES CA 90066                                             | \$ 601.41    |
| BELLANUE BEAUTY                       | 2550 E DESERT INN RD STE 999 LAS VEGAS NV 89121                                      | \$ 267.52    |
| BENEFIT ADVANTAGE                     | 450 SW 12TH AVENUE 0 DEERFIELD BEACH FL 33442                                        | \$ 12,140.66 |
| BENEFIT ADVANTAGE                     | 7311 ANNAPOLIS LANE 0 PARKLAND FL 33067                                              | \$ 11,851.46 |
| BENEFIT SOLUTIONS CENTER INC          | 600 LOUIS DRIVE 202A WARMINSTER PA 18974                                             | \$ -         |
| BENEFITS MARKETING ALLIANCE           | 3109 KNOX SUITE 716 DALLAS TX 75205                                                  | \$ 4,356.65  |
| BENEFITS MARKETING ALLIANCE           | 3109 KNOX SUITE 716 DALLAS TX 75205                                                  | \$ 85.99     |
| BERRYSLIM 866 674 3960                | 1152 MAE ST PMB 226 0 HUMMELSTOWN PA 17036                                           | \$ 25,203.03 |
| BEST VALUE LOCATOR                    | P.O. BOX 3590 0 JOHNSON CITY TN 37602                                                | \$ 3,678.32  |
| BETTER BILLING SOLUTIONS              | 10501 CEDAR LAKE RD STE 515 0 MINNETONKA MN 55305                                    | \$ 4,618.04  |

As of  
9/17/

Subj: **RE: Reserves**  
 Date: 2/25/2010 2:08:59 PM Eastern Standard Time  
 From:  
 To:  
 CC:  
 Received from Internet:

Ross,

Below is the updated reserve amounts as of today. Please let me know if there is anything else you need.

| MID                          | DBA                                     | RESERVE<br>AMOUNT      |
|------------------------------|-----------------------------------------|------------------------|
| 3899000000959872'            | BACK TO THE<br>CARIBBEAN                | \$59,617.60            |
| <del>3899000000714103'</del> | <del>BACK TO THE<br/>CARIBBEAN US</del> | <del>\$21,269.09</del> |
| 3899000000347102'            | BACK TO THE<br>CARIBBEAN                | \$43,105.20            |

Best Regards,  
 Danielle  
 Danielle Ludwig  
 Compliance Manager



3025 S. Parker Rd. #610 Aurora, CO 80014  
 Office (303) 872-1300 Fax (303) 872-1399  
 Toll Free (877) 872-1333  
 dludwig@epaydata.com

Please consider the environment before printing this email

**From:** ROSSF8690@cs.com [mailto:ROSSF8690@cs.com]  
**Sent:** Thursday, February 25, 2010 12:04 PM  
**To:** Danielle Ludwig  
**Cc:** Whitney Giuffra  
**Subject:** Reserves