B 10 (Custom Form 10) (04/09) PROOF OF CLAIM UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE 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) Check this box to indicate that this Name of Creditor (the person or other entity to whom the debtor owes money or property): claim amends a previously filed **BUSINESSFUND 8004101682** claim. Pack No. 221 **Court Claim** Name and address where notices should be sent: Name ID: 8455541 Number:_ (if known) Filed on: **BUSINESSFUND 8004101682** 249 E TABERNACLE ST ST GEORGE, UT 84770 Telephone No. Check box if you are aware that Name and address where payment should be sent (if different from above): anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Telephone No. Check this box if you are the debtor or trustee in this case. 5. Amount of claim Entitled to Priority s 244.509.72 Amount of Claim as of Date Case Filed: 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 the following categories, check the If all or part of your claim is entitled to priority, complete item 5. 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 Specify the priority of the claim. statement of all interest or charges Basis for Claim: _ (vvs - - - + ☐ Domestic support obligations under 11 (See instruction #3a on reverse side.) 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 \$10,950*) earned within 180 days 3a. Debtor may have scheduled account as: before filing of the bankruptcy petition (See instruction #3a on reverse side.) or cessation of the debtor's business, Creditor Tax ID# which ever is earlier -- 11 U.S.C. Secured Claim (See instruction #4 on reverse side.) § 507(a)(4). Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested Contributions to an employee benefit information. plan -- 11 U.S.C. § 507(a)(5). Nature of property or right of setoff: Real Estate Motor Vehicle Other ☐ Up to \$2,425* of deposits toward Describe: 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 governmental units -- 11 U.S.C. if any: \$___ Basis for Perfection: ____ § 507(a)(8). _____ Amount Unsecured: \$__ Amount of Secured Claim: \$___ Other -- Specify applicable paragraph of 11 U.S.C. § 507(a)(___). Section 503(b)(9) Claim Amount: _ Amount entitled to priority: 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 * Amounts are subject to adjustment on Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 4/1/10 and every 3 years thereafter with 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, judgments, mortgages and security agreements. You may also the date of adjustment. 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: JAN 07 2010 Date: Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the 12-29-09 creditor or ther person authorized to file this claim and state address and telephone number if different KURTZMAN CARSON CONSULTANTS from the notice address above. Attach copy of power of attorney, if any.