

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.) <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): AMERICAN BANKCARD SERVICES		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ <i>(if known)</i> Filed on: _____
Name and address where notices should be sent: Name ID: 8455170 Pack No. 288 AMERICAN BANKCARD SERVICES 813 W WHITTIER BLVD STE 200 MONTEBELLO, CA 90640 Telephone No. _____		
Name and address where payment should be sent (if different from above): American Bankcard Services 813 W Whittier Blvd Montebello, CA 90640 Telephone No. _____		
1. Amount of Claim as of Date Case Filed: <u>\$ 25,829.91</u> <i>See attached Cynergy Data Report E/Sept 09</i> 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. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input checked="" 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). <i>Priority Base Salary</i> <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). <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: <u>\$ 25,829.91</u> <i>* 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.</i>
2. Basis for Claim: _____ (See instruction #3a on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>9926 or 7430 SW last 4 digits</u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.) 3b. Creditor Tax ID # <u>20-2150618</u>		
4. Secured Claim (See instruction #4 on reverse side.) <i>N/A</i> 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: \$ _____		
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: <u>1/26/10</u>	Signature: <i>[Signature]</i> 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.



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Residual Reports

Report Results

PROFIT SHARING RESIDUAL
9/1/2009
9926 AMERICAN BANKCARD
SERVICES

Total merchants: 284
 Merchants added in 9-2009: 0

Volume:	\$1,229,771.54
Items:	15,878
75% Split Income	\$16,048.96
75% Merchant Refunds	(\$0.00)
75% ACH Returns:	(\$4,589.29)
75% ACH Returns Collected:	\$3,885.66

	Units	Cost	Subtotal
After Hours Calls	0	0.000	(\$0.00)
Retrievals:	0	5.000	(\$0.00)
ACH Rejects:	34	2.500	(\$85.00)
3m Rental:	1,229,771.54	0.000%	(\$0.00)
Rolling Reserve:	1,229,771.54	0.050%	(\$614.89)
Client Services per TID:	284	0.000	(\$0.00)
Client Services per TKT:	37	\$0.000	(\$0.00)
EVS Report:	0	\$0.000	(\$0.00)
Vimas Tracking Fee:	1	\$0.000	(\$0.00)
Inprinter Plates:	0	1.500	(\$0.00)
Fraud Monitoring:	1,229,771.54	0.000	(\$0.00)

TOTAL DEDUCTIONS: (\$699.89)

75% SPLIT DEDUCTIONS: (\$524.91)

75% SPLIT INCOME: \$16,048.96

Unprofitable Accounts: \$0.00

SPLIT 75%

\$14,820.42

Rolling Reserve

\$25,829.91

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30-30 47TH AVENUE 9TH FLOOR, LIC. NY 11101



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Current as of Dec '09

Residual Reports

Report Results

PROFIT SHARING RESIDUAL
12/1/2009
9926 AMERICAN BANKCARD
SERVICES

Total merchants: 259
 Merchants added in 12-2009: 0

Volume: \$1,055,961.78
 Items: 15,061
 75% Split Income \$ 17,183.85
 75% Merchant Refunds (\$0.00)
 75% ACH Returns: (\$3,038.76)
 75% ACH Returns Collected: \$2,085.55

	Units	Cost	Subtotal
<u>After Hours Calls</u>	3	0.000	(\$0.00)
Retrievals:	11	5.000	(\$55.00)
ACH Rejects:	29	2.500	(\$72.50)
Bin Rental:	1,055,961.78	0.000%	(\$0.00)
Rolling Reserve:	1,055,961.78	0.050%	(\$527.98)
Client Services per TID:	259	0.000	(\$0.00)
Client Services per TKT:	45	\$0.000	(\$0.00)
EVS Report:	0	\$0.000	(\$0.00)
Vimas Tracking Fee:	1	\$0.000	(\$0.00)
Imprinter Plates:	0	1.500	(\$0.00)
Fraud Monitoring:	1,055,961.78	0.000	(\$0.00)

TOTAL DEDUCTIONS: (\$655.48)

75% SPLIT DEDUCTIONS: (\$491.61)

75% SPLIT INCOME: \$17,183.85

Unprofitable Accounts: \$ 0.00

SPLIT 75%

\$15,739.03

Rolling Reserve

27,058.71

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