

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>	
<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): C BYRD ENTERPRISES INC MERCHANT Name and address where notices should be sent: Name ID: 8455554                      Pack No. 599  C BYRD ENTERPRISES INC MERCHANT 522 RIVER CROSSING BLVD SPRING BRANCH, TX 78070  <div style="text-align: right; font-size: 1.2em;">                     President: CARY Byrd                      Telephone No. 210/789-2973                 </div>	<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):        Telephone No. _____	<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:    \$ <u>15,000.00</u>  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. <u>4.30.09 check cashed \$15,000.00 paid to Bankcard Liberty</u> <input checked="" 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: <u>reserves held/merchant account in Good standing.</u> (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). <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). <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)(____).
3. Last four digits of any number by which creditor identifies debtor: <u>1114 &amp; 0307</u> 3a. Debtor may have scheduled account as: <u>Mission City Media or C BYRD ENT, INC.</u> (See instruction #3a on reverse side.) 3b. Creditor Tax ID # _____	<input type="checkbox"/> Other -- Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  <b>Amount entitled to priority:</b> \$ _____
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"/> Other -- Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  <b>Amount entitled to priority:</b> \$ _____
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.	* 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.
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:	<div style="text-align: center; font-size: 1.5em; font-weight: bold;">                     RECEIVED                      FEB 02 2010                      KURTZMAN CARSON CONSULTANTS                 </div>
Date: <u>1.15.10</u>  Signature: _____ - President, 210-789-2973 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.	

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.



CARY BYRD  
C BYRD ENTERPRISES, INC A/K/A  
MISSION CITY MEDIA, INC.

January 26, 2010

To Whom It May Concern:

We are not sure if it is necessary to file this proof of claim. However we have not been able to reach the bank manager at Bankcard Liberty and we are concerned that we will lose the \$15,000.00 that was cashed on 6/30/09, check no. 1361. We have tried to reach Brian Cleland since December 15, 2009 and he has not returned any of our calls.

Please find the attached letter from Darrin Dee, President of Bankcard Liberty. We have also attached the cleared check.

If you should have any questions, please contact me at 210/789-2973.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Cary Byrd', written in black ink.

Cary Byrd

1/26/2010

Check Image

Front

MISSION CITY MEDIA, INC  
PO BOX 1068  
SPRING BRANCH, TX 76070-1068

1361  
30-8968/3140

June 25, 2009  
DATE

PAY TO THE ORDER OF Bankcard Liberty \$ 15,000.<sup>00</sup>/<sub>100</sub>

fifteen thousand dollars and no/100 DOLLARS

RBFCU Member FDIC Account # 3-899000000-171114 **FREEDOM CHECK**

FOR Reserve for Bankcard Liberty Cory B.

⑆314089681⑆ ⑆08842397⑆ ⑆360⑆ ⑆0001500000⑆

Back

BANK OF AMERICA, N.A. LAC  
⑆122006614⑆ ⑆1467 94 10⑆

JUN 29 21

LIBERTY GROUP INVESTMENTS, INC.  
0160443919

PAY TO THE ORDER OF  
BANK OF AMERICA 0160  
ALHAMBRA, CA 91801  
FOR DEPOSIT ONLY

18001



# BANKCARD LIBERTY

3625 Del Amo Blvd. Ste 395  
Torrance, CA, 90503

Phone: 310-542-7444

Fax: 310-542-7555

Email: leadership@bankcardliberty.com

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## FACSIMILE TRANSMITTAL SHEET

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To:	Cary Byrd	From:	Darrin Dee
Company	C Byrd Enterprises	Date/Time	6/25/09 11:00am PST
Phone:		Fax:	(830) 885-6726
Re:	Reserve Letter	Total Pages:	2 Including Cover Sheet

Urgent     For Review     Please Comment     Please Reply     Please forward

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Hello Cary,

Here is the letter you requested. Please overnight the check to us at our address above.  
Feel free to use our FedEx account number #300599982

I'm trying to make the deposit back into our account by tomorrow to avoid any penalty  
or extra fees.

Thanks!

Darrin

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CONFIDENTIAL



# BANKCARD LIBERTY

3625 Del Amo Blvd. Ste 395  
Torrance, CA, 90503  
Phone: 310-542-7444  
Fax: 310-320-4422  
Email: [leadership@bankcardliberty.com](mailto:leadership@bankcardliberty.com)

June 25, 2009

C Byrd Enterprises, Inc  
Merchant Account: CBYRD 8883570508  
MID 3899000000171114  
Merchant Account: MCITYMEDIA 8666332947  
MID 38990000001310307

Dear Cary,

This is to acknowledge the following:

- Bankcard Liberty was instrumental in having Cynergy Data release \$48,291.86 of held reserves from merchant CBYRD 8883570508. This check was received and deposited by Cary Byrd on June 17, 2009.
- The entire reserve was sent to Cary Byrd on condition that Bankcard Liberty would cover \$20,000.00 in reserve against any losses from both Cary Byrd's merchant accounts.
- Cary Byrd has agreed to send \$15,000.00 to Bankcard Liberty to be held in reserve as long as his accounts are active with Cynergy Data.
- Bankcard Liberty will try to get back \$5000.00 from Cynergy Data, which is Bankcard Liberty's money and once that happens, Brian Cleland will attempt to release additional \$5000.00 to Cary Byrd.
- Bankcard Liberty will continue to use best efforts without any guarantees of success to release additional reserve funds on condition that the merchant accounts with Cary Byrd are in good standing.

Sincerely,

Darrin Dee  
President