UNITED STATES BANKRUPTCY COURT District of Delaware	PROOF OF CLAIM		
Name of Debtor: Cynergy Data LLC 09-13038 Cynergy Data Holdings Inc 09-13039 Cynergy Prosperity 09-13040	Case Number: See Name Caption		
NOTE. This form should not be used to make a claim for an administrative expense arising after the commencement of	of the case. A request for payment of an		
Name of Creditor (the person or other entity to whom the debtor owes money or property):  Canon Financial Services, Inc.	Check this box to indicate that this claim amends a previously filed		
Name and address where notices should be sent:	claim.		
Scott H. Marcus, Esquire (Scott H. Marcus & Associates) 121 Johnson Road, Turnersville, New Jersey 08012	Court Claim Number:		
Telephone number: (856) 227-0800	Filed on:		
Name and address where payment should be sent (if different from above):	Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Telephone number:	Check this box if you are the debtor or trustee in this case.		
I. Amount of Claim as of Date Case Filed: \$ 31,712.35	5. Amount of Claim Entitled to		
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.	Priority under 11 U.S.C. §507(a). It any portion of your claim falls in one of the following categories, check the box and state the amount.		
If all or part of your claim is entitled to priority, complete item 5.			
: Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	Specify the priority of the claim.		
2. Basis for Claim: Equipment Lease (See instruction #2 on reverse side.)	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:	Wages, salaries, or commissions (up		
3a. Debtor may have scheduled account as:  (See instruction #3a on reverse side.)	to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		
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.	business, whichever is earlier – 11 U.S.C. §507 (a)(4).		
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ✔ Other  Describe: Equipment	Contributions to an employee benefit plan – 14 U.S.C. §507 (a)(5).		
Value of Property:\$ Annual Interest Rate%	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).		
Amount of arrearage and other charges as of time case filed included in secured claim,			
if any: \$ Basis for perfection:	Taxes or penalties owed to		
Amount of Secured Claim: \$ 31,712.35 Amount Unsecured: \$	governmental units – 11 U.S.C. §50' (a)(8).		
Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase	Other Specify applicable paragraph of H U.S.C. §507 (a)()  Amount entitled to priority:		
rders, 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 security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)			
O NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER	\$		
the documents are not available, please explain:	*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
Date: 01/29/2010  Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the cre other person authorized to file this claim and state address and telephone number if different from the address above. Attach copy of power of attorney, if any.	ditor or DECENTIVE ONLY		
Scott H. Marcus, Esquire, as counsel to Canon Financial Services, Inc.	15cc FEB 01 2010		

## CANON FINANCIAL SERVICES, INC STATEMENT OF ACCOUNT

Customer Name: **CPS GROUP INC** Statement Date: 10/1/2009 Contract Number: 001-0274440-002 Default Date: 08/10/2009 Remaining L/R Balance (discounted to the present value of 6%) \$15,923.32 Purchase Option Price (per Agreement) \$12,920.00 Fair Market Value Sales/Use Tax \$2,559.84 Property Tax \$0.00 Collection Fees \$0.00 **NSF** Fees \$45.00 Insurance Fees \$0.00 **Documentation Fees** \$0.00 Miscellaneous Dealer Payable \$0.00 Miscellaneous - Other \$0.00 Late Charges \$264.18 LESS - Security Deposit \$0.00 Miscellaneous SALES TAX \$0.00 Subtotal \$31,712.35 PLUS - Legal Fees 7,928.09 PLUS - Service Tax for Legal Fees 703.62 **Total Due and Owing** \$40,344.05

I certify that the information listed above is a true and correct representation of the statement of account, as of the statement date, for the customer noted above.

CANONFINANCIAL

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