

Fill in this information to identify the case:

Debtor Cytera Communications, LLC

United States Bankruptcy Court for the: _____ District of New Jersey
(State)

Case number 23-14852

**Official Form 410
Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Ariba, Inc.</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	Other names the creditor used with the debtor <u>SAP Ariba</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? See summary page	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Contact phone <u>8568128900</u> Contact email <u>jmontgomery@brownconnery.com</u>	Contact phone _____ Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <small>MM / DD / YYYY</small>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 8746 ____

7. How much is the claim? \$ 4,745.69. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Services rendered - see attached addendum and invoices.

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* 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"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/15/2023
MM / DD / YYYY

/s/Julie F. Montgomery, Esq.
Signature

Print the name of the person who is completing and signing this claim:

Name Julie F. Montgomery, Esq.
First name Middle name Last name

Title Counsel to Ariba, Inc.

Company Brown and Connery, LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877)-726-6510 | International 001-310-823-9000

Debtor: 23-14852 - Cyxtera Communications, LLC		
District: District of New Jersey, Newark Division		
Creditor: Ariba, Inc. Brown and Connery, LLP / Attn: Julie Montgomery, Esq. 6 North Broad Street, Suite 100 Woodbury, NJ, 08096 Phone: 8568128900 Phone 2: Fax: Email: jmontgomery@brownconnery.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement: Has Related Claim: No Related Claim Filed By: Filing Party: Authorized agent	
Other Names Used with Debtor: SAP Ariba	Amends Claim: No Acquired Claim: No	
Basis of Claim: Services rendered - see attached addendum and invoices.	Last 4 Digits: Yes - 8746	Uniform Claim Identifier:
Total Amount of Claim: 4,745.69	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Julie F. Montgomery, Esq. on 15-Aug-2023 1:28:08 p.m. Eastern Time Title: Counsel to Ariba, Inc. Company: Brown and Connery, LLP		

Addendum to Proof of Claim of Ariba, Inc.
Cyxtera Communications LLC
Case No. 23-14852 (JKS)

Invoice No.	Invoice Date	Description	Invoice Amount	Pre-Petition Amount Due	Post-Petition Amount Due	Total Balance
6063250045	2/13/2023	Quarterly Subscription 2/1/2023-4/30/2023	\$ 1,798.20	\$ 1,798.20	N/A	\$ 1,798.20
6063325196	5/11/2023	Quarterly Subscription 5/1/2023-7/31/2023	\$ 2,947.49	\$ 1,089.29	\$ 1,858.20	\$ 2,947.49
Total Amount Due				\$ 2,887.49	\$ 1,858.20	\$ 4,745.69

Ariba, Inc. reserves the right to supplement and/or amend this proof of claim. Ariba, Inc. further reserves the right to assert an administrative expense request for any post-petition amounts due.



ARIBA, Inc.
 3420 Hillview Ave
 Building 3
 Palo Alto, CA 94304
 United States

INVOICE

Cyxtera Communications LLC.
 15601 Dallas parkway suite 1000
 Addison TX 75001
 United States

Invoice 6063250045 as of 02/13/2023	Invoice Amount Due:	1,798.20 USD
Payment Terms: Net 30	Invoice Due Date:	03/15/2023
Bill-to-Party:	Cyxtera Communications LLC. , Addison, TX, United States, 75001	
ANID:	[REDACTED]	
Business Partner No:	1848746	
Contract Account No:	[REDACTED]	
Contact:	https://service.ariba.com/Supplier.aw	

Invoice Summary

Subscription item	Amount
Transaction Service	1,686.87 USD
	1,686.87 USD
Total net value	
Sales Tax	111.33 USD
Invoice amount	1,798.20 USD

Find detailed information on the calculation of Sales Tax due further below



Payment instructions

Please remit your payment on or before 03/15/2023 by using (one of) the following payment method(s).

EFT / Wire / Bank Transfer: Please remit your payment - including both the invoice number and your ANID - to:

Account name: ARIBA, Inc.
 Bank name: JPMorgan Chase Bank, NA
 ABA Routing No.: [REDACTED]
 SWIFT-BIC: [REDACTED]
 Account number: [REDACTED]
 Credit to: ARIBA, Inc.

Cheque: Please detach the payment slip below and send it with your cheque payable to ARIBA, Inc. to:

ARIBA, Inc.
 P.O. Box 734605
 CHICAGO, IL 60673-4605
 United States

Item details

ARIBA Network Account (Transaction Service)

Your Transaction Service enables you to collaborate with your customers on orders, invoices, and catalogs reliably and securely on the ARIBA network.

Supplier: Cyxtera Communications LLC., 15601 Dallas parkway suite 1000,Addison, TX, 75001

ANID: [REDACTED]

Customer	Subscription Period	Document Count	Transaction Fee	
[REDACTED]	02/01/2023 - 04/30/2023 Quarterly Subscription Billing Anniversary Date: 05/01/2022	11	Amount	1,686.87 USD
			Tax	111.33 USD
			Subtotal	1,798.20 USD
			Total Amount	1,686.87 USD
			Total Tax	111.33 USD
			Total	1,798.20 USD



Sales Tax Details

Supplier: Cyxtera Communications LLC., 15601 Dallas parkway suite 1000,Addison, TX, 75001			
ANID: [REDACTED]			
State Tax	6.250 % ON 1,349.50 USD		84.34 USD
City Tax	1.000 % ON 1,349.50 USD		13.50 USD
Local Tax	1.000 % ON 1,349.50 USD		13.49 USD
			111.33 USD



Please detach and return this slip with your payment for ARIBA Network services.

ARIBA Service Invoice: 6063250045
ANID: [REDACTED]



Bill-to-Contact: Selina Dimercurio	Invoice Date: 02/13/2023	Payment Terms: Net 30	Invoice Due Date: 03/15/2023	Invoice Amount Due: 1,798.20 USD
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Please remit your payment to:

ARIBA, Inc.
P.O. Box 734605
CHICAGO, IL 60673-4605
United States

Please make cheque payable to ARIBA, Inc. and include your invoice number and ANID on your payment.

Paid by:	Cheque No.:	Dated:	Amount	Drawn on (Bank Name):
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ARIBA, Inc.
 3420 Hillview Ave
 Building 3
 Palo Alto, CA 94304
 United States

INVOICE

Cyxtera Communications LLC.
 15601 Dallas parkway suite 1000
 Addison TX 75001
 United States

Invoice 6063325196 as of 05/11/2023	Invoice Amount Due:	2,947.49 USD
Payment Terms: Net 30	Invoice Due Date:	06/10/2023
Bill-to-Party:	Cyxtera Communications LLC. , Addison, TX, United States, 75001	
ANID:	[REDACTED]	
Business Partner No:	1848746	
Contract Account No:	[REDACTED]	
Contact:	https://service.ariba.com/Supplier.aw	

Invoice Summary

Subscription item	Amount
Transaction Service	2,765.00 USD
	2,765.00 USD
Total net value	
Sales Tax	182.49 USD
Invoice amount	2,947.49 USD

Find detailed information on the calculation of Sales Tax due further below



Payment instructions

Please remit your payment on or before 06/10/2023 by using (one of) the following payment method(s).

EFT / Wire / Bank Transfer: Please remit your payment - including both the invoice number and your ANID - to:

Account name: ARIBA, Inc.
 Bank name: JPMorgan Chase Bank, NA
 ABA Routing No.: [REDACTED]
 SWIFT-BIC: [REDACTED]
 Account number: [REDACTED]
 Credit to: ARIBA, Inc.

Cheque: Please detach the payment slip below and send it with your cheque payable to ARIBA, Inc. to:

ARIBA, Inc.
 P.O. Box 734605
 CHICAGO, IL 60673-4605
 United States

Item details

ARIBA Network Account (Transaction Service)

Your Transaction Service enables you to collaborate with your customers on orders, invoices, and catalogs reliably and securely on the ARIBA network.

Supplier: Cyxtera Communications LLC., 15601 Dallas parkway suite 1000,Addison, TX, 75001

ANID: [REDACTED]

Customer	Subscription Period	Document Count	Transaction Fee	
[REDACTED]	05/01/2023 - 07/31/2023 Quarterly Subscription Billing Anniversary Date: 05/01/2023	15	Amount	2,765.00 USD
			Tax	182.49 USD
			Subtotal	2,947.49 USD
			Total Amount	2,765.00 USD
			Total Tax	182.49 USD
			Total	2,947.49 USD



Sales Tax Details

Supplier: Cyxtera Communications LLC., 15601 Dallas parkway suite 1000,Addison, TX, 75001			
ANID: [REDACTED]			
State Tax	6.250 % ON 2,212.00 USD		138.25 USD
City Tax	1.000 % ON 2,212.00 USD		22.12 USD
Local Tax	1.000 % ON 2,212.00 USD		22.12 USD
			182.49 USD



Please detach and return this slip with your payment for ARIBA Network services.

ARIBA Service Invoice: 6063325196
ANID: [REDACTED]



Bill-to-Contact: Selina Dimercurio	Invoice Date: 05/11/2023	Payment Terms: Net 30	Invoice Due Date: 06/10/2023	Invoice Amount Due: 2,947.49 USD
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Please remit your payment to:

ARIBA, Inc.
P.O. Box 734605
CHICAGO, IL 60673-4605
United States

Please make cheque payable to ARIBA, Inc. and include your invoice number and ANID on your payment.

Paid by:	Cheque No.:	Dated:	Amount	Drawn on (Bank Name):
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