

UNITED STATES BANKRUPTCY COURT Northern District of Texas		PROOF OF CLAIM
Name of Debtor: Highland Captial Management, L.P.		Case Number: 19-34054-sgjl1
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): CBIZ Valuation Group, LLC		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">FEB 24 2020</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">CLERK U.S. BANKRUPTCY COURT COURT USE ONLY TEXAS</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">MAR 23 2020</div> <div style="font-size: 1.2em; font-weight: bold;">KURTZMAN CARSON CONSULTANTS</div>
Name and address where notices should be sent: CBIZ Valuation Group, LLC PO Box 849846 Dallas, TX 75284 Telephone number: 972-406-6945 email: mlarmstrong@cbiz.com		
Name and address where payment should be sent (if different from above): Telephone number: email:		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
1. Amount of Claim as of Date Case Filed: \$ 8,269.26 If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: Services performed (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 1 2 4 6	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<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 commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever 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 \$2,775* 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: \$ _____
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this		



7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

RECEIVED

If the documents are not available, please explain:

MAR 23 2020

8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)

KURTZMAN CASPARI CONSULTANTS

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Jan L. Moore Title: CFO Company: CBIZ Valuation Group, LLC Address and telephone number (if different from notice address above):

Signature: Jan Moore Date: 2/19/20

Telephone number: 972-620-0400 email: janmoore@cbiz.com

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number: Fill in the federal judicial district in which the bankruptcy case was filed... Creditor's Name and Address: Fill in the name of the person or entity asserting a claim... 1. Amount of Claim as of Date Case Filed: State the total amount owed to the creditor... 2. Basis for Claim: State the type of debt or how it was incurred... 3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account... 3a. Debtor May Have Scheduled Account As: Report a change in the creditor's name... 3b. Uniform Claim Identifier: If you use a uniform claim identifier... 4. Secured Claim: Check whether the claim is fully or partially secured.

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim... 5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a). If any portion of the claim falls into any category shown... 6. Credits: An authorized signature on this proof of claim serves as an acknowledgment... 7. Documents: Attach redacted copies of any documents that show the debt exists... 8. Date and Signature: The individual completing this proof of claim must sign and date it.



4851 LBJ Freeway, Suite 800, Dallas, TX 75244 | 972.620.0400

Highland Capital Management, L.P.
Mr. Scott Ellington
General Counsel
300 Crescent Court, Suite 700
Dallas, TX 75201

Date: 10/14/2019

Invoice No.: 1111488037
Client No.: 370021

For services rendered by CBIZ Valuation Group LLC as follows:

Services rendered inclusive of meetings and discussions with counsel and preparation for trial testimony.	\$ 5,000.00
Expenses	3,269.26

Current Amount Due \$ 8,269.26

PAYMENT DUE UPON RECEIPT Please use one of the following methods. For billing inquiries or to pay by credit card, please call 972.620.0400

Wire Transfer	Wire Transfer - International	ACH/EFT	US Mail
Bank of America 100 W 33rd St, NY, NY 10001 For credit to: CBIZ, Inc Wire Routing #: 026-009-593 Account # 1499805398 Desc: #1076 CBIZ Valuation Grp	Bank of America Swift Code: BOFAUS3N Chips #: 0959 For credit to: CBIZ Inc Account # 1499805398 Desc: #1076 CBIZ Valuation Grp	Bank of America 1401 Elm St, 2nd Fl, NY, NY 10001 For credit to: CBIZ, Inc ACH Routing #: 121-000-358 Account # 1499805398 Desc: #1076 CBIZ Valuation Grp	CBIZ Valuation Group, LLC PO Box 849846 Dallas, TX 75284-9846 Include client # and invoice #(s) on the check

Invoices not paid in accordance with the terms of your engagement letter are subject to finance charges as provided therein.