

Fill in this information to identify the case:

Debtor 1 Callis Professional Services LLC dba
Jan Pro of San Antonio

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of Delaware

Case number 19-12415

Official Form 410

Proof of Claim

04/19

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 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. 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? Callis Professional Services LLC dba Jan Pro of San Antonio
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Name <u>Callis Professional Services LLC dba Jan Pro of San Antonio</u>	Name _____
Number Street <u>431 Isom Road, Suite 214</u>	Number Street _____
City State ZIP Code <u>San Antonio, Tx 78214</u>	City State ZIP Code _____
Contact phone <u>210 525-1997</u>	Contact phone _____
Contact email <u>saaccounting@jan-pro.com</u>	Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?
 No
 Yes. Who made the earlier filing? _____

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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: _____

7. How much is the claim? \$ 3,648.09 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.

Commercial Cleaning of the Live Oak Texas location

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.

Nature of property:

- Real estate. If the claim is secured by the debtor's principal 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 amounts 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: _____

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

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$13,650*) 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).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

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 acknowledgment 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 a 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 11 19 2019
MM / DD / YYYY

Terri A. Ramirez
Signature

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

Name Terri Lynn Ramirez
First name Middle name Last name

Title Accounting Manager

Company Callis Professional Services LLC dba Jan Pro of San Antonio
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 431 Isom Road Suite 214

Number San Antonio Street TX ZIP Code 78216
City State

Contact phone 210 525-1997 Email sa_accounting@

jan-pro.com

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Callis Professional Services, LLC
 DBA Jan-Pro of San Antonio
 431 Isom Rd. Ste 214
 San Antonio, TX
 78216

Invoice

Date	Invoice #
9/1/2019	40751
Due Date	10/1/2019

PAST DUE

Bill To
Houlihan's Live Oak 14601 IH-35 North Live Oak, Texas 78154

Ship To

P.O. No.	Terms
	Net 30

Quantity	Description	Rate	Amount
1	Regular Janitorial Service from 09/01/2019 to 09/30/2019	1,229.00	1,229.00T
1	Monthly Reoccurring Carpet Clean	190.00	190.00T

To Pay Invoice Online Click Link Below

<https://securepayment.link/janpro/>

Sales Tax (8.25%)	\$117.07
Total	\$1,536.07
Payments/Credits	\$0.00
Balance Due	\$1,536.07

Phone #	210-525-1997 Ext: 2	E-mail	SAaccounting@jan-pro.com
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Callis Professional Services, LLC
 DBA Jan-Pro of San Antonio
 431 Isom Rd. Ste 214
 San Antonio, TX
 78216

Invoice

PAST DUE

Date	Invoice #
10/1/2019	41522
Due Date	10/31/2019

Bill To
Houlihan's Live Oak 14601 IH-35 North Live Oak, Texas 78154

Ship To

P.O. No.	Terms
	Net 30

Quantity	Description	Rate	Amount
1	Regular Janitorial Service from 10/01/2019 to 10/31/2019	1,229.00	1,229.00T
1	Monthly Reoccurring Carpet Clean	190.00	190.00T

To Pay Invoice Online Click Link Below

<https://securepayment.link/janpro/>

Sales Tax (8.25%)	\$117.07
Total	\$1,536.07
Payments/Credits	\$0.00
Balance Due	\$1,536.07

Phone #	210-525-1997 Ext: 2	E-mail	SAaccounting@jan-pro.com
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Callis Professional Services, LLC
 DBA Jan-Pro of San Antonio
 431 Isom Rd. Ste 214
 San Antonio, TX
 78216

Invoice

Date	Invoice #
11/1/2019	42200
Due Date	12/1/2019

Bill To
Houlihan's Live Oak 14601 IH-35 North Live Oak, Texas 78154

Ship To

P.O. No.	Terms
	Net 30

Quantity	Description	Rate	Amount
1	Regular Janitorial Service from 11/01/2019 to 11/13/2019	532.61	532.61T

To Pay Invoice Online Click Link Below

<https://securepayment.link/janpro/>

Sales Tax (8.25%)	\$43.94
Total	\$576.55
Payments/Credits	\$0.00
Balance Due	\$576.55

Phone #	210-525-1997 Ext: 2	E-mail	SAaccounting@jan-pro.com
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