

B10 (Official Form 10) (04/13)

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.

United States Courts
 Southern District of Texas
FILED

If the documents are not available, please explain:

JUN 26 2023

8. Signature: (See instruction #8)

Check the appropriate box.

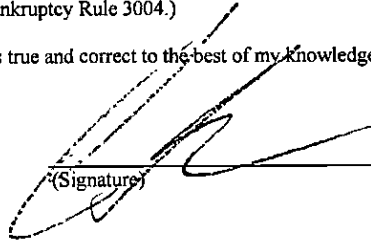
- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other debtor. (See Bankruptcy Rule 3005.)
- (See Bankruptcy Rule 3004.)

Nathan Ochsner, Clerk of Court

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: STEVEN REBIDAS
 Title: Director- O2C Finance Operations
 Company: Adecco Group
 Address and telephone number (if different from notice address above):

 Telephone number: _____ email: _____

(Signature) 

06/22/23
 (Date)

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 (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
 Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
 State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
 State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
 State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
 Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
 Check whether the claim is fully or partially secured. Skip this section if the

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, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on 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, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
 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.

7. Documents:
 Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
 The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for providing false information.



DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



Date: June 12, 2023

STATEMENT OF ACCOUNT

Account Name: WESCO AIRCRAFT
HARDWARE CORP

Account Number: 025142-3219560

Total Outstanding:

<u>Invoice #</u>	<u>Billing #</u>	<u>Invoice Date</u>		<u>Amount Outstanding</u>
190803166	71201829	2-Apr-23	\$	778.80
190942009	71213020	9-Apr-23	\$	660.00
191015024	71220165	16-Apr-23	\$	950.40
191134558	71226375	23-Apr-23	\$	1,056.00
191213303	71235272	30-Apr-23	\$	792.00
191344383	71245649	7-May-23	\$	792.00
191389235	71252521	14-May-23	\$	726.00
191475882	71259326	21-May-23	\$	781.44
191629917	71267021	28-May-23	\$	924.00
191653823	71274291	4-Jun-23	\$	330.00
Total			\$	7,790.64

EXHIBIT A

Adecco USA, Inc. has filed the attached Proof of Claim. The claims constitute priority claims to the extent that they satisfy the requirements of section 507 (a)(4)(A) of the Bankruptcy Code and our otherwise general unsecured nonpriority claims. The services are for payrolling individuals selected by debtor to perform debtor's work under their direction, supervision, and control.



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ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

RETURN SERVICE REQUESTED

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

ORIGINAL INVOICE

INVOICE #: 71201829
INVOICE DATE: 04/03/2023
AMOUNT DUE: \$778.80
CUSTOMER #: 3219560
BILL TO ID: 5160734
OFFICE ID: 020730
PO #:
TAX ID #: 94-3286700

NAME	WEEK END DATE	DESCRIPTION	LABOR TYPE	HOURS	RATE	TAX	TOTAL W/ TAX	TRANSACTION NUMBER
Cost Center:Valencia, CA								
Booth Emma A	04/01/2023	CUSTOMER SERVICE REP	REG	29.50	\$26.40	\$0.00	\$778.80	190803166-5142
Approved on 04/03/2023 john.hema@wescoair.com Confirmation/TC # 4561181178								
				29.50		\$0.00	\$778.80	

SUBTOTAL : 29.50 \$0.00 \$778.80

Open Invoice Status for Bill To ID 5160734 as of 04/02/2023. This invoice is not included in the summary below.

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 151 Days
\$1,914.00	\$594.00	\$0.00	\$0.00	\$0.00	-\$1,159.99

This represents the outstanding balance for this bill to only. There may be additional balances for other bill to's associated with this customer
If copies of outstanding invoices are required, please contact : Billing@AdeccoNA.com

Except as otherwise provided in a current written agreement between the parties, Invoice payments are due in full upon receipt. Please pay invoices promptly to avoid late fees and/or interest charges. After payments are made, any disputes must be communicated within 60 days from the invoice date. In the event that you do not dispute the invoiced amounts within (60) days of invoice date the billed amounts will be deemed accurate.

-----Detach Here-----

Please Include This Portion With Your Payment

PAYMENT ADVICE

Amount Due: \$778.80
Customer Number: 3219560
Invoice Date: 04/03/2023
Invoice Number: 71201829
Payment Terms: PAYABLE UPON RECEIPT



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REMIT TO: ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

TAX ID #: 94-3286700

CUSTOMER SERVICE : Billing@AdeccoNA.com

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

Please check this box if change of address is required and fill in the appropriate information in space provided	<input type="checkbox"/> Company Name	_____
	<input type="checkbox"/> Bill To Name	_____
	<input type="checkbox"/> Bill To Address	_____
	City,State,Zip	_____
To receive Invoices via email or to update an existing email address check the box and enter the new email address	<input type="checkbox"/> Email Address	_____

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ADECCO EMPLOYMENT SERVICES

OFFICE NAME: Adecco MSP
NAME: BOOTH EMMA A
CUSTOMER NUMBER: 3219560
CUSTOMER NAME: WESCO AIRCRAFT HARDWARE CORP.

INVOICE NUMBER: 71201829
WEEK ENDING: 4/1/2023
OFFICE ID: 102456
ASSIGNMENT ID: 13742472

TIME SHEET

LABOR TYPE	PROJECT	MON 03/27/23	TUE 03/28/23	WED 03/29/23	THU 03/30/23	FRI 03/31/23	SAT 04/01/23	SUN 03/26/23	WEEKLY TOTALS
REG		4.50	4.50	8.00	4.50	8.00	0.00	0.00	29.50
TOTALS BY DAY		4.50	4.50	8.00	4.50	8.00	0.00	0.00	29.50

CONFIRMATION #: 4561181178
APPROVER: john.hema@wescoair.com
APPROVAL DATE: 4/3/2023



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ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

RETURN SERVICE REQUESTED

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

ORIGINAL INVOICE

INVOICE #: 71213020
INVOICE DATE: 04/10/2023
AMOUNT DUE: \$660.00
CUSTOMER #: 3219560
BILL TO ID: 5160734
OFFICE ID: 020730
PO #: _____
TAX ID #: 94-3286700

NAME	WEEK END DATE	DESCRIPTION	LABOR TYPE	HOURS	RATE	TAX	TOTAL W/ TAX	TRANSACTION NUMBER
Cost Center:Valencia, CA								
Booth Emma A	04/08/2023	CUSTOMER SERVICE REP	REG	25.00	\$26.40	\$0.00	\$660.00	190942009-5142
Approved on 04/10/2023 john.hema@wescoair.com Confirmation/TC # 4563824520								
				25.00		\$0.00	\$660.00	

SUBTOTAL : 25.00 \$0.00 \$660.00

Open Invoice Status for Bill To ID 5160734 as of 04/09/2023. This invoice is not included in the summary below.

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 151 Days
\$2,692.80	\$594.00	\$0.00	\$0.00	\$0.00	\$0.00

This represents the outstanding balance for this bill to only. There may be additional balances for other bill to's associated with this customer
If copies of outstanding invoices are required, please contact : Billing@AdeccoNA.com

Except as otherwise provided in a current written agreement between the parties, Invoice payments are due in full upon receipt. Please pay invoices promptly to avoid late fees and/or interest charges. After payments are made, any disputes must be communicated within 60 days from the invoice date. In the event that you do not dispute the invoiced amounts within (60) days of invoice date the billed amounts will be deemed accurate.

-----Detach Here-----

Please Include This Portion With Your Payment

PAYMENT ADVICE



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REMIT TO: ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

TAX ID #: 94-3286700

CUSTOMER SERVICE : Billing@AdeccoNA.com

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

Amount Due: \$660.00
Customer Number: 3219560
Invoice Date: 04/10/2023
Invoice Number: 71213020
Payment Terms: PAYABLE UPON RECEIPT

Please check this box if change of address is required and fill in the appropriate information in space provided	<input type="checkbox"/> Company Name	_____
	<input type="checkbox"/> Bill To Name	_____
	<input type="checkbox"/> Bill To Address	_____
	City,State,Zip	_____
To receive Invoices via email or to update an existing email address check the box and enter the new email address	<input type="checkbox"/> Email Address	_____

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ADECCO EMPLOYMENT SERVICES

OFFICE NAME: Adecco MSP
 NAME: BOOTH EMMA A
 CUSTOMER NUMBER: 3219560
 CUSTOMER NAME: WESCO AIRCRAFT HARDWARE CORP.

INVOICE NUMBER: 71213020
 WEEK ENDING: 4/8/2023
 OFFICE ID: 102456
 ASSIGNMENT ID: 13742472

TIME SHEET

LABOR TYPE	PROJECT	MON 04/03/23	TUE 04/04/23	WED 04/05/23	THU 04/06/23	FRI 04/07/23	SAT 04/08/23	SUN 04/09/23	WEEKLY TOTALS
REG		5.00	5.00	5.00	5.00	5.00	0.00	0.00	25.00
TOTALS BY DAY		5.00	5.00	5.00	5.00	5.00	0.00	0.00	25.00

CONFIRMATION #: 4563824520
 APPROVER: john.hema@wescoair.com
 APPROVAL DATE: 4/10/2023



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ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

RETURN SERVICE REQUESTED

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

ORIGINAL INVOICE

INVOICE #: 71220165
INVOICE DATE: 04/17/2023
AMOUNT DUE: \$950.40
CUSTOMER #: 3219560
BILL TO ID: 5160734
OFFICE ID: 020730
PO #:
TAX ID #: 94-3286700

NAME	WEEK END DATE	DESCRIPTION	LABOR TYPE	HOURS	RATE	TAX	TOTAL W/ TAX	TRANSACTION NUMBER
Cost Center:Valencia, CA								
Booth Emma A	04/15/2023	CUSTOMER SERVICE REP	REG	36.00	\$26.40	\$0.00	\$950.40	191015024-5142
Approved on 04/17/2023		john.hema@wescoair.com Confirmation/TC # 4565362783						
				36.00		\$0.00	\$950.40	
SUBTOTAL :				36.00		\$0.00	\$950.40	

Open Invoice Status for Bill To ID 5160734 as of 04/16/2023. This invoice is not included in the summary below.

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 151 Days
\$2,758.80	\$594.00	\$594.00	\$0.00	\$0.00	\$0.00

This represents the outstanding balance for this bill to only. There may be additional balances for other bill to's associated with this customer
If copies of outstanding invoices are required, please contact : Billing@AdeccoNA.com

Except as otherwise provided in a current written agreement between the parties, Invoice payments are due in full upon receipt. Please pay invoices promptly to avoid late fees and/or interest charges. After payments are made, any disputes must be communicated within 60 days from the invoice date. In the event that you do not dispute the invoiced amounts within (60) days of invoice date the billed amounts will be deemed accurate.

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Please Include This Portion With Your Payment

PAYMENT ADVICE

Amount Due: \$950.40
Customer Number: 3219560
Invoice Date: 04/17/2023
Invoice Number: 71220165
Payment Terms: PAYABLE UPON RECEIPT

Please check this box if change of address is required and fill in the appropriate information in space provided	<input type="checkbox"/> Company Name	_____
	<input type="checkbox"/> Bill To Name	_____
To receive invoices via email or to update an existing email address check the box and enter the new email address	<input type="checkbox"/> Bill To Address	_____
	<input type="checkbox"/> City,State,Zip	_____
	<input type="checkbox"/> Email Address	_____



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REMIT TO: ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

TAX ID #: 94-3286700

CUSTOMER SERVICE : Billing@AdeccoNA.com

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

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ADECCO EMPLOYMENT SERVICES

OFFICE NAME: Adecco MSP
 NAME: BOOTH EMMA A
 CUSTOMER NUMBER: 3219560
 CUSTOMER NAME: WESCO AIRCRAFT HARDWARE CORP.

INVOICE NUMBER: 71220165
 WEEK ENDING: 4/15/2023
 OFFICE ID: 102456
 ASSIGNMENT ID: 13742472

TIME SHEET

LABOR TYPE	PROJECT	MON 04/10/23	TUE 04/11/23	WED 04/12/23	THU 04/13/23	FRI 04/14/23	SAT 04/15/23	SUN 04/09/23	WEEKLY TOTALS
REG		4.00	8.00	8.00	8.00	8.00	0.00	0.00	36.00
TOTALS BY DAY		4.00	8.00	8.00	8.00	8.00	0.00	0.00	36.00

CONFIRMATION #: 4565362783
 APPROVER: john.hema@wescoair.com
 APPROVAL DATE: 4/17/2023



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ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

RETURN SERVICE REQUESTED

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

ORIGINAL INVOICE

INVOICE #: 71226375
INVOICE DATE: 04/24/2023
AMOUNT DUE: \$1,056.00
CUSTOMER #: 3219560
BILL TO ID: 5160734
OFFICE ID: 020730
PO #:
TAX ID #: 94-3286700

NAME	WEEK END DATE	DESCRIPTION	LABOR TYPE	HOURS	RATE	TAX	TOTAL W/ TAX	TRANSACTION NUMBER
Cost Center:Valencia, CA								
Booth Emma A	04/22/2023	CUSTOMER SERVICE REP	REG	40.00	\$26.40	\$0.00	\$1,056.00	191134558-5142
Approved on 04/24/2023 john.hema@wescoair.com Confirmation/TC # 4567424051								
				40.00		\$0.00	\$1,056.00	

SUBTOTAL : 40.00 \$0.00 \$1,056.00

Open Invoice Status for Bill To ID 5160734 as of 04/23/2023. This invoice is not included in the summary below.

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 151 Days
\$3,049.20	\$1,254.00	\$594.00	\$0.00	\$0.00	\$0.00

This represents the outstanding balance for this bill to only. There may be additional balances for other bill to's associated with this customer
If copies of outstanding invoices are required, please contact : Billing@AdeccoNA.com

Except as otherwise provided in a current written agreement between the parties, Invoice payments are due in full upon receipt. Please pay invoices promptly to avoid late fees and/or interest charges. After payments are made, any disputes must be communicated within 60 days from the invoice date. In the event that you do not dispute the invoiced amounts within (60) days of invoice date the billed amounts will be deemed accurate.

-----Detach Here-----

Please Include This Portion With Your Payment

PAYMENT ADVICE



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REMIT TO: ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

TAX ID #: 94-3286700

CUSTOMER SERVICE : Billing@AdeccoNA.com

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

Amount Due: \$1,056.00
Customer Number: 3219560
Invoice Date: 04/24/2023
Invoice Number: 71226375
Payment Terms: PAYABLE UPON RECEIPT

Please check this box if change of address is required and fill in the appropriate information in space provided	<input type="checkbox"/> Company Name	_____
	<input type="checkbox"/> Bill To Name	_____
To receive Invoices via email or to update an existing email address check the box and enter the new email address	<input type="checkbox"/> Bill To Address	_____
	<input type="checkbox"/> City, State, Zip	_____
	<input type="checkbox"/> Email Address	_____

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ADECCO EMPLOYMENT SERVICES

OFFICE NAME: Adecco MSP
 NAME: BOOTH EMMA A
 CUSTOMER NUMBER: 3219560
 CUSTOMER NAME: WESCO AIRCRAFT HARDWARE CORP.

INVOICE NUMBER: 71226375
 WEEK ENDING: 4/22/2023
 OFFICE ID: 102456
 ASSIGNMENT ID: 13742472

TIME SHEET

LABOR TYPE	PROJECT	MON 04/17/23	TUE 04/18/23	WED 04/19/23	THU 04/20/23	FRI 04/21/23	SAT 04/22/23	SUN 04/16/23	WEEKLY TOTALS
REG		8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00
TOTALS BY DAY		8.00	8.00	8.00	8.00	8.00	0.00	0.00	40.00

CONFIRMATION #: 4567424051
 APPROVER: john.hema@wescoair.com
 APPROVAL DATE: 4/24/2023



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ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

RETURN SERVICE REQUESTED

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

ORIGINAL INVOICE

INVOICE #: 71235272
INVOICE DATE: 05/01/2023
AMOUNT DUE: \$792.00
CUSTOMER #: 3219560
BILL TO ID: 5160734
OFFICE ID: 020730
PO #: _____
TAX ID #: 94-3286700

NAME	WEEK END DATE	DESCRIPTION	LABOR TYPE	HOURS	RATE	TAX	TOTAL W/ TAX	TRANSACTION NUMBER
Cost Center:Valencia, CA								
Booth Emma A	04/29/2023	CUSTOMER SERVICE REP	REG	30.00	\$26.40	\$0.00	\$792.00	191213303-5142
Approved on 05/01/2023 john.hema@wescoair.com Confirmation/TC # 4569725468								
				30.00		\$0.00	\$792.00	

SUBTOTAL : 30.00 \$0.00 \$792.00

Open Invoice Status for Bill To ID 5160734 as of 04/30/2023. This invoice is not included in the summary below.

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 151 Days
\$3,445.20	\$1,914.00	\$594.00	\$0.00	\$0.00	\$0.00

This represents the outstanding balance for this bill to only. There may be additional balances for other bill to's associated with this customer if copies of outstanding invoices are required, please contact : Billing@AdeccoNA.com

Except as otherwise provided in a current written agreement between the parties, Invoice payments are due in full upon receipt. Please pay invoices promptly to avoid late fees and/or interest charges. After payments are made, any disputes must be communicated within 60 days from the invoice date. In the event that you do not dispute the invoiced amounts within (60) days of invoice date the billed amounts will be deemed accurate.

----- Detach Here -----

Please Include This Portion With Your Payment

PAYMENT ADVICE

Amount Due: \$792.00
Customer Number: 3219560
Invoice Date: 05/01/2023
Invoice Number: 71235272
Payment Terms: PAYABLE UPON RECEIPT



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REMIT TO: ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

TAX ID #: 94-3286700

CUSTOMER SERVICE : Billing@AdeccoNA.com

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

Please check this box if change of address is required and fill in the appropriate information in space provided

Company Name _____
 Bill To Name _____
 Bill To Address _____
 City, State, Zip _____

To receive Invoices via email or to update an existing email address check the box and enter the new email address

Email Address _____

0000071235272000000000792000000032195600



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ADECCO EMPLOYMENT SERVICES

OFFICE NAME: Adecco MSP
NAME: BOOTH EMMA A
CUSTOMER NUMBER: 3219560
CUSTOMER NAME: WESCO AIRCRAFT HARDWARE CORP.

INVOICE NUMBER: 71235272
WEEK ENDING: 4/29/2023
OFFICE ID: 102456
ASSIGNMENT ID: 13742472

TIME SHEET

LABOR TYPE	PROJECT	MON 04/24/23	TUE 04/25/23	WED 04/26/23	THU 04/27/23	FRI 04/28/23	SAT 04/29/23	SUN 04/30/23	WEEKLY TOTALS
REG		6.00	6.00	6.00	6.00	6.00	0.00	0.00	30.00
TOTALS BY DAY		6.00	6.00	6.00	6.00	6.00	0.00	0.00	30.00

CONFIRMATION #: 4569725468
APPROVER: john.hema@wescoair.com
APPROVAL DATE: 5/1/2023



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ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

RETURN SERVICE REQUESTED

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

ORIGINAL INVOICE

INVOICE #: 71245649
INVOICE DATE: 05/08/2023
AMOUNT DUE: \$792.00
CUSTOMER #: 3219560
BILL TO ID: 5160734
OFFICE ID: 020730
PO #:
TAX ID #: 94-3286700

NAME	WEEK END DATE	DESCRIPTION	LABOR TYPE	HOURS	RATE	TAX	TOTAL W/ TAX	TRANSACTION NUMBER
Cost Center:Valencia, CA								
Booth Emma A	05/06/2023	CUSTOMER SERVICE REP	REG	30.00	\$26.40	\$0.00	\$792.00	191344383-5142
Approved on 05/08/2023 john.hema@wescoair.com Confirmation/TC # 4572069235								
				30.00		\$0.00	\$792.00	

SUBTOTAL : 30.00 \$0.00 \$792.00

Open Invoice Status for Bill To ID 5160734 as of 05/07/2023. This invoice is not included in the summary below.

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 151 Days
\$3,458.40	\$2,692.80	\$594.00	\$0.00	\$0.00	\$0.00

This represents the outstanding balance for this bill to only. There may be additional balances for other bill to's associated with this customer
If copies of outstanding invoices are required, please contact : Billing@AdeccoNA.com

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-----Detach Here-----

Please Include This Portion With Your Payment

PAYMENT ADVICE

Amount Due: \$792.00
Customer Number: 3219560
Invoice Date: 05/08/2023
Invoice Number: 71245649
Payment Terms: PAYABLE UPON RECEIPT



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REMIT TO: ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

TAX ID #: 94-3286700

CUSTOMER SERVICE : Billing@AdeccoNA.com

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

Please check this box if change of address is required and fill in the appropriate information in space provided

Company Name _____
 Bill To Name _____
 Bill To Address _____
 City, State, Zip _____

To receive Invoices via email or to update an existing email address check the box and enter the new email address

Email Address _____

0000071245649000000000792000000032195606



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ADECCO EMPLOYMENT SERVICES

OFFICE NAME: Adecco MSP
NAME: BOOTH EMMA A
CUSTOMER NUMBER: 3219560
CUSTOMER NAME: WESCO AIRCRAFT HARDWARE CORP.

INVOICE NUMBER: 71245649
WEEK ENDING: 5/6/2023
OFFICE ID: 102456
ASSIGNMENT ID: 13742472

TIME SHEET

LABOR TYPE	PROJECT	MON 05/01/23	TUE 05/02/23	WED 05/03/23	THU 05/04/23	FRI 05/05/23	SAT 05/06/23	SUN 04/30/23	WEEKLY TOTALS
REG		6.00	6.00	6.00	6.00	6.00	0.00	0.00	30.00
TOTALS BY DAY		6.00	6.00	6.00	6.00	6.00	0.00	0.00	30.00

CONFIRMATION #: 4572069235
APPROVER: john.hema@wescoair.com
APPROVAL DATE: 5/8/2023



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ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

RETURN SERVICE REQUESTED

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

ORIGINAL INVOICE

INVOICE #: 71252521
INVOICE DATE: 05/15/2023
AMOUNT DUE: \$726.00
CUSTOMER #: 3219560
BILL TO ID: 5160734
OFFICE ID: 020730
PO #:
TAX ID #: 94-3286700

NAME	WEEK END DATE	DESCRIPTION	LABOR TYPE	HOURS	RATE	TAX	TOTAL W/ TAX	TRANSACTION NUMBER
Cost Center:Valencia, CA								
Booth Emma A	05/13/2023	CUSTOMER SERVICE REP	REG	27.50	\$26.40	\$0.00	\$726.00	191389235-5142
Approved on 05/15/2023		john.hema@wescoair.com Confirmation/TC # 4574039142						
				27.50		\$0.00	\$726.00	

SUBTOTAL : 27.50 \$0.00 \$726.00

Open Invoice Status for Bill To ID 5160734 as of 05/14/2023. This invoice is not included in the summary below.

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 151 Days
\$3,590.40	\$2,758.80	\$594.00	\$594.00	\$0.00	\$0.00

This represents the outstanding balance for this bill to only. There may be additional balances for other bill to's associated with this customer
If copies of outstanding invoices are required, please contact : Billing@AdeccoNA.com

Except as otherwise provided in a current written agreement between the parties, Invoice payments are due in full upon receipt. Please pay invoices promptly to avoid late fees and/or interest charges. After payments are made, any disputes must be communicated within 60 days from the invoice date. In the event that you do not dispute the invoiced amounts within (60) days of invoice date the billed amounts will be deemed accurate.

----- Detach Here -----

Please Include This Portion With Your Payment

PAYMENT ADVICE



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REMIT TO: ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

TAX ID #: 94-3286700

CUSTOMER SERVICE : Billing@AdeccoNA.com

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

Amount Due: \$726.00
Customer Number: 3219560
Invoice Date: 05/15/2023
Invoice Number: 71252521
Payment Terms: PAYABLE UPON RECEIPT

Please check this box if change of address is required and fill in the appropriate information in space provided	<input type="checkbox"/> Company Name	_____
	<input type="checkbox"/> Bill To Name	_____
	<input type="checkbox"/> Bill To Address	_____
	<input type="checkbox"/> City, State, Zip	_____
To receive Invoices via email or to update an existing email address check the box and enter the new email address	<input type="checkbox"/> Email Address	_____

0000071252521000000000726000000032195608



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ADECCO EMPLOYMENT SERVICES

OFFICE NAME: Adecco MSP
 NAME: BOOTH EMMA A
 CUSTOMER NUMBER: 3219560
 CUSTOMER NAME: WESCO AIRCRAFT HARDWARE CORP.

INVOICE NUMBER: 71252521
 WEEK ENDING: 5/13/2023
 OFFICE ID: 102456
 ASSIGNMENT ID: 13742472

TIME SHEET

LABOR TYPE	PROJECT	MON 05/08/23	TUE 05/09/23	WED 05/10/23	THU 05/11/23	FRI 05/12/23	SAT 05/13/23	SUN 05/07/23	WEEKLY TOTALS
REG		5.50	5.50	5.50	5.50	5.50	0.00	0.00	27.50
	TOTALS BY DAY	5.50	5.50	5.50	5.50	5.50	0.00	0.00	27.50

CONFIRMATION #: 4574039142
 APPROVER: john.hema@wescoair.com
 APPROVAL DATE: 5/15/2023



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ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

RETURN SERVICE REQUESTED

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

ORIGINAL INVOICE

INVOICE #: 71259326
INVOICE DATE: 05/22/2023
AMOUNT DUE: \$781.44
CUSTOMER #: 3219560
BILL TO ID: 5160734
OFFICE ID: 020730
PO #:
TAX ID #: 94-3286700

NAME	WEEK END DATE	DESCRIPTION	LABOR TYPE	HOURS	RATE	TAX	TOTAL W/ TAX	TRANSACTION NUMBER
Cost Center:Valencia, CA								
Booth Emma A	05/20/2023	CUSTOMER SERVICE REP	REG	29.60	\$26.40	\$0.00	\$781.44	191475882-5142
Approved on 05/22/2023		john.hema@wescoair.com		Confirmation/TC # 4575842393				
				29.60		\$0.00	\$781.44	

SUBTOTAL : 29.60 \$0.00 \$781.44

Open Invoice Status for Bill To ID 5160734 as of 05/21/2023. This invoice is not included in the summary below.

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 151 Days
\$3,366.00	\$2,389.20	\$0.00	\$0.00	\$0.00	\$0.00

This represents the outstanding balance for this bill to only. There may be additional balances for other bill to's associated with this customer
If copies of outstanding invoices are required, please contact : Billing@AdeccoNA.com

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-----Detach Here-----

Please Include This Portion With Your Payment

PAYMENT ADVICE



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REMIT TO: ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

TAX ID #: 94-3286700

CUSTOMER SERVICE : Billing@AdeccoNA.com

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

Amount Due: \$781.44
Customer Number: 3219560
Invoice Date: 05/22/2023
Invoice Number: 71259326
Payment Terms: PAYABLE UPON RECEIPT

Please check this box if change of address is required and fill in the appropriate information in space provided	<input type="checkbox"/> Company Name	_____
	<input type="checkbox"/> Bill To Name	_____
	<input type="checkbox"/> Bill To Address	_____
	City,State,Zip	_____
To receive Invoices via email or to update an existing email address check the box and enter the new email address	<input type="checkbox"/> Email Address	_____

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ADECCO EMPLOYMENT SERVICES

OFFICE NAME: Adecco MSP
 NAME: BOOTH EMMA A
 CUSTOMER NUMBER: 3219560
 CUSTOMER NAME: WESCO AIRCRAFT HARDWARE CORP.

INVOICE NUMBER: 71259326
 WEEK ENDING: 5/20/2023
 OFFICE ID: 102456
 ASSIGNMENT ID: 13742472

TIME SHEET

LABOR TYPE	PROJECT	MON 05/15/23	TUE 05/16/23	WED 05/17/23	THU 05/18/23	FRI 05/19/23	SAT 05/20/23	SUN 05/14/23	WEEKLY TOTALS
REG		5.92	5.92	5.92	5.92	5.92	0.00	0.00	29.60
TOTALS BY DAY		5.92	5.92	5.92	5.92	5.92	0.00	0.00	29.60

CONFIRMATION #: 4575842393
 APPROVER: john.hema@wescoair.com
 APPROVAL DATE: 5/22/2023



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ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

RETURN SERVICE REQUESTED

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

ORIGINAL INVOICE

INVOICE #: 71267021
INVOICE DATE: 05/29/2023
AMOUNT DUE: \$924.00
CUSTOMER #: 3219560
BILL TO ID: 5160734
OFFICE ID: 020730
PO #:
TAX ID #: 94-3286700

NAME	WEEK END DATE	DESCRIPTION	LABOR TYPE	HOURS	RATE	TAX	TOTAL W/ TAX	TRANSACTION NUMBER
Cost Center:Valencia, CA								
Booth Emma A	05/27/2023	CUSTOMER SERVICE REP	REG	35.00	\$26.40	\$0.00	\$924.00	191629917-5142
Approved on 05/29/2023 john.hema@wescoair.com Confirmation/TC # 4578091211								
				35.00		\$0.00	\$924.00	

SUBTOTAL : 35.00 \$0.00 \$924.00

Open Invoice Status for Bill To ID 5160734 as of 05/28/2023. This invoice is not included in the summary below.

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 151 Days
\$3,091.44	\$3,445.20	\$0.00	\$0.00	\$0.00	\$0.00

This represents the outstanding balance for this bill to only. There may be additional balances for other bill to's associated with this customer
If copies of outstanding invoices are required, please contact : Billing@AdeccoNA.com

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-----Detach Here-----

Please Include This Portion With Your Payment

PAYMENT ADVICE

Amount Due: \$924.00
Customer Number: 3219560
Invoice Date: 05/29/2023
Invoice Number: 71267021
Payment Terms: PAYABLE UPON RECEIPT



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REMIT TO: ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

TAX ID #: 94-3286700

CUSTOMER SERVICE : Billing@AdeccoNA.com

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

Please check this box if change of address is required and fill in the appropriate information in space provided	<input type="checkbox"/> Company Name	_____
	<input type="checkbox"/> Bill To Name	_____
	<input type="checkbox"/> Bill To Address	_____
	City,State,Zip	_____
To receive invoices via email or to update an existing email address check the box and enter the new email address	<input type="checkbox"/> Email Address	_____

0000071267021000000000924000000032195604



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ADECCO EMPLOYMENT SERVICES

OFFICE NAME: Adecco MSP
 NAME: BOOTH EMMA A
 CUSTOMER NUMBER: 3219560
 CUSTOMER NAME: WESCO AIRCRAFT HARDWARE CORP.

INVOICE NUMBER: 71267021
 WEEK ENDING: 5/27/2023
 OFFICE ID: 102456
 ASSIGNMENT ID: 13742472

TIME SHEET

LABOR TYPE	PROJECT	MON 05/22/23	TUE 05/23/23	WED 05/24/23	THU 05/25/23	FRI 05/26/23	SAT 05/27/23	SUN 05/21/23	WEEKLY TOTALS
REG		7.00	7.00	7.00	7.00	7.00	0.00	0.00	35.00
TOTALS BY DAY		7.00	7.00	7.00	7.00	7.00	0.00	0.00	35.00

CONFIRMATION #: 4578091211
 APPROVER: john.hema@wescoair.com
 APPROVAL DATE: 5/29/2023



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ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

RETURN SERVICE REQUESTED

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

ORIGINAL INVOICE

INVOICE #: 71274291
INVOICE DATE: 06/05/2023
AMOUNT DUE: \$330.00
CUSTOMER #: 3219560
BILL TO ID: 5160734
OFFICE ID: 020730
PO #:
TAX ID #: 94-3286700

NAME	WEEK END DATE	DESCRIPTION	LABOR TYPE	HOURS	RATE	TAX	TOTAL W/ TAX	TRANSACTION NUMBER
Cost Center:Valencia, CA								
Booth Emma A	06/03/2023	CUSTOMER SERVICE REP	REG	12.50	\$26.40	\$0.00	\$330.00	191653823-5142
Approved on 06/05/2023		john.hema@wescoair.com Confirmation/TC # 4580037950						
				12.50		\$0.00	\$330.00	
SUBTOTAL :				12.50		\$0.00	\$330.00	

Open Invoice Status for Bill To ID 5160734 as of 06/04/2023. This invoice is not included in the summary below.

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121-150 Days	Over 151 Days
\$3,223.44	\$3,458.40	\$778.80	\$0.00	\$0.00	\$0.00

This represents the outstanding balance for this bill to only. There may be additional balances for other bill to's associated with this customer. If copies of outstanding invoices are required, please contact : Billing@AdeccoNA.com

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-----Detach Here-----

Please Include This Portion With Your Payment

PAYMENT ADVICE



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REMIT TO: ADECCO EMPLOYMENT SERVICES
DEPT LA 21403
PASADENA CA 91185-1403

TAX ID #: 94-3286700

CUSTOMER SERVICE : Billing@AdeccoNA.com

WESCO AIRCRAFT HARDWARE CORP.
ACCOUNTS PAYABLE HARDWARE
HARDWARE
24911 AVENUE STANFORD
VALENCIA CA 91355-1281

Amount Due: \$330.00
Customer Number: 3219560
Invoice Date: 06/05/2023
Invoice Number: 71274291
Payment Terms: PAYABLE UPON RECEIPT

Please check this box if change of address is required and fill in the appropriate information in space provided	<input type="checkbox"/> Company Name	_____
	<input type="checkbox"/> Bill To Name	_____
	<input type="checkbox"/> Bill To Address	_____
	<input type="checkbox"/> City, State, Zip	_____
To receive Invoices via email or to update an existing email address check the box and enter the new email address	<input type="checkbox"/> Email Address	_____

0000071274291000000000330000000032195607



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ADECCO EMPLOYMENT SERVICES

OFFICE NAME: Adecco MSP
 NAME: BOOTH EMMA A
 CUSTOMER NUMBER: 3219560
 CUSTOMER NAME: WESCO AIRCRAFT HARDWARE CORP.

INVOICE NUMBER: 71274291
 WEEK ENDING: 6/3/2023
 OFFICE ID: 102456
 ASSIGNMENT ID: 13742472

TIME SHEET

LABOR TYPE	PROJECT	MON 05/29/23	TUE 05/30/23	WED 05/31/23	THU 06/01/23	FRI 06/02/23	SAT 06/03/23	SUN 06/04/23	WEEKLY TOTALS
REG		0.00	8.00	4.50	0.00	0.00	0.00	0.00	12.50
	TOTALS BY DAY	0.00	8.00	4.50	0.00	0.00	0.00	0.00	12.50

CONFIRMATION #: 4580037950
 APPROVER: john.hema@wescoair.com
 APPROVAL DATE: 6/5/2023


Creditor: (12448796)
Adecco Group
Dept LA 21403
Pasadena, CA 91185-1403

Claim No: 13
Original Filed Date: 06/26/2023
Original Entered Date: 06/29/2023

Status:
Filed by: CR
Entered by: 4 HeatherCarr
Modified:

Amount claimed: \$7790.64

History:

[Details](#)  [13-1](#) 06/26/2023 Claim #13 filed by Adecco Group, Amount claimed: \$7790.64 (HeatherCarr, 4)

Description:

Remarks: