Fill in this in	formation to identify the case:
Debtor 1	mperial Pacific International (CNMI), LLC
Debtor 2 (Spouse, if filing)	
United States E	Sankruptcy Court for the: District of Northern Mariana Islands
Case number	1:24-bk-00002

FILED
Clerk
District Court

JUL 1 2 2024

for the Northern Mariena Islands
By

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 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.

	Who is the current creditor?	Yaong Corporation Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor						
	Has this claim been acquired from someone else?	No Yes. From whom	?					
	Where should notices and payments to the creditor be sent? Yaong Corporation Where should notices to the creditor be sent?				Where should payments to the creditor be sent? (if different)			
	Federal Rule of	Name	<u></u>		Name			
	Bankruptcy Procedure (FRBP) 2002(g)	PO Box 505946						
	(, , , , , , , , , , , , , , , , , , ,	Number Street			Number S	Street		
		Saipan	MP	96950	-			
		City Contact phone (670)	State 235-8727	ZIP Code	City Contact phone	Stat		ZIP Code
		Contact email bluegi	rl819@gmail.	com	Contact email			-
		Uniform claim identifier fo	ise one):					
	Does this claim amend one already filed?	☑ No ☐ Yes. Claim numb	er on court claim	s registry (if known) _		Filed on	MM / DD	/ YYYY
	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made t	he earlier filing?					

	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?	m? \$ 69,386.18. Does this amount include interest or other charges?					
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).					
В.	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.					
	formation.						
	Is all or part of the claim secured?	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 Attachment (Official Form 410-A) with this Proof of Claim. ☐ Motor vehicle ☐ Other. Describe:				
			of perfection of a security interest (for or other document that shows the lien has				
			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 fil Fixed Variable	ed)%			
10	. Is this claim based on a	⊠ No	☐ Fixed	ed)%			
10). Is this claim based on a lease?		☐ Fixed		tition. \$		
			☐ Fixed ☐ Variable		tition. \$		

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2. Is all or part of the claim	☑ No							
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Chec	k one:				Amount entitled to priorit		
A claim may be partly priority and partly	Domes 11 U.S	\$						
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to 3 person	\$						
	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).							
	☐ Taxes	\$						
	☐ Contrib	outions to an employee ben	efit plan. 11 U.S.C. § 50	7(a)(5).		\$		
	Other.	Specify subsection of 11 U	.S.C. § 507(a)() that a	pplies.		\$		
	* Amounts	are subject to adjustment on 4	/01/25 and every 3 years aff	ter that for ca	ses begun on or afte	er the date of adjustment.		
Part 3: Sign Below								
The person completing	Check the app	ropriate box:						
this proof of claim must sign and date it.	☐ I am the c	reditor.						
FRBP 9011(b).	I am the c	reditor's attorney or authori	zed agent.					
f you file this claim		ustee, or the debtor, or the						
electronically, FRBP 5005(a)(2) authorizes courts to establish local rules	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.							
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.							
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	I declare under	penalty of perjury that the	foregoing is true and cor	rect.				
3571.	Executed on d	ate 07 11 2024						
	7	Museum	<u></u>					
	Signature	e of the person who is co	mpleting and signing th	hie claim:				
	Print the name	e of the person who is co	impleating and signing a	ilis olaiili.				
	Name	Mary Irene First name	Siy Middle name		Uy Last name			
	Title	Vice President						
	Company	Yaong Corporatio						
	•	Identify the corporate serv	icer as the company if the a	uthorized age	ent is a servicer.			
		PO Box 505946						
	Address	Number Street						
		Saipan		MP	96950			
		Jaipan						
		City		State	ZIP Code			