Fill in this information to identify	the case:
Debtor 1 The McClatchy Co	ompany
Debtor 2 (Spouse, if filing)	d Services, Inc.
United States Bankruptcy Court for the:	Southern District of New York
Case number 20-10418	
Official Form 410	Date Stamped Copy Returned No self addressed stamped envelope
Proof of Claim	□ No self addressed stamped envelope □ No copy to return

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?	Alorica Inc.						
	creator ?	Name of the current creditor (the person or entity to be paid for this claim)						
		Other names the creditor used with the debtor Alorica Customer Care, LLC successor EGS Customer Care, Inc						
2.	Has this claim been acquired from someone else?	Vo Yes. From whon	n?					
3.	Where should notices and payments to the	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if differe∩t)			
	creditor be sent?	Danielle M. Evar	าร		Same	Same		
	Federal Rule of Bankruptcy Procedure	Name			Name			
	(FRBP) 2002(g)	5161 California	Avenue					
		Number Street	Number Street Nu					
		Irvine	CA	92617				
		City	State	ZIP Code	City	State	ZIP Coo	
	RECEIVED	Contact phone 469-782-3679			Contact phone			
		Contact email daniel	le.evans@alor	rica.com	Contact email			
	MAY 0 5 2020	Uniform claim identifier for electronic payments in chapter 13 (if you u			use one):			
TZ	MAN CARSON CONSULTANTS							
4.	Does this claim amend one already filed?	☑ No ❑ Yes. Claim numl	per on court claims	s registry (if known) _		Filed on	D / YYYY	
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No☑ Yes. Who made	the earlier filing?			200505000000000		

5.	Do you have any number you use to identify the debtor?	No ✓ No ✓ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>8</u> <u>2</u> <u>0</u> <u>1</u>				
7.	How much is the claim?	\$661,549.36. 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.				
		Contact center services performed				
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				
	RECEIVED	Amount necessary to cure any default as of the date of the petition: \$				
	ΜΔΥ Ω 5 του	ባስ				
MAY 0 5 2020 Kurtzman carson consultants		Ainuai interest Nate (when case was med)/				
		ULTANTS Variable				
	. Is this claim based on a lease?	No No				
0		s. Amount necessary to cure any default as of the date of the petition. \$				
0						
	. Is this claim subject to a	No No				

12. Is all or part of the claim	Mo No					
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check one:	Amount entitled to priority				
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$				
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	□ 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.	\$				
	* 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	Check the appropriate box:					
this proof of claim must sign and date it.	□ I am the creditor.					
FRBP 9011(b).	I am the creditor's attorney or authorized agent.					
If you file this claim	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.					
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 amount of the claim, the creditor gave the debtor credit for any payments received toward the d					
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.					
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.					

I declare under penalty of perjury that the foregoing is true and Executed on date $\frac{O5}{MM}$ DD / 2020 $\frac{O2}{MM}$ DD / YYYY Signature

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

		Name	Danielle	М.		Evans		
	MAY 0 5 2020		First name	Middle	name	Last name		
		Title	Litigation and Regulatory Counsel					
KURTZMAN CARSON CONSULTANTS Company Alorica Inc.								
			Identify the corporate servicer as the company if the authorized agent is a servicer.					
	Address 5161 California Avenue							
			Number	Street				
			Irvine		CA	92617		
			City		State	ZIP Code		
		Contact phone	469-782-3679		Email C	Email danielle.evans@alorica.com		

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