

Fill in this information to identify the case:

Debtor Medley LLC

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 21-10526

**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 or 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?	<u>AMEX TRS Co., Inc.</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? AMEX TRS Co., Inc. c/o Becket and Lee LLP PO Box 3001 Malvern, PA 19355-0701 Contact phone <u>610-228-2570</u> Contact email <u>proofofclaim@becket-lee.com</u>	Where should payments to the creditor be sent? (if different) AMEX TRS Co., Inc. c/o Becket and Lee LLP PO Box 3001 Malvern, PA 19355-0701 Contact phone <u>610-228-2570</u> Contact email <u>payments@becket-lee.com</u>
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <small>MM / DD / YYYY</small>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



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: 2009 ____

7. How much is the claim? \$ 1865.53. 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.
CREDIT CARD

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle 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 amount 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: _____



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

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> 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.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

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 acknowledgement 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 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 04/14/2021
MM / DD / YYYY

/s/Shraddha Bharatia
Signature

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

Name Shraddha Bharatia
First name Middle name Last name

Title Claims Administrator

Company Becket and Lee LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 634-7166 | International 001-310-823-9000

Debtor: 21-10526 - Medley LLC		
District: District of Delaware		
Creditor: AMEX TRS Co., Inc. c/o Becket and Lee LLP PO Box 3001 Malvern , PA, 19355-0701 Phone: 610-228-2570 Phone 2: Fax: Email: proofofclaim@becket-lee.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Disbursement/Notice Parties: AMEX TRS Co., Inc. c/o Becket and Lee LLP PO Box 3001 Malvern , PA, 19355-0701 Phone: 610-228-2570 Phone 2: Fax: E-mail: payments@becket-lee.com DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: CREDIT CARD	Last 4 Digits: Yes - 2009	Uniform Claim Identifier:
Total Amount of Claim: 1865.53	Includes Interest or Charges: Yes	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Shraddha Bharatia on 14-Apr-2021 10:24:47 a.m. Eastern Time		
Title: Claims Administrator		
Company: Becket and Lee LLP		

COMPANY:	MEDLEY LLC	
CONTROL NUMBER:	1008	
TODAYS DATE:	04/08/221	
PETITION DATE:	March 7, 2021	
NAME	ACCOUNT NUMBER	CLAIM BALANCE
ALLORTO, NY	2009	\$1,184.29
TAUBE, SETH	3004	\$681.24
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
TOTAL		\$ 1,865.53



Corporate Card Statement of Account

**Sign-up For Online
Statements**

www.americanexpress.com/gopaperless

Prepared For
NY OFFICE R ALLORTO
AMEXCO COLLECTIONS

Account Number
[REDACTED] 2009

Closing Date
04/02/21

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Please Pay By
1,167.97	48.96	0.00	0.00	0.00	1,216.93	04/17/21

For important information regarding your account refer to page 2.

Your account is cancelled. Return all charge cards.

To manage your Account online or to pay your bill, please visit us at corp.americanexpress.com. For additional contact information, please see the reverse side of this page.

Activity

Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
[REDACTED] 2009		
03/05/21 ADOBE ACROPRO SUBS A SAN JOSE CA REF# 321379238 ADOBE.LY/ENUS 03/04/21	32137923800	16.32
03/08/21 ADOBE ACROPRO SUBS A SAN JOSE CA REF# 321688841 ADOBE.LY/ENUS 03/07/21	32168884100	16.32
03/09/21 ADOBE ACROPRO SUBS A SAN JOSE CA REF# 321853023 ADOBE.LY/ENUS 03/08/21	32185302300	16.32
Total for NY OFFICE R ALLORTO	New Charges/Other Debits Payments/Other Credits	48.96 0.00

↓ Please fold on the perforation below, detach and return with your payment ↓

Do not staple or use paper clips

Payment Coupon

NY OFFICE R ALLORTO
AMEXCO COLLECTIONS
2423 E LINCOLN DR
PHOENIX AZ 85016

Account Number [REDACTED] 2009 Payable upon receipt in U.S. Dollars.

Please Pay By
04/17/21 Enter 15 digit account number on all payments.

Amount Due
\$1,216.93 Checks or drafts must be drawn against banks located in the U.S.

See reverse side for instructions on how to update your address, phone number, or email.

Mail Payment to:

AMERICAN EXPRESS
PO BOX 0001
LOS ANGELES CA 90096-8000





Corporate Card Statement of Account

**Sign-up For Online
Statements**

www.americanexpress.com/gopaperless

Prepared For
SETH TAUBE
AMEXCO COLLECTIONS

Account Number
[REDACTED] 3004

Closing Date
04/02/21

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Please Pay By
156.00	754.41	0.00	0.00	229.17	681.24	04/17/21

For important information regarding your account refer to page 2.

Your account is cancelled. Return all charge cards.

To manage your Account online or to pay your bill, please visit us at corp.americanexpress.com. For additional contact information, please see the reverse side of this page.

Activity Date reflects either transaction or posting date

Card Number	Reference Code	Amount \$
3004		
03/05/21 CDC EXECUTIVE SEDAN DALY CITY CA REF# 84223691064 415-531-0053 03/04/21 ROC NUMBER 8422369106498006	84223691064	156.00
03/07/21 APPLE STORE R071 R07 CORTE MADERA CA REF# 07164680640 ELECTRONICS STOR 03/06/21	07164680640	598.41
03/13/21 MEMBERSHIP CANCELLED 03/13 05 MONTHS CREDIT - UNUSED FEE	03100000321	-229.17 Credit
Total for SETH TAUBE	New Charges/Other Debits Payments/Other Credits	754.41 -229.17

↓ Please fold on the perforation below, detach and return with your payment ↓

Do not staple or use paper clips

Payment Coupon

SETH TAUBE
AMEXCO COLLECTIONS
2423 E LINCOLN DR
PHOENIX AZ 85016

Mail Payment to:

AMERICAN EXPRESS
PO BOX 0001
LOS ANGELES CA 90096-8000



Account Number 3004 Payable upon receipt in U.S. Dollars.

Please Pay By
04/17/21 Enter 15 digit account number on all payments.

Amount Due
\$681.24 Checks or drafts must be drawn against banks located in the U.S.

See reverse side for instructions on how to update your address, phone number, or email.

