

Your claim can be filed electronically on KCC's website at <https://epoc.kccllc.net/pareteum>.

ID: 25749157

PIN: CxIFxAAI

United States Bankruptcy Court for the Southern District of New York

Indicate Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor per claim form.)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Pareteum Corporation (Case No. 22-10615) | <input type="checkbox"/> iPass, Inc. (Case No. 22-10618) | <input type="checkbox"/> Artium Group Ltd. (Case No. 22-10621) |
| <input type="checkbox"/> Pareteum North America Corp. (Case No. 22-10616) | <input type="checkbox"/> iPass IP LLC (Case No. 22-10619) | <input type="checkbox"/> Pareteum Asia Pte. Ltd. (Case No. 22-10622) |
| <input type="checkbox"/> Devicescape Holdings, Inc. (Case No. 22-10617) | <input type="checkbox"/> Pareteum Europe B.V. (Case No. 22-10620) | <input type="checkbox"/> Pareteum N.V. (Case No. 22-10623) |

The Debtor has listed your claim as Contingent and Unliquidated on Schedule F (E/F Part 2) as a General Unsecured claim. If you believe that you have a claim against the Debtor, please complete and return this form accordingly.

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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Part 1: Identify the Claim

NameID: 15054136

1. Who is the current creditor?	G4CE Australia Pty Ltd Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>MAD MANAGEMENT SERVICES</u>	
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? G4CE Australia Pty Ltd PO Box 55 Lower Plenty Victoria, 3093 Australia	Where should payments to the creditor be sent? (if different) <u>G4CE AUSTRALIA Attn Mark Smith</u> Name <u>PO BOX 55</u> Number Street <u>LOWER PLENTY VIC 3093</u> City State ZIP Code <u>AUSTRALIA</u> Country
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Address Contact phone <u>+61 406 228 228</u> Contact email <u>mark.smith@g4ce.com.au</u>	Contact phone <u>+61 406 228 228</u> Contact email <u>mark.smith@g4ce.com.au</u>
RECEIVED SEP 29 2022	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 _____ MM / DD / YYYY	
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? _____	

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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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ <u>16,503.00 USD</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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. <u>Services Performed</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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 all that apply:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

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

Amount entitled to priority

\$ _____

Up to \$3,350* 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 \$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 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 4/01/25 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

09/19/2022
MM / DD / YYYY

Signature

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

Name MARK ANDERSON SMITH
First name Middle name Last name

Title DIRECTOR

Company GLCE AUSTRALIA
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO Box 55
Number Street

LOWER PRENTY VIC 3093 AUSTRALIA
City State ZIP Code Country

Contact phone 61 406 228 228 Email mark.smith@glce.com.au

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TAX INVOICE

Pareteum Corporation
Attention: Stan Stefanski
1185 Avenue of the Americas,
37th floor
NEW YORK NY 10036
USA

Invoice Date
08 May 2021

Account Number

Invoice Number
INV-0471

Reference
June Services

ABN
37 162 973 195

G4CE Australia Pty Ltd
PO Box 55
LOWER PLENTY VIC 3093
AUSTRALIA

Description	Quantity	Unit Price	GST	Amount USD
June Support Desk 5 agents each working 174 hours per average month to fulfil requirements for one seat 24 x 7	870.00	10.00	GST Free	8,700.00
June Data management support 1 Seat 12 Hours Monday to Friday 60 Hours per week x 52 weeks / 12 months = 260 hrs per month Note Rounded	260.00	10.00	GST Free	2,600.00
API Developer and ACN Support June Full Month 60 Hours per week =260 Hours per Month	260.00	14.00	GST Free	3,640.00
Further Please Forward Payment To G4ce US Dollar Account with the Commonwealth bank: SIFT Code: CTBAAU2S BSB 063 222 Account 10644519				
			Subtotal	14,940.00

PAYMENT ADVICE

To: G4CE Australia Pty Ltd
PO Box 55
LOWER PLENTY VIC 3093
AUSTRALIA

Customer Pareteum Corporation

Invoice Number INV-0471

Amount Due 8,527.00

Due Date 29 May 2021

Amount Enclosed

Enter the amount you are paying above

Description	Quantity	Unit Price	GST	Amount USD
			Total GST Free	0.00
			Invoice Total USD	14,940.00
			Total Net Payments USD	6,413.00
			Amount Due USD	8,527.00

Due Date: 29 May 2021

* Total GST equivalent to AUD 0

1 AUD = 0.784375 USD

TAX INVOICE

Pareteum Corporation
Attention: Stan Stefanski
1185 Avenue of the Americas,
37th floor
NEW YORK NY 10036
USA

Invoice Date
15 Jun 2021

Account Number

Invoice Number
INV-0473

Reference
July Services

ABN
37 162 973 195

G4CE Australia Pty Ltd
PO Box 55
LOWER PLENTY VIC 3093
AUSTRALIA

Description	Quantity	Unit Price	GST	Amount USD
May 31 Memorial Day overtime Support Desk 1 Seat 24 hours	24.00	10.00	GST Free	240.00
May 31 Memorial Day overtime Reporting Support 1 Seat 12 hours	12.00	10.00	GST Free	120.00
API Developer and ACN Support June Full Month 60 Hours per week =260 Hours per Month	260.00	14.00	GST Free	3,640.00
Further Please Forward Payment To G4ce US Dollar Account with the Commonwealth bank: SIFT Code: CTBAAU2S BSB 063 222 Account 10644519				
May 31 Memorial Day overtime Developer 1 Seat 12 hours	12.00	14.00	GST Free	168.00
Subtotal				4,168.00
Total GST Free				0.00
Invoice Total USD				4,168.00
Total Net Payments USD				0.00
Amount Due USD				4,168.00

PAYMENT ADVICE

To: G4CE Australia Pty Ltd
PO Box 55
LOWER PLENTY VIC 3093
AUSTRALIA

Customer Pareteum Corporation

Invoice Number INV-0473

Amount Due 4,168.00

Due Date 29 Jun 2021

Amount Enclosed

Enter the amount you are paying above

Due Date: 29 Jun 2021

*** Total GST equivalent to AUD 0**

1 AUD = 0.769166 USD

TAX INVOICE

Pareteum Corporation
Attention: Stan Stefanski
1185 Avenue of the Americas,
37th floor
NEW YORK NY 10036
USA

Invoice Date
16 Jul 2021

Account Number

Invoice Number
INV-0474

Reference
August Services

ABN
37 162 973 195

G4CE Australia Pty Ltd
PO Box 55
LOWER PLENTY VIC 3093
AUSTRALIA

Description	Quantity	Unit Price	GST	Amount USD
API Developer and ACN Support August Full Month 60 Hours per week =260 Hours per Month	260.00	14.00	GST Free	3,640.00
July 4 Independence Day overtime Developer 1 Seat 12 hours	12.00	14.00	GST Free	168.00
Further Please Forward Payment To G4ce US Dollar Account with the Commonwealth bank: SIFT Code: CTBAAU2S BSB 063 222 Account 10644519				
Subtotal				3,808.00
Total GST Free				0.00
Invoice Total USD				3,808.00
Total Net Payments USD				0.00
Amount Due USD				3,808.00

Due Date: 27 Aug 2021

PAYMENT ADVICE

To: G4CE Australia Pty Ltd
PO Box 55
LOWER PLENTY VIC 3093
AUSTRALIA

Customer Pareteum Corporation

Invoice Number INV-0474

Amount Due 3,808.00

Due Date 27 Aug 2021

Amount Enclosed

Enter the amount you are paying above

* Total GST equivalent to AUD 0

1 AUD = 0.741966 USD

Balance due in USD United States Dollars

Date	Activity	Reference	Due Date	Invoice Amount	Payments	Balance USD
8-May-21	Invoice #INV-0471	June Services	29 May 2021	14,940.00	6,413.00	8,527.00
15-Jun-21	Invoice #INV-0473	July Services	29 June 2021	4,168.00		4,168.00
16-Jul-21	Invoice #INV-0474	August Services	27 Aug 2021	3,808.00		3,808.00
				BALANCE DUE		USD 16,503.00