

Fill in this information to identify the case:

Debtor Pareteum Europe B.V.
 United States Bankruptcy Court for the: Southern District of New York
(State)
 Case number 22-10620

**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 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

<p>1. Who is the current creditor?</p>	<p><u>Kay K Watson</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small></p> <p>Other names the creditor used with the debtor _____</p>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?</p> <p><small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small></p>	<p>Where should notices to the creditor be sent?</p> <p><u>Kay K Watson</u> <u>220 S 6th St # 300</u> <u>Minneapolis, Mn 55446, United States</u></p>	<p>Where should payments to the creditor be sent? (if different)</p>
	<p>Contact phone <u>16123764605</u></p> <p>Contact email <u>kay.watson@claconnect.com</u></p>	<p>Contact phone _____</p> <p>Contact email _____</p>
	<p><small>Uniform claim identifier for electronic payments in chapter 13 (if you use one):</small></p> <p>_____</p>	
<p>4. Does this claim amend one already filed?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____</p> <p style="text-align: right;"><small>MM / DD / YYYY</small></p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	



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: 0973 ____

7. How much is the claim? \$ 12,898.80. 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.
Professional Services

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)?

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

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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<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 4/01/25 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 08/19/2022
MM / DD / YYYY

/s/Kay K Watson
Signature

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

Name Kay K Watson
First name Middle name Last name

Title Director of Credit

Company CLA
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 (888) 201-2205 | International (310) 751-1839

Debtor: 22-10620 - Pareteum Europe B.V. District: Southern District of New York, New York Division		
Creditor: Kay K Watson 220 S 6th St # 300 Minneapolis, Mn, 55446 United States Phone: 16123764605 Phone 2: Fax: Email: kay.watson@claconnect.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Professional Services	Last 4 Digits: Yes - 0973	Uniform Claim Identifier:
Total Amount of Claim: 12,898.80	Includes Interest or Charges: No	
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: Kay K Watson on 19-Aug-2022 9:06:05 a.m. Eastern Time Title: Director of Credit Company: CLA		



Direct Billing Inquiries to:

CliftonLarsonAllen LLP
(404) 262-3300

Payment is due upon receipt

Account Name Pareteum Europe B.V.
 Account Number 235-600973
 Authorization Number 0001422078

Invoice Total \$14,275.22
Invoice # 3274445
Invoice Date 05/02/2022

To pay your bill electronically please visit claconnect.com/billpay

Quantity	Description	Rate	Amount
	AR_SOS Qualification	0.00	270.00
	CO SOS QUAL	0.00	100.00
1.0000	Federal and State Compliance - up to 1 state	200.00	200.00
	HI SOS QUAL	0.00	51.00
	ID_SOS Qualification	0.00	101.00
	MN SOS QUAL	0.00	220.00
	NC SOS Qual	0.00	253.00
	ND SOS QUAL	0.00	145.00
	OR Business Filing	0.00	275.00
	Pareteum MD SOS Qualification	0.00	154.50
	Pareteum MO SOS Qualification	0.00	158.33
	Pareteum MS SOS Qualification	0.00	513.04
	SD SOS Qual	0.00	750.00
	SOS_HI CERT	0.00	3.00
1.0000	Tax Compliance	200.00	200.00
1.0000	Tax Return Postage	0.58	0.58
10.0000	Tax Returns - February 2022 Liabilities	20.00	200.00
	TN SOS QUAL	0.00	613.74
	UT SOS Name Reservation	0.00	22.00
	VT SOS Qual	0.00	125.00
	WA SOS Qual	0.00	200.00
	TX SOS Qualification (from Solana 3.14 PNC Statement)	0.00	770.25
1.0000	Pareteum Corporation_AL SOS Qualification	200.00	200.00

Less payment made on 5/13/22: \$1,376.42
Total now due: \$12,898.80



Direct Billing Inquiries to:

CliftonLarsonAllen LLP
(404) 262-3300

Payment is due upon receipt

Account Name Pareteum Europe B.V.
 Account Number 235-600973
 Authorization Number 0001422078

Invoice Total \$14,275.22
Invoice # 3274445
Invoice Date 05/02/2022

To pay your bill electronically please visit claconnect.com/billpay

Quantity	Description	Rate	Amount
1.0000	Pareteum Corporation_AL SOS Registered Agent and Annual Report	185.00	185.00
1.0000	Pareteum Corporation_AZ SOS Qualification	200.00	200.00
1.0000	Pareteum Corporation_AZ SOS Registered Agent and Annual Report	185.00	185.00
1.0000	Pareteum Corporation_FL_SOS Registered Agent and Annual Report	185.00	185.00
1.0000	Pareteum Corporation_IL SOS Qualification	200.00	200.00
1.0000	Pareteum Corporation_IL SOS Registered Agent and Annual Report	185.00	185.00
1.0000	Pareteum Corporation_KS SOS Registered Agent and Annual Report	185.00	185.00
1.0000	Pareteum Corporation_LA SOS Registered Agent and Annual Report	185.00	185.00
1.0000	Pareteum Corporation_MA SOS Registered Agent and Annual Report	185.00	185.00
1.0000	Pareteum Corporation_ME SOS Registered Agent and Annual Report	185.00	185.00
1.0000	Pareteum Corporation_NJ SOS Qualification	200.00	200.00
1.0000	Pareteum Corporation_NJ SOS Registered Agent and Annual Report	185.00	185.00
1.0000	Pareteum Corporation_NM SOS Qualification	200.00	200.00
1.0000	Pareteum Corporation_NM SOS Registered Agent and Annual Report	185.00	185.00
1.0000	Pareteum Corporation_NV SOS Qualification	200.00	200.00
1.0000	Pareteum Corporation_OH SOS Qualification	200.00	200.00
1.0000	Pareteum Corporation_OH SOS Registered Agent and Annual Report	185.00	185.00
1.0000	Pareteum Corporation_OK_SOS Qualification	200.00	200.00
1.0000	Pareteum Corporation_OK_SOS Registered Agent and Annual Report	185.00	185.00
1.0000	Pareteum Corporation_PA_SOS Qualification	200.00	200.00
1.0000	Pareteum Corporation_PA_SOS Registered Agent and Annual Report	185.00	185.00
1.0000	Pareteum Corporation_RI_SOS Qualification	200.00	200.00
1.0000	Pareteum Corporation_RI_SOS Registered Agent and Annual Report	185.00	185.00
1.0000	Pareteum Corporation_SOS Registered Agent and Annual Report	185.00	185.00



Direct Billing Inquiries to:

CliftonLarsonAllen LLP
(404) 262-3300

Payment is due upon receipt

Account Name Pareteum Europe B.V.
Account Number 235-600973
Authorization Number 0001422078

Invoice Total \$14,275.22
Invoice # 3274445
Invoice Date 05/02/2022

To pay your bill electronically please visit claconnect.com/billpay

Quantity	Description	Rate	Amount
1.0000	Pareteum Corporation_UT_SOS Qualification	200.00	200.00
1.0000	Pareteum Corporation_UT_SOS Registered Agent and Annual Report	185.00	185.00
1.0000	Pareteum Corporation_VA_SOS Qualification	200.00	200.00
1.0000	Pareteum Corporation_VA_SOS Registered Agent and Annual Report	185.00	185.00
1.0000	Pareteum Corporation_WV_SOS Qualification	200.00	200.00
1.0000	Pareteum Corporation_WV_SOS Registered Agent and Annual Report	185.00	185.00
1.0000	Pareteum Corporation_WY_SOS Registered Agent and Annual Report	185.00	185.00
1.0000	Pareteum_NUSO_Vendor Exemption	10.00	10.00
1.2500	118351 - Pareteum Europe B.V._SD_GR_Annual Report_Due 4/15 118347 - Pareteum Europe B.V._VA GR_Annual PUC Fee Report_Filing	195.00	243.75
1.2500	102089/101848/114707 04/07/22	195.00	243.75
4.5000	114707 - Pareteum Corporation_SOS_Registration Project_Master List	195.00	877.50
0.5000	118355 - Pareteum Europe B.V._ND Gross Receipt_Registration Project_Due 5/1/22	195.00	97.50
1.0000	101848 - Pareteum Corporation_IL SOS Qualification	195.00	195.00
0.5000	118351 - Pareteum Europe B.V._SD_GR_&_PUC Annual Report_Due 4/15	195.00	97.50
0.5000	118351 - Pareteum Europe B.V._SD_GR_&_PUC Annual Report_Due 4/15 / 102095 - Pareteum Corporation_NE SOS Qualification	195.00	97.50
0.5000	104942 - Pareteum Europe B.V._MI CMRS_Registration Project	195.00	97.50
0.2500	101848 - Pareteum Corporation_IL SOS Qualification	195.00	48.75
0.2500	101848 - Pareteum Corporation_IL SOS Qualification	195.00	48.75
0.5000	124468-IPass open questions on set up	195.00	97.50

Technology and Client Support Fee 679.78

Invoice Total \$14,275.22

Payment is due upon receipt.

To pay your bill electronically please visit claconnect.com/billpay

Please detach and remit payment to the address below.

We Appreciate Your Business and Referrals

Remit to:

CliftonLarsonAllen LLP
P.O. Box 740863
Atlanta, GA 30374-0863

074086323560097300014275220000032744457

Amount Remitted \$ _____
Account Number 235-600973
Invoice Number 3274445

Pareteum Europe B.V.
1185 Avenue of the Americas, Second Floor

New York, NY 10036