

Fill in this information to identify the case:

Debtor Plastiq Inc.

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

Case number 23-10671

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

1. **Who is the current creditor?** Owen and Associates
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Michael T. Owen and Associates Insurance Agencies Inc

2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**

<p>Where should notices to the creditor be sent?</p> <p>Owen and Associates Celine Blakely 40 Huron Street, Suite 301 Collingwood, ON L9Y 4R3, Canada</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p> <p>Contact phone <u>705-443-8679</u></p> <p>Contact email <u>See summary page</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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4. **Does this claim amend one already filed?** No
 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?** No
 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: ___ _ _ _

7. How much is the claim? \$ 226.78. 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.
Services rendered

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 07/21/2023
MM / DD / YYYY

/s/Celine Blakely
Signature

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

Name Celine Blakely
First name Middle name Last name

Title Accounting and HR Manager

Company Owen and Associates
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) 634-7180 | International 001-310-823-9000

Debtor: 23-10671 - PlastiQ Inc.		
District: District of Delaware		
Creditor: Owen and Associates Celine Blakely 40 Huron Street, Suite 301 Collingwood, ON, L9Y 4R3 Canada Phone: 705-443-8679 Phone 2: Fax: Email: celine.blakely@owenandassoc.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: Michael T. Owen and Associates Insurance Agencies Inc	Amends Claim: No Acquired Claim: No	
Basis of Claim: Services rendered	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 226.78	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: Celine Blakely on 21-Jul-2023 1:21:33 p.m. Eastern Time Title: Accounting and HR Manager Company: Owen and Associates		



Owen & Associates
40 Huron St Suite 301
Collingwood ON L9Y 4R3
+1 7054438679
GST/HST Registration No.: 79105 2293 RT0001

INVOICE

BILL TO

Plastiq Canada Inc.
77 City Centre Drive
Suite 501
Mississauga, ON L5B 1M5

INVOICE # 17615
DATE 06.22.2023
DUE DATE 07.22.2023
TERMS Net 30

DESCRIPTION	AMOUNT
O&A - Administration Billing - Benefits July 2023 - 3 Employees @ Minimum Rate	125.00
Interest fee's at 21.9% per annum compounded monthly on balance from invoice #15739 (\$86.34) - Nov/22 - Jun/23 interest	13.44
Interest fee's at 21.9% per annum compounded monthly on balance from invoice #16246 (\$85.46) - Jan/23 - Jun/23 interest	9.80
Interest fee's at 21.9% per annum compounded monthly on invoice #16456 (\$161.25) - Feb/23 - Jun/23 interest	15.26
Interest fee's at 21.9% per annum compounded monthly on invoice #16739 (\$161.25) - Mar/23 - Jun/23 interest	12.10
Interest fee's at 21.9% per annum compounded monthly on invoice #16949 (\$161.25) - Apr/23 - Jun/23 interest	8.99
Interest fee's at 21.9% per annum compounded monthly on invoice #17157 (\$161.25) - May/23 - Jun/23 interest	5.94
Wire Transfer Fee	20.00
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Canadian Funds	SUBTOTAL 210.53
	GST/HST @ 13% 16.25
WIRE TRANSFERS - Please note that if you or the company you represent are paying Owen and Associates (O&A) for any part of your billings by Wire Transfer, any bank fees charged by either your outgoing bank or our receiving bank will be added to your following months' billing.	TOTAL 226.78
	BALANCE DUE CAD 226.78

Please make payment to: Michael T. Owen and Associates Insurance Agencies Inc.

Terms - All outstanding balances over 30 days will be charged interest at 21.9% per annum, compounded monthly.

Michael T. Owen and Associates Insurance Agencies Inc d/b/a Owen & Associates cannot guarantee that e-mail communications are secure or error-free, as information could be intercepted, corrupted, amended, lost, destroyed, arrive late or incomplete or contain viruses

- Third Party Administration services will be suspended on accounts that are overdue by 30 days until payment is received in full.