

Fill in this information to identify the case:

Debtor Nearside Business Corp.

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

Case number 23-10673

**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?	<u>Ada Support Inc.</u> Name of the current creditor (the person or entity to be paid for this claim)	
	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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Ada Support Inc.</u>	
	<u>371 Front St W</u>	
	<u>Suite 314</u>	
	<u>Toronto, Ontario V5M 3S8, Canada</u>	
	Contact phone _____	Contact phone _____
	Contact email <u>alex.davies@ada.support</u>	Contact email _____
	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? _____	



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? \$ 30880. 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 performed

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 \$3,350* 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 06/08/2023
MM / DD / YYYY

/s/Alex Davies
Signature

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

Name Alex Davies
First name Middle name Last name

Title Senior Revenue Accountant

Company Ada Support Inc
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: 23-10673 - Nearside Business Corp.		
District: District of Delaware		
Creditor: Ada Support Inc. 371 Front St W Suite 314 Toronto, Ontario, V5M 3S8 Canada Phone: Phone 2: Fax: Email: alex.davies@ada.support	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: Services performed	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 30880	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: Alex Davies on 08-Jun-2023 11:41:19 a.m. Eastern Time Title: Senior Revenue Accountant Company: Ada Support Inc		



Order Form

Customer Information	Contact Information
Nearside Business Corp 601 California Street, Suite 1210 San Francisco, CA, 94108 United States	Name: Thomson Nguyen Title: CEO Email: thomson@hatchcard.com
Contract Start Date: September 14 th , 2022	Contract End Date: September 13 th , 2023
Payment Terms: Quarterly, Net 30	Contract Length: 12 months
Order Form Issue Date: June 27 th , 2022	Order Form Expiry Date: September 14 th , 2022

Package

Platform and Features		12 Months	\$53,760 USD
<ul style="list-style-type: none"> - 1 bot - Conversations Included: 200,000 conversations annually - Core Messaging: Text, Shuffle, Weblink, Picture, Video, Capture, Intros, Emoji - Analytics: Dashboard, Sessions, Containment, Question and answer trends, User journey mapping, Escalation case drivers - AI: Proprietary word embedding, Easy training, Predictive suggestions, Clarifications - API Blocks + Conditionals + Authentication + list option - Capture block + Schedule Blocks + Bot Branding - Zendesk ticketing+ Live Chat integrations - Smart Search + File Upload + Answer Utilities 			
Ongoing Support Package: Advanced		12 Months	\$8,000 USD
Ongoing Support <ul style="list-style-type: none"> • 24/7 access to in-app support (Builder Bot) • Client Care Ticketing • Email Access from CSM • Slack Access from CSM 	Enablement Resources <ul style="list-style-type: none"> • Assigned CSM • Ada Academy + Community • Community GA feature TrainiImpact <ul style="list-style-type: none"> • Business review - Quarterly 		
Health and Optimization			
<ul style="list-style-type: none"> • Optimization Audit & Touchpoint – Quarterly • Automation Audit and Review - Annual 			
12-Month Total Investment			\$61,760 USD



Additional Notes

1. Renewal uplift is capped at 5% for the next renewal cycle.

ADA SERVICES AGREEMENT

Upon execution of this Renewal Order Form, the parties hereby agree to renew the Ada Services Agreement (Terms of Use), entered between Ada Support Inc. and Customer on 08/27/2020, on the commercial terms, set out in this Renewal Order Form. In the event of any inconsistency between this Renewal Order Form and the Agreement, this Renewal Order Form shall prevail.

Ada Support Inc.

Name: Scott Roden

Title: Sr Director of Sales

Signature: *Scott Roden*

Date: 08 / 18 / 2022

Nearside Business Corp

Name: Laurel Coster

Title: VP Operations &
Customer Support

Signature: *Laurel Coster*

Date: 08 / 18 / 2022

TITLE	Nearside // Ada - Renewal 2022
FILE NAME	Nearside_Ada_Renewal_2022.pdf
DOCUMENT ID	8faca820dfeca4189c86601bb11296f1d0e06de2
AUDIT TRAIL DATE FORMAT	MM / DD / YYYY
STATUS	● Signed

Document history



SENT

08 / 18 / 2022

12:36:05 UTC-4

Sent for signature to Laurel Coster (laurel@nearside.com) and Scott Roden (scott@ada.support) from rutaa@ada.support
IP: 38.80.96.177



VIEWED

08 / 18 / 2022

12:48:09 UTC-4

Viewed by Laurel Coster (laurel@nearside.com)
IP: 69.181.166.225



SIGNED

08 / 18 / 2022

12:49:02 UTC-4

Signed by Laurel Coster (laurel@nearside.com)
IP: 69.181.166.225



VIEWED

08 / 18 / 2022

13:33:27 UTC-4

Viewed by Scott Roden (scott@ada.support)
IP: 99.239.131.174



SIGNED

08 / 18 / 2022

13:33:39 UTC-4

Signed by Scott Roden (scott@ada.support)
IP: 99.239.131.174



COMPLETED

08 / 18 / 2022

13:33:39 UTC-4

The document has been completed.



Ada Support Inc.

371 Front Street W
Suite 314
Toronto ON M5V 3S8
Canada

INVOICE

ACCOUNT NAME: Nearside Business Inc
PO number:
BILL TO: Hatch Credit, Inc.
601 California Street, Suite 1210
San Francisco CA 94108
United States
HST #: 819112434 RT 0001

INVOICE NUMBER: INV004866
INVOICE DATE: 3/14/2023
PAYMENT TERMS: Net 30
DUE DATE: 4/13/2023
SALES ORDER NUMBER: SO000845
SO END DATE: 9/13/2023

SUMMARY OF CHARGES

CHARGE DESCRIPTION	SERVICE PERIOD	QTY	RATE	TAX RATE	AMOUNT USD
Platform	3/14/2023 - 6/13/2023	3	\$4,480.00	0%	\$13,440.00
Support	3/14/2023 - 6/13/2023	3	\$666.67	0%	\$2,000.00

INVOICE SUBTOTAL: \$15,440.00
TAX: \$0.00
PAYMENTS: \$0.00

BALANCE DUE: **USD** **\$15,440.00**

PAYMENT AND REMITTANCE OPTIONS

Remittance details including Invoice Number and Payment Amount **are required.**

Please remit payment via **ACH. (NOTE: your bank must be able to facilitate ACH payments to Canada).** If you are located outside of North America or you do not have ACH cross-border capabilities, please remit via international wire.

Pay by United States \$ ACH:

Bank Name: Royal Bank of Canada (RBC)
Account Name: Ada Support Inc.
Account Number: 021464001434
ABA Number: 026004093
Currency: USD
Bank Address: 101 Dundas St. W., Toronto,
Ontario, M5G 1C

Pay by United States \$ Wire:

Bank Name: Royal Bank of Canada (RBC)
Account Name: Ada Support Inc.
Account Number: 021464001434
SWIFT code: ROYCCAT2
Currency: USD
Bank Address: 101 Dundas St. W., Toronto,
Ontario, M5G 1C

ADDITIONAL INFORMATION

To contact Finance Department email: **receivables@ada.support**



Ada Support Inc.

371 Front Street W
Suite 314
Toronto ON M5V 3S8
Canada

INVOICE

ACCOUNT NAME: Nearside Business Inc
PO number:
BILL TO: Hatch Credit, Inc.
601 California Street, Suite 1210
San Francisco CA 94108
United States
HST #: 819112434 RT 0001

INVOICE NUMBER: INV004431
INVOICE DATE: 12/14/2022
PAYMENT TERMS: Net 30
DUE DATE: 1/13/2023
SALES ORDER NUMBER: SO000845
SO END DATE: 9/13/2023

SUMMARY OF CHARGES

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Currency: USD
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Ontario, M5G 1C

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