

**FILED**

2023 JUN 30 AM 11:11

CLERK  
U.S. BANKRUPTCY COURT  
DISTRICT OF DELAWARE

Fill in this information to identify the case:

Debtor 1 NEARSHIDE

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of DELAWARE

Case number 23-10671

**Official Form 410**  
**Proof of Claim**

12/15

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 of 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? CDW  
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?  
 No  
 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>CDW / Attn: Ronelle Erickson</u>	Name _____
Name <u>200 N. Milwaukee Ave</u>	Number Street _____
Number Street <u>Vernon Hills IL 60061</u>	City State ZIP Code _____
City State ZIP Code _____	City State ZIP Code _____
Contact phone <u>847-419-6253</u>	Contact phone _____
Contact email <u>Roneeri@cdw.com</u>	Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one): \_\_\_\_\_

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? \_\_\_\_\_

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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?  No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

Account# 13006257

7. How much is the claim? \$ 16,453.05 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.

Goods Sold

9. Is all or part of the claim secured?  No  Yes. The claim is secured by a lien on property.

**Nature of property:**

- Real estate. If the claim is secured by the debtor's principal 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 amounts 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

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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

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).

\$ \_\_\_\_\_

Up to \$2,775\* 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 \$12,475\* 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 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

**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 acknowledgment 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 a 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 06/22/2023  
MM / DD / YYYY

  
Signature

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

Name Ronelle Erickson  
First name Middle name Last name

Title Recovery Supervisor

Company CDW, LLC

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

Address 200 N Milwaukee Ave

Number Street Vernon Hills, IL 60061

City State ZIP Code

Contact phone 847-419-6253 Email Roneeri@cdw.com

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Tax Identification  
36-4530079

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INVOICE NO.	ACCOUNT NO.	INVOICE DATE
DC68799	13006257	9-29-22

**S  
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NEARSIDE  
2810 N CHURCH ST PMB 53795  
ACCOUNTS PAYABLE  
WILMINGTON, DE 19802-4447  
4152256432

**S  
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O**  
NEARSIDE  
601 CALIFORNIA ST STE 1210  
CESAR CARRASCO  
SAN FRANCISCO, CA 94108-2805  
OKTA RENEWAL  
YOUR P.O.#

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	WEIGHT	SHIPPED VIA	TERMS
BRAD FRIEDMA	4-25-22	9-29-22		ELECTRONIC DISTRI	Master Card

ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
115	115	4773666	OKTA ENT IT SINGLE SIGNON MFG#: P000052 Electronic distribution - NO MEDIA	19.07	2193.05
115	115	4773667	OKTA ENT IT UNIV DIR MFG#: P000055 Electronic distribution - NO MEDIA	19.07	2193.05
115	115	4758092	OKTA ENT IT MFA MFG#: P000131 Electronic distribution - NO MEDIA	28.62	3291.30
115	115	5475258	OKTA ADV LIFECYCLE MGMT MFG#: P000403 Electronic distribution - NO MEDIA	57.24	6582.60

PLEASE REMIT TO:  
CDW DIRECT,LLC, PO BOX 75723, CHICAGO, IL 60675-5723

INVOICE  
TOTAL

EXPLANATION OF OUR RETURN AND FREIGHT POLICIES ARE ON BACK OF THIS INVOICE. IF YOU HAVE ANY QUESTIONS ABOUT THE ORDER OR INVOICE, PLEASE WRITE OR CALL.

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At CDW, we get what it takes to turn complex problems into solutions that fit our customers' needs and budgets. Dedicated CDW account managers get to know your needs and provide ongoing support for the long haul.

- Experts in your industry
- Extensive range of products and solutions
- CDW Amplified™ Services across the lifecycle.

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Tax Identification  
36-4530079

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INVOICE NO.	ACCOUNT NO.	INVOICE DATE
DC68799	13006257	9-29-22

**S** NEARSIDE  
**O** 2810 N CHURCH ST PMB 53795  
**L** ACCOUNTS PAYABLE  
**D** WILMINGTON, DE 19802-4447  
**T** 4152256432  
**O**

**S** NEARSIDE  
**H** 601 CALIFORNIA ST STE 1210  
**I** CESAR CARRASCO  
**P** SAN FRANCISCO, CA 94108-2805  
**T**  
**O** YOUR P.O.# OKTA RENEWAL

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	WEIGHT	SHIPPED VIA	TERMS
BRAD FRIEDMA	4-25-22	9-29-22		ELECTRONIC DISTRI	Master Card

ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
115	115	5092577	OKTA API ACCESS MGMT MFG#: P000021 Electronic distribution - NO MEDIA	19.07	2193.05
				Subtotal:	16453.05
				Freight:	.00
				Sales Tax:	.00

PLEASE REMIT TO:  
 CDW DIRECT, LLC, PO BOX 75723, CHICAGO, IL 60675-5723

<b>INVOICE TOTAL</b>	US Currency 16453.05
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