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CLERK
U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE

Fill in this information to identify the case:

Debtor 1 Prosomnus Sleep Technologies
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court for the: District of Delaware
 Case number 24-10974

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 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? McMaster-Carr Supply Co
 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>McMaster-Carr Supply Co</u>	<u>McMaster-Carr Supply Co</u>
	Name	Name
	<u>9630 Norwalk Blvd</u>	<u>P O Box 7690</u>
	Number Street	Number Street
<u>Santa Fe Springs CA 90670</u>	<u>Chicago IL 60680</u>	
City State ZIP Code	City State ZIP Code	
Contact phone <u>562-692-5911</u>	Contact phone <u>562-692-5911</u>	
Contact email <u>la.sales@mcmaster.com</u>	Contact email <u>la.sales@mcmaster.com</u>	

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

VERITA GLOBAL

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: 8 8 0 0

7. How much is the claim? \$ 897.55. 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: \$ _____

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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 one:

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

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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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.

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 07/22/2024
MM / DD / YYYY

Hilary Bombard
Signature

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

Name Hilary Bombard
First name Middle name Last name

Title Customer Accounts Director

Company McMaster-Carr Supply Co
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 9630 Norwalk Blvd
Number Street

Santa Fe Springs CA 90670
City State ZIP Code

Contact phone 562-692-5911 Email la.sales@mcmaster.com

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McMASTER-CARR®

562-692-5911
562-695-2323 (fax)
la.sales@mcmaster.com

Past Due Statement

Billed to
PROSOMNUS SLEEP TECHNOLOGIES
5675 GIBRALTAR DR
PLEASANTON CA 94588

Statement Date	7/8/24
Balance Past Due	\$897.55
Balance < 30 Days	\$0.00
Total Account Balance	\$897.55
Payment Terms	2% 10, Net 30

Mail Payment to McMaster-Carr
 PO Box 7690
 Chicago IL 60680-7690

Your Account 433658800

Invoice Date	Age	Purchase Order / Release	Invoice	Packing List	Invoice Total	Balance Due
Over 90 Days:						
4/2/24	98	0402RDAVILAPERRY	24704229	2499648-01	860.86	860.86
Total Over 90 Days:						\$860.86
61 to 90 Days:						
4/23/24	77	0423RDAVILA-PERRY	25861169	3569916-01	36.69	36.69
Total 61 to 90 Days:						\$36.69

Summary: <30 Days = \$0.00 31-60 Days = \$0.00 61-90 Days = \$36.69 90+ Days = \$860.86

Total Account Balance	\$897.55
Balance < 30 Days	\$0.00
Balance Past Due	\$897.55



McMASTER-CARR®

Invoice

562-692-5911
 562-695-2323 (fax)
 la.sales@mcmaster.com

Purchase Order	0402RDAVILAPERRY
Total	\$860.86
Invoice	24704229
Invoice Date	4/2/24
Payment Terms	2% 10, Net 30
Deduct \$16.82 on merchandise and tax if paid by 4/12/24.	

Billed to
 PROSOMNUS SLEEP TECHNOLOGIES
 5675 GIBRALTAR DR
 PLEASANTON CA 94588

Shipped to
 Prosomnus Sleep Technologies
 5675 Gibraltar Dr
 Pleasanton CA 94588

Mail Payment to McMaster-Carr
 PO Box 7690
 Chicago IL 60680-7690

Your Account 433658800

Raynee Davila-Perry placed this order.

Line	Product	Ordered	Shipped	Balance	Price	Total
1	91292A029 18-8 Stainless Steel Socket Head Screw, M3 x 0.5 mm Thread, 18 mm Long, Packs of 100	100 Packs	100	0	7.63 Per Pack	763.00
						Merchandise 763.00
						Sales Tax 78.21
						Shipping 19.65
						Total \$860.86

Packing List	Shipped	Weight	Carrier	Tracking	
2499648-01	4/2/24	29 lb	UPS	1Z0526630317417671	Received by Kelley 4/3/24.



McMASTER-CARR®

Invoice

562-692-5911
 562-695-2323 (fax)
 la.sales@mcmaster.com

Purchase Order	0423RDAVILA-PERRY
Total	\$36.69
Invoice	25861169
Invoice Date	4/23/24
Payment Terms	2% 10, Net 30
Deduct \$0.53 on merchandise and tax if paid by 5/3/24.	

Billed to
 PROSOMNUS SLEEP TECHNOLOGIES
 5675 GIBRALTAR DR
 PLEASANTON CA 94588

Shipped to
 Prosomnus Sleep Technologies
 5675 Gibraltar Dr
 Pleasanton CA 94588

Mail Payment to McMaster-Carr
 PO Box 7690
 Chicago IL 60680-7690

Your Account 433658800

Raynee Davila-Perry placed this order.

Line	Product	Ordered	Shipped	Balance	Price	Total
1	5346K122 Brass Barbed Hose Fitting for Air and Water, 90 Degree Elbow Adapter for 1/4" Hose ID, 1/4 NPTF Female, Packs of 2	1 Pack	1	0	12.18 Per Pack	12.18
2	5346K123 Brass Barbed Hose Fitting for Air and Water, 90 Degree Elbow Adapter for 3/8" Hose ID, 1/4 NPTF Female, Packs of 2	1 Pack	1	0	12.05 Per Pack	12.05
Merchandise						24.23
Sales Tax						2.48
Shipping						9.98
Total						\$36.69

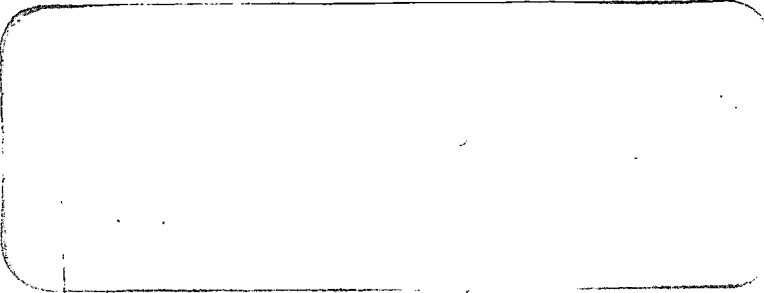
Packing List	Shipped	Weight	Carrier	Tracking	
3569916-01	4/23/24	1 lb	UPS	1Z0526630317575081	Received by Kelley 4/24/24.

McMASTER-CARR

P.O. BOX 4355, CHICAGO, ILLINOIS 60680-4355

RETURN SERVICE REQUESTED

Presorted
First-Class Mail
U.S. Postage Paid
McMaster-Carr



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