


**Fill in this information to identify the case:**

Debtor 1 ProSomnus Sleep Technologies, Inc

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

United States Bankruptcy Court for the: District of Delaware 

Case number 24-10974-JTD

- Date Stamped Copy Returned
- No self addressed stamped envelope
- No copy to return.

**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**

<p>1. <b>Who is the current creditor?</b></p>	<p><u>Computype, Inc</u> Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor _____</p>	
<p>2. <b>Has this claim been acquired from someone else?</b></p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. <b>Where should notices and payments to the creditor be sent?</b> <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small></p>	<p><b>Where should notices to the creditor be sent?</b></p> <p><u>Computype, Inc.</u> Name <u>2285 County Road C West</u> Number Street <u>St Paul</u> <u>MN</u> <u>55113</u> City State ZIP Code Contact phone <u>651-635-2921</u> Contact email <u>judy.berhow@computype.com</u></p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p><u>Computype, Inc.</u> Name <u>PO Box 1691</u> Number Street <u>Minneapolis</u> <u>MN</u> <u>55480</u> City State ZIP Code Contact phone <u>651-635-2921</u> Contact email <u>judy.berhow@computype.com</u></p>
<p>RECEIVED AUG 19 2024 VERITA GLOBAL</p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>		
<p>4. <b>Does this claim amend one already filed?</b></p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____</p> <p style="text-align: right;">Filed on _____ MM / DD / YYYY</p>	
<p>5. <b>Do you know if anyone else has filed a proof of claim for this claim?</b></p>	<p><input checked="" type="checkbox"/> No <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: 8 8 1 0

7. How much is the claim? \$ 7,068.04. 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:** \$ 7,068.04 (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 one:

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).

Amount entitled to priority

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

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.

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

\* 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).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

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.

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 08/14/2024  
MM / DD / YYYY

  
Signature

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

Name Judy Berhow  
First name Middle name Last name

Title Credit & Collections

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

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Address 2285 County Road C West

Number Street

St Paul MN 55113

City State ZIP Code

Contact phone 651-635-2921 Email judy.berhow@computype.com



# COMPUTYPE

2285 County Road C West  
St. Paul MN 55113  
United States  
Phone: 800-328-0852

**Send Payments To**  
**Computype, Inc - 139154**  
**PO Box 1691**  
**Minneapolis, MN 55480-1691**

## INVOICE

**Invoice: 695076**

Date: 20-Dec-2023

**Sold To:** Cust ID: 188810

Accounts Payable  
ProSomnus Sleep Technologies  
email invoice  
5860 West Las Positas Blvd  
Suite 25  
Pleasanton CA 94588  
United States

**Ship To:**

Raynee Davila-Perry  
ProSomnus Sleep Technologies  
5860 West Las Positas Blvd  
Suite 25  
Pleasanton CA 94588  
United States

**Invoice Email Recipient(s):** mhungerman@prosomnus.com  
rperry@prosomnus.com ProsomnusAP@Bill.com

PO Number: RayneeDavilaPerry12122023      Payment Terms: Net 30 Days  
Sales Rep: Eric Cormier      Ordered: 12-Dec-2023  
Packing Slip: 540252

Ship Via: UPS Next Day Air  
Ship Date: 19-Dec-2023

*Monetary Values are displayed in US Dollars*

Computype's quality system for manufacturing labels is ISO 9001 certified.

Order Number: 359801      Ship To#: 1  
Tracking Number(s): 1Z4E786X0194668902  
Weight: 32.00

Line	Part Number/Description	Revision	Quantity	Unit Price	Ext Price
1	17398703 TS976/TR611Z 1x.375 5000/RL	A	50.00 RL	117.00000	5,850.00

**Job No.:** 421543

**Miscellaneous Charges:**

Description	Amount
10.) Shipping and Handling	560.92

**INVOICE - Taxes -**

Line	Description	Taxable Amt	Percent	Amount
1	CALIFORNIA	6,410.92	6.00 %	384.65
1	ALAMEDA	6,410.92	0.25 %	16.03
1	ALAMEDA COU2	6,410.92	3.00 %	192.33
1	ALAMEDA CO LOCA	6,410.92	1.00 %	64.11

**Payment Schedule**

Due Date	Amount
1 19-Jan-2024	7,068.04
<b>Total</b>	<b>7,068.04</b>

Line(s) Subtotal: 5,850.00  
Miscellaneous Charges: 560.92  
Total Tax: 657.12

**Total 7,068.04USD**

Sales Terms and Conditions can be found at [www.computype.com/sales-terms-and-conditions](http://www.computype.com/sales-terms-and-conditions)  
Thank you for your order!



## COMPUTYPE

2285 County Road C West  
St. Paul MN 55113  
United States  
Phone: 800-328-0852

**Send Payments To**  

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**Computype, Inc - 139154**  
**PO Box 1691**  
**Minneapolis, MN 55480-1691**

## INVOICE

**Invoice: 695076**

Date: 20-Dec-2023



COMPUTYPE

Computype, Inc.  
2285 County Road C West  
St. Paul MN 55113  
United States  
Phone: 800-328-0852

Customer Copy

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**Packing Slip**

540252



CustID: 188810 (USD)

Shipping Contact: Raynee Davila-Perry

Your PO: RayneeDavilaPerry12122023

Ship Date: 19-Dec-2023

<b>Ship To:</b> Raynee Davila-Perry ProSomnus Sleep Technologies 5860 West Las Positas Blvd Suite 25 Pleasanton CA 94588 United States	<b>Sold To:</b> Raynee Davila-Perry ProSomnus Sleep Technologies 5675 Gibraltar Dr Pleasanton CA 94588 United States
<b>Phone:</b> (844) 537-5337 <b>Email:</b> rperry@prosomnus.com	<b>Phone:</b> (844) 537-5337 <b>Email:</b> rperry@prosomnus.com

**Invoice Number:** 695076

**Legal Number:** 695076

**Due Date:** 1/19/2024

Planned Qty	Shipped Qty	UOM	Part Number/Description	Rev.
50.00	50.00	RL	17398703 TS976/TR611Z 1x.375 5000/RL	A

**Sales Order #:** 359801-1-1

**Lot #:** 421543

**Computype Part:** 17398703

A

**Nbr of Cartons:** 2

**Ship Via:** UPS Next Day Air

**Way Bill:** 1Z4E786X0194668902

Sales Terms and Conditions can be found at [www.computype.com/sales-terms-and-conditions](http://www.computype.com/sales-terms-and-conditions)

Thank you for your order!