

Fill in this information to identify the case:

Debtor 1 RHODIUM ENTERPRISES INC  
 DBA: RHODIUM SHARED SERVICES INC

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

United States Bankruptcy Court for the: Northern District of Texas

Case number 24-90454

United States Courts  
 Southern District of Texas  
**FILED**

**OCT 17 2024**

**Nathan Ochsner, Clerk of Court**

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

04/19

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? ROBERT HALF INC  
 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)

<p><b>Where should notices to the creditor be sent?</b></p> <p><u>ROBERT HALF /RECOVERY DEPT.</u>                  Name  <u>3001 BISHOP DR SUITE 130</u>                  Number Street  <u>SAN RAMON CA 94583</u>                  City State ZIP Code                  Contact phone <u>925-913-2947</u>                  Contact email <u>AMBER.BAPTISTE@ROBERTHALF.COM</u></p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p><u>RECOVERY DEPT ATTN: AMBER BAPTISTE</u>                  Name  <u>ROBERT HALF 3001 BISHOP DR SUITE 130</u>                  Number Street  <u>SAN RAMON CA 94583</u>                  City State ZIP Code                  Contact phone <u>925-913-2947</u>                  Contact email <u>AMBER.BAPTISTE@ROBERTHALF.COM</u></p>
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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? \_\_\_\_\_



2490454241023000000000001

**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: 002682421 \_\_\_\_\_

7. How much is the claim? \$ 3,840.00 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 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

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:

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 \$3,025\* 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 \$13,650\*) 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 4/01/22 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 09/24/2024  
MM / DD / YYYY

Amber Baptiste  
Signature

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

Name AMBER BAPTISTE  
First name Middle name Last name

Title RECOVERY MANAGER

Company ROBERT HALF INC.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 3001 BISHOP DRIVE SUITE 130  
Number Street

SAN RAMON CA 94583  
City State ZIP Code

Contact phone 925-913-2947 Email AMBER.BAPTISTE@ROBERTHALF.COM

PeopleSoft Receivables  
 AGING DETAIL BY BUSINESS UNIT  
 as of 18-SEP-2024

Page No. 1  
 Run Date 09/24/2024  
 Run Time 13:01:16

Report ID: AR30003  
 Aging Id: MAIN /  
 Currency Base Currency  
 Date Type:

Em	Employee Name	Line	As Of	Ent Typ/Rsn	Cur	Amount	Other	
FUS	002682421			RHODIUM SHARED SERVICES LLC		Rockdale		
							TX	
011192	Rhodes,Abbey	1	08/29/2024	EXDR	REG USD	1,280.00	1,280.00	
025060	Rhodes,Abbey	1	09/04/2024	EXDR	REG USD	2,560.00	2,560.00	
Total							RHODIUM SHARED SERVICES LLC	3,840.00
Total TAFUS								3,840.00

PeopleSoft Receivables  
 AGING DETAIL BY BUSINESS UNIT  
 as of 18-SEP-2024

Page No. 2  
 Run Date 09/24/2024  
 Run Time 13:01:16

Report ID: AR30003  
 Aging Id: MAIN /  
 Currency Base Currency  
 Date Type:

Em	Employee Name	Line	As Of	Ent Typ/Rsn Cur	Amount	Other
-----						
					3,840.00	

AND TOTAL

3,840.00

3,840.00



Page: 1  
 Invoice Date: 08/29/2024  
 Invoice Number: 64011192  
 Customer Number: 002682421  
 Fed Tax ID: 94-1648752

**Labor Invoice – DUE UPON RECEIPT**

**Personal & Confidential**  
 Alicia Catatao  
 RHODIUM SHARED SERVICES LLC  
 4146 W. US HWY 79  
 Rockdale TX 76567

**Please Remit To:**  
 Robert Half  
 P.O. BOX 743295  
 Los Angeles CA 90074-3295

**Pay Online:** <https://www.roberthalf.com/pay>

**Duplicate**

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Rhodes,Abbey	08/23/2024	Soule,Morgan	16.00	HRS REG	\$ 80.00	\$ 1,280.00
Subtotal for Week-Ended: 08/23/2024				16.00	HRS		<u>\$ 1,280.00</u>

**Invoice Subtotal:** \$ 1,280.00

<b>TOTAL AMOUNT DUE:</b>	<b>\$ 1,280.00</b>
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We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email:  
 (800) 356-1994 / [inquiries.srm@roberthalf.com](mailto:inquiries.srm@roberthalf.com)

For skilled legal professionals please call:  
 (800) 870-8367

Please detach and return this remittance stub with your payment.

**Thank you for choosing Robert Half!**

Robert Half  
 P.O. BOX 743295  
 Los Angeles CA 90074-3295

Customer Number	Invoice Number	Total Amount
00000002682421	64011192	\$ 1,280.00

0000000268242164011192001280004

Page: 1  
 Invoice Date: 09/04/2024  
 Invoice Number: 64025060  
 Customer Number: 002682421  
 Fed Tax ID: 94-1648752

**Labor Invoice – DUE UPON RECEIPT**

**Personal & Confidential**  
 Alicia Cataao  
 RHODIUM SHARED SERVICES LLC  
 4146 W. US HWY 79  
 Rockdale TX 76567

**Please Remit To:**  
 Robert Half  
 P.O. BOX 743295  
 Los Angeles CA 90074-3295

**Pay Online:** <https://www.roberthalf.com/pay>

**Duplicate**

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Rhodes,Abbey	08/30/2024	Soule,Morgan	32.00	HRS REG	\$ 80.00	\$ 2,560.00
Subtotal for Week-Ended: 08/30/2024				32.00	HRS		\$ 2,560.00

**Invoice Subtotal:** **\$ 2,560.00**

<b>TOTAL AMOUNT DUE:</b>	<b>\$ 2,560.00</b>
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We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email:  
 (800) 356-1994 / [inquiries.srm@roberthalf.com](mailto:inquiries.srm@roberthalf.com)

For skilled legal professionals please call:  
 (800) 870-8367

Please detach and return this remittance stub with your payment.

**Thank you for choosing Robert Half!**

Robert Half  
 P.O. BOX 743295  
 Los Angeles CA 90074-3295

Customer Number	Invoice Number	Total Amount
00000002682421	64025060	\$ 2,560.00

0000000268242164025060002560001



Week Ending Date: 8/23/24

Online Time Report

Employee ID	Name (Last, First Middle)
3027173885	Rhodes, Abbey

Job Order Number	Client Company Name	Report To
0013048391	Rhodium Shared Services LLC	Soule, Morgan

Time worked for one week only, starting with Saturday and ending on Friday midnight.

Day	Date	In	Out	In	Out	In	Out	Total	*Missed Meal Period
Sat	8/17/24								<input type="checkbox"/>
Sun	8/18/24								<input type="checkbox"/>
Mon	8/19/24								<input type="checkbox"/>
Tue	8/20/24								<input type="checkbox"/>
Wed	8/21/24								<input type="checkbox"/>
Thu	8/22/24	7:00 AM	12:00 PM	1:00 PM	4:00 PM			8.00	<input type="checkbox"/>
Fri	8/23/24	7:00 AM	12:00 PM	1:00 PM	4:00 PM			8.00	<input type="checkbox"/>
<b>Total Weekly Hours:</b>									<b>16.00</b>
									<b>Missed Meals</b>
									<b>0.00</b>

I certify that I'm familiar with RH's Meal and Rest Period Policy. The policy provides for meal and rest periods that I'm entitled, encouraged and expected to take. Clients must adhere to RH's policy.

I certify I've checked the Missed Meal box for any Missed, Late, or Short Meal Period when I wasn't relieved of all duty or was impeded or discouraged from taking a meal period.

I certify I've reported to my Robert Half manager, the branch director or Customer Service at 888-744-9202, or pay.timereporting@roberthalf.com all instances when I wasn't provided or was impeded or discouraged from taking a meal period or rest period.

Questions? Contact Customer Service at 888-744-9202 or pay.timereporting@roberthalf.com.

**Employee Authorization**

Hours entered by employee were submitted electronically.

**Electronically Submitted on** 8/26/24 8:47:31 PM PDT

**by** Abbey Rhodes

**Client Approval**

The Total Hours as shown on this timesheet were approved electronically.

**Electronically Approved on** 8/28/24 6:48:26 AM PDT

**by** Morgan Soule





Week Ending Date: 8/30/24

Online Time Report

Employee ID	Name (Last, First Middle)
3027173885	Rhodes, Abbey

Job Order Number	Client Company Name	Report To
0013048391	Rhodium Shared Services LLC	Soule, Morgan

Time worked for one week only, starting with Saturday and ending on Friday midnight.

Day	Date	In	Out	In	Out	In	Out	Total	*Missed Meal Period	
Sat	8/24/24								<input type="checkbox"/>	
Sun	8/25/24								<input type="checkbox"/>	
Mon	8/26/24	9:00 AM	1:00 PM	2:00 PM	6:00 PM			8.00	<input type="checkbox"/>	
Tue	8/27/24	9:00 AM	1:00 PM	2:00 PM	6:00 PM			8.00	<input type="checkbox"/>	
Wed	8/28/24	9:00 AM	1:00 PM	2:00 PM	6:00 PM			8.00	<input type="checkbox"/>	
Thu	8/29/24	9:00 AM	1:00 PM	2:00 PM	6:00 PM			8.00	<input type="checkbox"/>	
Fri	8/30/24								<input type="checkbox"/>	
<b>Total Weekly Hours:</b>									<b>32.00</b>	<b>Missed Meals</b> <b>0.00</b>

I certify that I'm familiar with RH's Meal and Rest Period Policy. The policy provides for meal and rest periods that I'm entitled, encouraged and expected to take. Clients must adhere to RH's policy.

I certify I've checked the Missed Meal box for any Missed, Late, or Short Meal Period when I wasn't relieved of all duty or was impeded or discouraged from taking a meal period.

I certify I've reported to my Robert Half manager, the branch director or Customer Service at 888-744-9202, or pay.timereporting@roberthalf.com all instances when I wasn't provided or was impeded or discouraged from taking a meal period or rest period.

Questions? Contact Customer Service at 888-744-9202 or pay.timereporting@roberthalf.com.

Employee Authorization	
Hours entered by employee were submitted electronically.	
<b>Electronically Submitted on</b> 9/3/24 7:47:04 AM PDT	
<b>by</b> Abbey Rhodes	

Client Approval	
The Total Hours as shown on this timesheet were approved electronically.	
<b>Electronically Approved on</b> 9/3/24 1:42:59 PM PDT	
<b>by</b> Morgan Soule	



August 22, 2024

**Personal & Confidential**

MORGAN SOULE  
RHODIUM SHARED SERVICES LLC  
4146 W. US HWY 79  
ROCKDALE, TX 76567

Job Order Number: 04130-0013048391

Dear Morgan,

Thank you for selecting Robert Half to meet your talent solutions needs. Abbey Rhodes is scheduled to start with Rhodium Shared Services LLC as a Paralegal on 08-22-2024. As agreed, we will invoice your firm at the rate of \$80.00 per hour. Overtime will be billed at 1.50 times such rate. Please find the enclosed General Conditions of Engagement and Terms of Payment for your review.

Our professional will submit a time report for verification and approval at the end of each week. Your approval thereby will indicate you have read and agree to the enclosed General Conditions of Engagement and Terms of Payment.

Please do not hesitate to contact us if you have any questions or we can be of additional service. We look forward to working with you.

Sincerely,

Robert Half  
11700 Katy Freeway, 4th Floor  
Energy Tower Suite 400  
Houston, TX 77079  
(800) 870-8367

**GENERAL CONDITIONS OF ENGAGEMENT - FULL-TIME ENGAGEMENT PROFESSIONAL**

Thank you for your confidence in *Robert Half*. The following General Conditions of Engagement and the enclosed Terms of Payment apply to this engagement.

<b>Scope of Background Inquiries</b>	If our professional holds a license to practice law from the bar association of any U.S state, we request confirmation of that licensure or certification. We generally conduct these checks the first time we place our professional on an engagement and not at any other points in time.
<b>Scope of Engagement</b>	Our professional is only authorized to perform work within the scope of the engagement. It is your responsibility to provide appropriate direction, guidance or oversight to our professional for satisfactory performance on your engagement. You will not permit our professional to use computers or other electronic devices, software, services, tools, e-mail accounts or network equipment owned or licensed by our professional.  It is expressly understood that our professionals are not authorized to sign contracts, statements, or binding agreements on your behalf or on behalf of <i>Robert Half</i> .
<b>Client's Responsibility</b>	<p><b>It is understood that you are responsible for implementing and maintaining usual, customary and appropriate internal accounting procedures and controls, internal controls and other appropriate procedures and controls (including information technology, proprietary information, creative designs and trade secret safeguards) for your company or law firm and we shall not be responsible for any losses, liabilities or claims arising from the lack of such controls or procedures. Please notify us immediately if you require <i>Robert Half</i> to perform background checks or other placement screenings of our professional. We will conduct such checks or screenings for you only if they are described in a signed, written amendment to these General Conditions of Engagement.</b></p> <p><b><i>Cash Handling and Other Financial Transactions and Activities:</i></b> If you permit or allow our professional to sign, endorse, wire, transport or otherwise convey cash, securities, checks, or any negotiable instruments or valuables, or conduct financial transactions or other related activities, you accept sole responsibility for all claims, demands and liability that may arise from permitting these activities. You represent and warrant that to the extent you permit or allow our professional to engage in the activities described in this paragraph, you will not permit or allow our professional to handle more than (i) \$1,000 per day if you are a non-profit entity, or (ii) \$25,000 per day if you are a for-profit entity.</p> <p><b><i>Workplace Safety:</i></b> It is understood that you have full responsibility for: (i) providing safe working conditions as required by law, including compliance with all public health and occupational safety regulations and guidelines applicable to your business, and (ii) ensuring that safety plans exist for, and safety related training is provided to, our professional working on your premises. To ensure the safety of potentially vulnerable individuals on your premises, you agree not to permit our professional to have unsupervised or unmonitored contact with (1) minors or (2) adults who are under your care, custody or supervision because of mental health impairments.</p> <p><b><i>Government Contracts:</i></b> If this engagement is for work to be performed under a government contract or subcontract, you will notify us immediately (1) of any obligations in the government contract or subcontract relating to wages, and (2) if we are legally required to initiate E-Verify verification procedures for our professional.</p> <p><b><i>Operation of Vehicles and Equipment:</i></b> It is understood that we will not authorize our professional to operate machinery (other than office machines) or vehicles. If you wish to permit our professional to drive for business purposes, you accept sole responsibility for all liability, damages, injuries or other claims that may arise or be incurred as a result of driving. If you require our professional to drive a vehicle owned by you or an employee of your company, you agree to maintain such vehicle in good working condition and maintain all necessary and appropriate insurance for the operation of such vehicle. Under no circumstances will you permit our professional to: make bank deposits; carry cash in excess of \$100, negotiable instruments or other valuables while driving; or have passengers in the vehicle. It is agreed that you accept full responsibility for, and that we do not maintain insurance to cover any injury, damage, or loss that may result from your failure to comply with the foregoing.</p> <p><b><i>Claims:</i></b> It is understood that you are responsible for reporting any claim to us in writing during or within ninety (90) days after the engagement. Under no circumstance will <i>Robert Half</i> be responsible for any claim related to the engagement, including but not limited to work performed by our professional, unless you have reported such claim in writing to us within ninety (90) days after termination of the engagement.</p>
<b>Remote Work</b>	You may request that our professional provide services to you remotely (i.e., from a location other than your or your customer's premises) using a laptop and/or other computer or telecommunications equipment provided by you or <i>Robert Half</i> (collectively, the "Equipment").

- CONTINUED ON REVERSE -

11700 Katy Freeway, 4th Floor, Energy Tower Suite 400, Houston, TX 77079

<b>Remote Work - Continued</b>	In such case, you acknowledge and agree that <i>Robert Half</i> shall have no control over, and you shall be solely responsible for, (i) the logical and physical performance, reliability and security of the Equipment or related devices, network accessibility and availability, software, services, tools and e-mail accounts (collectively, "Computer Systems") used by our professional, and (ii) the security, integrity and backing up, of the data and other information stored therein or transmitted thereby. Moreover, you must not permit our professional to save or store any of your files or other data on the Computer Systems provided by us (including, but not limited to, any virtual desktop infrastructure solution). You agree that we shall not be liable for any loss, damage, expense, harm, business interruption or inconvenience resulting from the use of such Computer Systems.
<b>Placement of Licensed Attorneys</b>	<p>In order to satisfy the requirements of the various state bars and similar organizations that regulate the practice of law, our placement of licensed attorneys (as project attorneys or in a non-attorney role, hereafter "Project Attorneys") with you is subject to the following terms and conditions:</p> <p>You acknowledge and accept that our Project Attorneys will perform all duties under your management, supervision, direction and guidance within their skills related to the engagement, except they are not authorized to directly represent any party, person, entity or organization, sign contracts, statements, pleadings, affidavits or declarations, correspondence with court officials, term sheets, settlement agreements or take or defend depositions, appear as the lawyer of record in any court or legal proceeding, including, but not limited to, any court hearings, arbitrations, settlement conferences, mediations or depositions, or render legal opinions on behalf of <i>Robert Half</i>, you or any other party, person, entity, or organization while on engagement.</p> <p>Each Project Attorney will be under the management, supervision, direction and guidance of an employee or partner of your firm or legal department who is an active member of the State Bar or otherwise authorized to practice law in the state where the Project Attorney is providing services. You will provide this supervision, determine that the Project Attorney has the requisite knowledge and skill level, furnish all necessary resources to the Project Attorney and take all appropriate steps to protect client confidential information without any participation by <i>Robert Half</i>.</p> <p>You will consult with each proposed Project Attorney prior to any engagement to determine that any previous services performed by the Project Attorney will not create a conflict of interest, including, but not limited to a risk disclosure of client confidential information or present other ethical issues. If you determine that such a conflict of interest or other ethical issue exists, inform us immediately, and we will provide a replacement attorney with no charge to you for the time spent by the Project Attorney participating in this preliminary ethical determination.</p> <p>You acknowledge and accept that: (i) <i>Robert Half</i> is not a law firm and is not licensed to practice law and has not been retained to provide legal advice or services; (ii) <i>Robert Half</i> will not be involved in the planning, review, execution or completion of any legal project; (iii) <i>Robert Half</i> does not limit the amount of time our Project Attorney may spend on any particular matter; (iv) <i>Robert Half</i> will not have any control over the matters our Project Attorney may handle or the manner in which they are handled; and (v) neither you nor <i>Robert Half</i> will require our Project Attorney to take any matter in which there is a potential conflict of interest, including, but not limited to, a risk disclosure of client confidential information or any other ethical issues.</p>
<b>Limitation on Liability</b>	We make no express or implied warranty, including, but not limited to, any warranty of quality, performance, merchantability or fitness for any purpose with respect to any services performed or any goods provided, including, but not limited to, financial or accounting services performed, or software developed, for you. Under no circumstances are we liable for any special, incidental, exemplary, indirect damages, lost profits or consequential damages (including, but not limited to, lost business, revenue, goodwill, or anticipated savings), even if informed of the possibility. Our liability, if any, will (in the aggregate for all claims, causes of action or damages) be limited to any actual direct damages up to an amount equal to the fees actually paid by you to us for the services that are the subject of the claim, regardless of the basis on which you are entitled to claim damages from us (including, but not limited to, fundamental breach, negligence, misrepresentation, or other contract or tort claim).
<b>Confidentiality</b>	<p>Our professional will agree to execute any confidentiality agreement you may require. You are responsible for obtaining our professional's signature.</p> <p>You agree to hold in confidence the social security number and other legally protected personal information of our professional and to implement and maintain reasonable security procedures and practices to protect such information from unauthorized access, use, modification or disclosure.</p>
<b>Insurance</b>	In addition to workers' compensation insurance for our professional, we also maintain commercial liability insurance. <i>Robert Half</i> maintains no legal malpractice insurance covering Project Attorneys. Accordingly, you waive any right of recovery against <i>Robert Half</i> arising out of the work product or services provided or not provided by any Project Attorneys assigned by <i>Robert Half</i> .
<b>No Contrary Agreements</b>	These General Conditions of Engagement contain the complete and final agreement on the topics they address, and they supersede any prior agreements or understandings on these topics. Our professionals do not have authority either to verbally modify these General Conditions of Engagement or to assume additional responsibilities other than those set forth in these General Conditions of Engagement.

Job Order: 04130-0013048391

Date: 08-22-2024

## FULL-TIME ENGAGEMENT PROFESSIONAL TERMS OF PAYMENT

Thank you for your confidence in *Robert Half*. Our professional for this engagement of Paralegal is Abbey Rhodes. The engagement will start on 08-22-2024. As agreed or otherwise communicated, we will invoice your firm at the rate of \$80.00 per hour. Should you wish to use our professional for other engagements, please let us know. The hourly billing rate may then change to reflect the experience necessary for the engagement. Call *Robert Half* for any changes in the engagement. We request a minimum thirty (30) days' notice prior to ending any engagement.

The following Terms of Payment apply to this engagement:

<b>Guarantee</b>	<i>Robert Half</i> guarantees your satisfaction with our professional's services by extending to you a 37.5 hours guarantee period. If, for any reason, you are dissatisfied with our professional, <i>Robert Half</i> will not charge for the first 37.5 hours of work by the professional, provided that <i>Robert Half</i> is allowed to replace the professional. Unless you contact us before the end of the first 37.5 hours of work, you agree that our professional is satisfactory.
<b>Time Report</b>	Our professional will submit a time report for verification and approval at the end of each week. Your approval thereby indicates your acknowledgement of the General Conditions of Engagement and these Terms of Payment. Our compensation to our professional is on a weekly basis, and you will be billed weekly for the total hours of work by the professional, including time spent completing, revising, and/or resubmitting a time report during business hours, and we ask that you respect those guidelines. Because <i>Robert Half</i> invoices reflect payroll we have already paid, our invoices are due upon receipt. Applicable sales and service taxes shall be added to these invoices. In the event that you fail to pay the invoice when due, you agree to pay all of our costs of collection, including reasonable attorneys' fees, whether or not legal action is initiated. Additionally, we may, at our option, charge interest on any overdue amounts at a rate of the lesser of 1 1/2% per month or the highest rate allowed by applicable law from the date the amount first became due.
<b>Project Attorney Fees</b>	The fees paid to <i>Robert Half</i> are solely for locating, recruiting and paying Project Attorneys and no portion of such amount shall be deemed to represent legal fees paid to <i>Robert Half</i> .
<b>Overtime</b>	Overtime will be billed at 1.50 times the normal billing rate. Overtime applies when hours of work by the professional exceed 40 hours per week (and in California exceed more than 8 hours in a day and as other state laws may require). If state law requires double time pay, the double time hours will be billed at 2.00 times the normal billing rate.
<b>Hiring the Person Referred to You</b>	Our professionals are salaried employees of <i>Robert Half</i> whom clients are discouraged from directly hiring. You agree to seek our permission before you hire our Full-Time Engagement Professional. You also agree to pay a conversion fee if you hire our professional, regardless of the employment classification, on either a full-time, temporary (including temporary engagements through another agency) or consulting basis within twelve months after the last day of the engagement. You also agree to pay a conversion fee if our professional is hired by (i) a subsidiary or other related company or business as a result of your referral of our professional to that company or (ii) one of your customers as a result of our professional providing services to that customer.  The conversion fee will equal 50% of the professional's aggregate annual compensation, including bonuses.  The conversion fee will be owed and invoiced upon your hiring of our professional, and payment is due upon receipt of this invoice. The same calculation will be used if you convert our professional on a part-time basis using the full-time equivalent salary.
<b>Employment Taxes and Withholdings</b>	<i>Robert Half</i> will handle, to the extent applicable, any workers' compensation insurance, federal, state and local withholding taxes and unemployment taxes, as well as social security, state disability insurance or other payroll charges.
<b>General Conditions</b>	<i>Robert Half</i> may charge you a technology fee for the provision of equipment or technology, if you request that our professional use equipment or technology provided by us. <i>Robert Half</i> may also increase our rates provided under the Terms of Payment to reflect increases in our own costs of doing business, including costs associated with higher wages for workers and/or related tax, benefit and other costs. We will provide written or verbal notice of the technology fees and/or increase in our rates. Any increase in our rates will be prospective, starting as of the effective date <i>Robert Half</i> specifies.  A copy of the General Conditions of Engagement has been provided to you. We reserve the right to replace our professional.

Job Order: 04130-0013048391

Date: 08-22-2024

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

Debtor 1 RHODIUM ENTERPRISES INC  
 DBA: RHODIUM SHARED SERVICES INC

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

United States Bankruptcy Court for the: Northern District of Texas

Case number 24-90454

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

04/19

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? ROBERT HALF INC  
 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)

<p><b>Where should notices to the creditor be sent?</b></p> <p><u>ROBERT HALF /RECOVERY DEPT.</u>                  Name  <u>3001 BISHOP DR SUITE 130</u>                  Number Street  <u>SAN RAMON CA 94583</u>                  City State ZIP Code                  Contact phone <u>925-913-2947</u>                  Contact email <u>AMBER.BAPTISTE@ROBERTHALF.COM</u></p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p><u>RECOVERY DEPT ATTN: AMBER BAPTISTE</u>                  Name  <u>ROBERT HALF 3001 BISHOP DR SUITE 130</u>                  Number Street  <u>SAN RAMON CA 94583</u>                  City State ZIP Code                  Contact phone <u>925-913-2947</u>                  Contact email <u>AMBER.BAPTISTE@ROBERTHALF.COM</u></p>
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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? \_\_\_\_\_

**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: 002682421

7. How much is the claim? \$ 3,840.00. 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 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

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:

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 \$3,025\* 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 \$13,650\* 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 4/01/22 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 09/24/2024  
MM / DD / YYYY

Amber Baptiste  
Signature

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

Name AMBER BAPTISTE  
First name Middle name Last name

Title RECOVERY MANAGER

Company ROBERT HALF INC.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 3001 BISHOP DRIVE SUITE 130  
Number Street

SAN RAMON CA 94583  
City State ZIP Code

Contact phone 925-913-2947 Email AMBER.BAPTISTE@ROBERTHALF.COM



PeopleSoft Receivables  
 AGING DETAIL BY BUSINESS UNIT  
 as of 18-SEP-2024

Page No. 1  
 Run Date 09/24/2024  
 Run Time 13:01:16

Port ID: AR30003  
 Aging Id: MAIN /  
 Currency Base Currency  
 Date Type:

Em	Employee Name	Line	As Of	Ent Typ/Ren	Cur	Amount	Other
FUS	002682421			RHODIUM SHARED SERVICES LLC		Rockdale	
							TX
011192	Rhodes, Abbey	1	08/29/2024	EXDR	REG USD	1,280.00	1,280.00
025060	Rhodes, Abbey	1	09/04/2024	EXDR	REG USD	2,560.00	2,560.00
Total						RHODIUM SHARED SERVICES LLC	3,840.00
Total TAFUS							3,840.00

PeopleSoft Receivables  
 AGING DETAIL BY BUSINESS UNIT  
 as of 18-SEP-2024

Page No. 2  
 Run Date 09/24/2024  
 Run Time 13:01:16

Port ID: AR30003  
 ing Id: MAIN /  
 rrency Base Currency  
 te Type:

em	Employee Name	Line	As Of	Ent Typ/Rsn Cur	Amount	Other
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AND TOTAL

3,840.00

3,840.00



Page: 1  
 Invoice Date: 08/29/2024  
 Invoice Number: 64011192  
 Customer Number: 002682421  
 Fed Tax ID: 94-1648752

**Labor Invoice – DUE UPON RECEIPT**

**Personal & Confidential**  
 Alicia Catatao  
 RHODIUM SHARED SERVICES LLC  
 4146 W. US HWY 79  
 Rockdale TX 76567

**Please Remit To:**  
 Robert Half  
 P.O. BOX 743295  
 Los Angeles CA 90074-3295

**Pay Online:** <https://www.roberthalf.com/pay>

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Rhodes,Abbey	08/23/2024	Soule,Morgan	16.00	HRS REG	\$ 80.00	\$ 1,280.00
Subtotal for Week-Ended: 08/23/2024				16.00	HRS		\$ 1,280.00

Invoice Subtotal: \$ 1,280.00

<b>TOTAL AMOUNT DUE:</b>	<b>\$ 1,280.00</b>
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We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email:  
 (800) 356-1994 / [inquiries.srm@roberthalf.com](mailto:inquiries.srm@roberthalf.com)

For skilled legal professionals please call:  
 (800) 870-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Robert Half!

Robert Half  
 P.O. BOX 743295  
 Los Angeles CA 90074-3295

Customer Number	Invoice Number	Total Amount
00000002682421	64011192	\$ 1,280.00

0000000268242164011192001280004



Page: 1  
 Invoice Date: 09/04/2024  
 Invoice Number: 64025060  
 Customer Number: 002682421  
 Fed Tax ID: 94-1648752

**Labor Invoice – DUE UPON RECEIPT**

**Personal & Confidential**  
 Alicia Catatao  
 RHODIUM SHARED SERVICES LLC  
 4146 W. US HWY 79  
 Rockdale TX 76567

**Please Remit To:**  
 Robert Half  
 P.O. BOX 743295  
 Los Angeles CA 90074-3295

**Pay Online:** <https://www.roberthalf.com/pay>

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Rhodes,Abbey	08/30/2024	Soule,Morgan	32.00	HRS REG	\$ 80.00	\$ 2,560.00
Subtotal for Week-Ended: 08/30/2024				32.00	HRS		\$ 2,560.00

**Invoice Subtotal:** **\$ 2,560.00**

<b>TOTAL AMOUNT DUE:</b>	<b>\$ 2,560.00</b>
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We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email:  
 (800) 356-1994 / [inquiries.srm@roberthalf.com](mailto:inquiries.srm@roberthalf.com)

For skilled legal professionals please call:  
 (800) 870-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Robert Half!

Robert Half  
 P.O. BOX 743295  
 Los Angeles CA 90074-3295

Customer Number	Invoice Number	Total Amount
00000002682421	64025060	\$ 2,560.00

0000000268242164025060002560001



**Week Ending Date:** 8/23/24

Online Time Report

Employee ID	Name (Last, First Middle)
3027173885	Rhodes, Abbey

Job Order Number	Client Company Name	Report To
0013048391	Rhodium Shared Services LLC	Soule, Morgan

Time worked for one week only, starting with Saturday and ending on Friday midnight.

Day	Date	In	Out	In	Out	In	Out	Total	*Missed Meal Period
Sat	8/17/24								<input type="checkbox"/>
Sun	8/18/24								<input type="checkbox"/>
Mon	8/19/24								<input type="checkbox"/>
Tue	8/20/24								<input type="checkbox"/>
Wed	8/21/24								<input type="checkbox"/>
Thu	8/22/24	7:00 AM	12:00 PM	1:00 PM	4:00 PM			8.00	<input type="checkbox"/>
Fri	8/23/24	7:00 AM	12:00 PM	1:00 PM	4:00 PM			8.00	<input type="checkbox"/>
<b>Total Weekly Hours:</b> 16.00									<b>Missed Meals</b> 0.00

I certify that I'm familiar with RH's Meal and Rest Period Policy. The policy provides for meal and rest periods that I'm entitled, encouraged and expected to take. Clients must adhere to RH's policy.

I certify I've checked the Missed Meal box for any Missed, Late, or Short Meal Period when I wasn't relieved of all duty or was impeded or discouraged from taking a meal period.

I certify I've reported to my Robert Half manager, the branch director or Customer Service at 888-744-9202, or pay.timereporting@roberthalf.com all instances when I wasn't provided or was impeded or discouraged from taking a meal period or rest period.

Questions? Contact Customer Service at 888-744-9202 or pay.timereporting@roberthalf.com.

Employee Authorization	
Hours entered by employee were submitted electronically.	
<b>Electronically Submitted on</b> 8/26/24 8:47:31 PM PDT	
<b>by</b> Abbey Rhodes	

Client Approval	
The Total Hours as shown on this timesheet were approved electronically.	
<b>Electronically Approved on</b> 8/28/24 6:48:26 AM PDT	
<b>by</b> Morgan Soule	



Week Ending Date: 8/30/24

Online Time Report

Employee ID	Name (Last, First Middle)
3027173885	Rhodes, Abbey

Job Order Number	Client Company Name	Report To
0013048391	Rhodium Shared Services LLC	Soule, Morgan

Time worked for one week only, starting with Saturday and ending on Friday midnight.

Day	Date	In	Out	In	Out	In	Out	Total	*Missed Meal Period
Sat	8/24/24								<input type="checkbox"/>
Sun	8/25/24								<input type="checkbox"/>
Mon	8/26/24	9:00 AM	1:00 PM	2:00 PM	6:00 PM			8.00	<input type="checkbox"/>
Tue	8/27/24	9:00 AM	1:00 PM	2:00 PM	6:00 PM			8.00	<input type="checkbox"/>
Wed	8/28/24	9:00 AM	1:00 PM	2:00 PM	6:00 PM			8.00	<input type="checkbox"/>
Thu	8/29/24	9:00 AM	1:00 PM	2:00 PM	6:00 PM			8.00	<input type="checkbox"/>
Fri	8/30/24								<input type="checkbox"/>
<b>Total Weekly Hours:</b>									<b>32.00</b>
									<b>Missed Meals</b> 0.00

I certify that I'm familiar with RH's Meal and Rest Period Policy. The policy provides for meal and rest periods that I'm entitled, encouraged and expected to take. Clients must adhere to RH's policy.

I certify I've checked the Missed Meal box for any Missed, Late, or Short Meal Period when I wasn't relieved of all duty or was impeded or discouraged from taking a meal period.

I certify I've reported to my Robert Half manager, the branch director or Customer Service at 888-744-9202, or pay.timereporting@roberthalf.com all instances when I wasn't provided or was impeded or discouraged from taking a meal period or rest period.

Questions? Contact Customer Service at 888-744-9202 or pay.timereporting@roberthalf.com.

**Employee Authorization**

Hours entered by employee were submitted electronically.

**Electronically Submitted on** 9/3/24 7:47:04 AM PDT

**by** Abbey Rhodes

**Client Approval**

The Total Hours as shown on this timesheet were approved electronically.

**Electronically Approved on** 9/3/24 1:42:59 PM PDT

**by** Morgan Soule



August 22, 2024

**Personal & Confidential**  
MORGAN SOULE  
RHODIUM SHARED SERVICES LLC  
4146 W. US HWY 79  
ROCKDALE, TX 76567

Job Order Number: 04130-0013048391

Dear Morgan,

Thank you for selecting Robert Half to meet your talent solutions needs. Abbey Rhodes is scheduled to start with Rhodium Shared Services LLC as a Paralegal on 08-22-2024. As agreed, we will invoice your firm at the rate of \$80.00 per hour. Overtime will be billed at 1.50 times such rate. Please find the enclosed General Conditions of Engagement and Terms of Payment for your review.

Our professional will submit a time report for verification and approval at the end of each week. Your approval thereby will indicate you have read and agree to the enclosed General Conditions of Engagement and Terms of Payment.

Please do not hesitate to contact us if you have any questions or we can be of additional service. We look forward to working with you.

Sincerely,

Robert Half  
11700 Katy Freeway, 4th Floor  
Energy Tower Suite 400  
Houston, TX 77079  
(800) 870-8367

**GENERAL CONDITIONS OF ENGAGEMENT - FULL-TIME ENGAGEMENT PROFESSIONAL**

Thank you for your confidence in *Robert Half*. The following General Conditions of Engagement and the enclosed Terms of Payment apply to this engagement.

<b>Scope of Background Inquiries</b>	If our professional holds a license to practice law from the bar association of any U.S state, we request confirmation of that licensure or certification. We generally conduct these checks the first time we place our professional on an engagement and not at any other points in time.
<b>Scope of Engagement</b>	<p>Our professional is only authorized to perform work within the scope of the engagement. It is your responsibility to provide appropriate direction, guidance or oversight to our professional for satisfactory performance on your engagement. You will not permit our professional to use computers or other electronic devices, software, services, tools, e-mail accounts or network equipment owned or licensed by our professional.</p> <p>It is expressly understood that our professionals are not authorized to sign contracts, statements, or binding agreements on your behalf or on behalf of <i>Robert Half</i>.</p>
<b>Client's Responsibility</b>	<p><b>It is understood that you are responsible for implementing and maintaining usual, customary and appropriate internal accounting procedures and controls, internal controls and other appropriate procedures and controls (including information technology, proprietary information, creative designs and trade secret safeguards) for your company or law firm and we shall not be responsible for any losses, liabilities or claims arising from the lack of such controls or procedures. Please notify us immediately if you require <i>Robert Half</i> to perform background checks or other placement screenings of our professional. We will conduct such checks or screenings for you only if they are described in a signed, written amendment to these General Conditions of Engagement.</b></p> <p><b><i>Cash Handling and Other Financial Transactions and Activities:</i></b> If you permit or allow our professional to sign, endorse, wire, transport or otherwise convey cash, securities, checks, or any negotiable instruments or valuables, or conduct financial transactions or other related activities, you accept sole responsibility for all claims, demands and liability that may arise from permitting these activities. You represent and warrant that to the extent you permit or allow our professional to engage in the activities described in this paragraph, you will not permit or allow our professional to handle more than (i) \$1,000 per day if you are a non-profit entity, or (ii) \$25,000 per day if you are a for-profit entity.</p> <p><b><i>Workplace Safety:</i></b> It is understood that you have full responsibility for: (i) providing safe working conditions as required by law, including compliance with all public health and occupational safety regulations and guidelines applicable to your business, and (ii) ensuring that safety plans exist for, and safety related training is provided to, our professional working on your premises. To ensure the safety of potentially vulnerable individuals on your premises, you agree not to permit our professional to have unsupervised or unmonitored contact with (1) minors or (2) adults who are under your care, custody or supervision because of mental health impairments.</p> <p><b><i>Government Contracts:</i></b> If this engagement is for work to be performed under a government contract or subcontract, you will notify us immediately (1) of any obligations in the government contract or subcontract relating to wages, and (2) if we are legally required to initiate E-Verify verification procedures for our professional.</p> <p><b><i>Operation of Vehicles and Equipment:</i></b> It is understood that we will not authorize our professional to operate machinery (other than office machines) or vehicles. If you wish to permit our professional to drive for business purposes, you accept sole responsibility for all liability, damages, injuries or other claims that may arise or be incurred as a result of driving. If you require our professional to drive a vehicle owned by you or an employee of your company, you agree to maintain such vehicle in good working condition and maintain all necessary and appropriate insurance for the operation of such vehicle. Under no circumstances will you permit our professional to: make bank deposits; carry cash in excess of \$100, negotiable instruments or other valuables while driving; or have passengers in the vehicle. It is agreed that you accept full responsibility for, and that we do not maintain insurance to cover any injury, damage, or loss that may result from your failure to comply with the foregoing.</p> <p><b><i>Claims:</i></b> It is understood that you are responsible for reporting any claim to us in writing during or within ninety (90) days after the engagement. Under no circumstance will <i>Robert Half</i> be responsible for any claim related to the engagement, including but not limited to work performed by our professional, unless you have reported such claim in writing to us within ninety (90) days after termination of the engagement.</p>
<b>Remote Work</b>	You may request that our professional provide services to you remotely (i.e., from a location other than your or your customer's premises) using a laptop and/or other computer or telecommunications equipment provided by you or <i>Robert Half</i> (collectively, the "Equipment").



<b>Remote Work - Continued</b>	In such case, you acknowledge and agree that <i>Robert Half</i> shall have no control over, and you shall be solely responsible for, (i) the logical and physical performance, reliability and security of the Equipment or related devices, network accessibility and availability, software, services, tools and e-mail accounts (collectively, "Computer Systems") used by our professional, and (ii) the security, integrity and backing up, of the data and other information stored therein or transmitted thereby. Moreover, you must not permit our professional to save or store any of your files or other data on the Computer Systems provided by us (including, but not limited to, any virtual desktop infrastructure solution). You agree that we shall not be liable for any loss, damage, expense, harm, business interruption or inconvenience resulting from the use of such Computer Systems.
<b>Placement of Licensed Attorneys</b>	<p>In order to satisfy the requirements of the various state bars and similar organizations that regulate the practice of law, our placement of licensed attorneys (as project attorneys or in a non-attorney role, hereafter "Project Attorneys") with you is subject to the following terms and conditions:</p> <p>You acknowledge and accept that our Project Attorneys will perform all duties under your management, supervision, direction and guidance within their skills related to the engagement, except they are not authorized to directly represent any party, person, entity or organization, sign contracts, statements, pleadings, affidavits or declarations, correspondence with court officials, term sheets, settlement agreements or take or defend depositions, appear as the lawyer of record in any court or legal proceeding, including, but not limited to, any court hearings, arbitrations, settlement conferences, mediations or depositions, or render legal opinions on behalf of <i>Robert Half</i>, you or any other party, person, entity, or organization while on engagement.</p> <p>Each Project Attorney will be under the management, supervision, direction and guidance of an employee or partner of your firm or legal department who is an active member of the State Bar or otherwise authorized to practice law in the state where the Project Attorney is providing services. You will provide this supervision, determine that the Project Attorney has the requisite knowledge and skill level, furnish all necessary resources to the Project Attorney and take all appropriate steps to protect client confidential information without any participation by <i>Robert Half</i>.</p> <p>You will consult with each proposed Project Attorney prior to any engagement to determine that any previous services performed by the Project Attorney will not create a conflict of interest, including, but not limited to a risk disclosure of client confidential information or present other ethical issues. If you determine that such a conflict of interest or other ethical issue exists, inform us immediately, and we will provide a replacement attorney with no charge to you for the time spent by the Project Attorney participating in this preliminary ethical determination.</p> <p>You acknowledge and accept that: (i) <i>Robert Half</i> is not a law firm and is not licensed to practice law and has not been retained to provide legal advice or services; (ii) <i>Robert Half</i> will not be involved in the planning, review, execution or completion of any legal project; (iii) <i>Robert Half</i> does not limit the amount of time our Project Attorney may spend on any particular matter; (iv) <i>Robert Half</i> will not have any control over the matters our Project Attorney may handle or the manner in which they are handled; and (v) neither you nor <i>Robert Half</i> will require our Project Attorney to take any matter in which there is a potential conflict of interest, including, but not limited to, a risk disclosure of client confidential information or any other ethical issues.</p>
<b>Limitation on Liability</b>	We make no express or implied warranty, including, but not limited to, any warranty of quality, performance, merchantability or fitness for any purpose with respect to any services performed or any goods provided, including, but not limited to, financial or accounting services performed, or software developed, for you. Under no circumstances are we liable for any special, incidental, exemplary, indirect damages, lost profits or consequential damages (including, but not limited to, lost business, revenue, goodwill, or anticipated savings), even if informed of the possibility. Our liability, if any, will (in the aggregate for all claims, causes of action or damages) be limited to any actual direct damages up to an amount equal to the fees actually paid by you to us for the services that are the subject of the claim, regardless of the basis on which you are entitled to claim damages from us (including, but not limited to, fundamental breach, negligence, misrepresentation, or other contract or tort claim).
<b>Confidentiality</b>	<p>Our professional will agree to execute any confidentiality agreement you may require. You are responsible for obtaining our professional's signature.</p> <p>You agree to hold in confidence the social security number and other legally protected personal information of our professional and to implement and maintain reasonable security procedures and practices to protect such information from unauthorized access, use, modification or disclosure.</p>
<b>Insurance</b>	In addition to workers' compensation insurance for our professional, we also maintain commercial liability insurance. <i>Robert Half</i> maintains no legal malpractice insurance covering Project Attorneys. Accordingly, you waive any right of recovery against <i>Robert Half</i> arising out of the work product or services provided or not provided by any Project Attorneys assigned by <i>Robert Half</i> .
<b>No Contrary Agreements</b>	These General Conditions of Engagement contain the complete and final agreement on the topics they address, and they supersede any prior agreements or understandings on these topics. Our professionals do not have authority either to verbally modify these General Conditions of Engagement or to assume additional responsibilities other than those set forth in these General Conditions of Engagement.

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Date: 08-22-2024

## FULL-TIME ENGAGEMENT PROFESSIONAL TERMS OF PAYMENT

Thank you for your confidence in *Robert Half*. Our professional for this engagement of Paralegal is Abbey Rhodes. The engagement will start on 08-22-2024. As agreed or otherwise communicated, we will invoice your firm at the rate of \$80.00 per hour. Should you wish to use our professional for other engagements, please let us know. The hourly billing rate may then change to reflect the experience necessary for the engagement. Call *Robert Half* for any changes in the engagement. We request a minimum thirty (30) days' notice prior to ending any engagement.

The following Terms of Payment apply to this engagement:

<b>Guarantee</b>	<i>Robert Half</i> guarantees your satisfaction with our professional's services by extending to you a 37.5 hours guarantee period. If, for any reason, you are dissatisfied with our professional, <i>Robert Half</i> will not charge for the first 37.5 hours of work by the professional, provided that <i>Robert Half</i> is allowed to replace the professional. Unless you contact us before the end of the first 37.5 hours of work, you agree that our professional is satisfactory.
<b>Time Report</b>	Our professional will submit a time report for verification and approval at the end of each week. Your approval thereby indicates your acknowledgement of the General Conditions of Engagement and these Terms of Payment. Our compensation to our professional is on a weekly basis, and you will be billed weekly for the total hours of work by the professional, including time spent completing, revising, and/or resubmitting a time report during business hours, and we ask that you respect those guidelines. Because <i>Robert Half</i> invoices reflect payroll we have already paid, our invoices are due upon receipt. Applicable sales and service taxes shall be added to these invoices. In the event that you fail to pay the invoice when due, you agree to pay all of our costs of collection, including reasonable attorneys' fees, whether or not legal action is initiated. Additionally, we may, at our option, charge interest on any overdue amounts at a rate of the lesser of 1 1/2% per month or the highest rate allowed by applicable law from the date the amount first became due.
<b>Project Attorney Fees</b>	The fees paid to <i>Robert Half</i> are solely for locating, recruiting and paying Project Attorneys and no portion of such amount shall be deemed to represent legal fees paid to <i>Robert Half</i> .
<b>Overtime</b>	Overtime will be billed at 1.50 times the normal billing rate. Overtime applies when hours of work by the professional exceed 40 hours per week (and in California exceed more than 8 hours in a day and as other state laws may require). If state law requires double time pay, the double time hours will be billed at 2.00 times the normal billing rate.
<b>Hiring the Person Referred to You</b>	<p>Our professionals are salaried employees of <i>Robert Half</i> whom clients are discouraged from directly hiring. You agree to seek our permission before you hire our Full-Time Engagement Professional. You also agree to pay a conversion fee if you hire our professional, regardless of the employment classification, on either a full-time, temporary (including temporary engagements through another agency) or consulting basis within twelve months after the last day of the engagement. You also agree to pay a conversion fee if our professional is hired by (i) a subsidiary or other related company or business as a result of your referral of our professional to that company or (ii) one of your customers as a result of our professional providing services to that customer.</p> <p>The conversion fee will equal 50% of the professional's aggregate annual compensation, including bonuses.</p> <p>The conversion fee will be owed and invoiced upon your hiring of our professional, and payment is due upon receipt of this invoice. The same calculation will be used if you convert our professional on a part-time basis using the full-time equivalent salary.</p>
<b>Employment Taxes and Withholdings</b>	<i>Robert Half</i> will handle, to the extent applicable, any workers' compensation insurance, federal, state and local withholding taxes and unemployment taxes, as well as social security, state disability insurance or other payroll charges.
<b>General Conditions</b>	<p><i>Robert Half</i> may charge you a technology fee for the provision of equipment or technology, if you request that our professional use equipment or technology provided by us. <i>Robert Half</i> may also increase our rates provided under the Terms of Payment to reflect increases in our own costs of doing business, including costs associated with higher wages for workers and/or related tax, benefit and other costs. We will provide written or verbal notice of the technology fees and/or increase in our rates. Any increase in our rates will be prospective, starting as of the effective date <i>Robert Half</i> specifies.</p> <p>A copy of the General Conditions of Engagement has been provided to you. We reserve the right to replace our professional.</p>

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