

Fill in this information to identify the case:

Debtor CapRock Communications Pte. Ltd.

United States Bankruptcy Court for the: Southern District of Texas
(State)

Case number 20-32246

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 or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. **Who is the current creditor?** AMBIUS INC.
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Rentokil North America

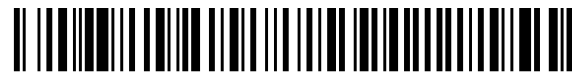
2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**

<p>Where should notices to the creditor be sent?</p> <p>AMBIUS INC. Tara Conard Attn: Bankruptcy Team 1125 Berkshire Blvd., Ste 150 Reading, PA 19610, United States</p> <p>Contact phone <u>844-839-9591 x 25163</u></p> <p>Contact email <u>tara.conard@rentokil.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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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: 4497 _____

7. How much is the claim? \$ 2621.04. 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.
Services Performed

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

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

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 07/21/2020
MM / DD / YYYY

/s/Tara Conard
Signature

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

Name Tara Conard
First name Middle name Last name

Title Bankruptcy Specialist

Company Rentokil North America
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 709-4758 | International (424) 236-7236

Debtor: 20-32246 - CapRock Communications Pte. Ltd.		
District: Southern District of Texas, Houston Division		
Creditor: AMBIUS INC. Tara Conard Attn: Bankruptcy Team 1125 Berkshire Blvd., Ste 150 Reading, PA, 19610 United States Phone: 844-839-9591 x 25163 Phone 2: Fax: Email: tara.conard@rentokil.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor: Rentokil North America	Amends Claim: No Acquired Claim: No	
Basis of Claim: Services Performed	Last 4 Digits: Yes - 4497	Uniform Claim Identifier:
Total Amount of Claim: 2621.04	Includes Interest or Charges: Yes	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Tara Conard on 21-Jul-2020 12:49:55 p.m. Eastern Time Title: Bankruptcy Specialist Company: Rentokil North America		



RENTOKIL NORTH AMERICA, INC.
 1125 Berkshire Blvd.
 Suite 150
 Wyomissing, PA 19610
 Connect with Ambius

INVOICE

Invoice Date 4/1/2020 **Invoice Number** 004497HR417067
Delivery Date **Page No.** 1 of 1


Representative
 LUCY GONZALEZ
Transaction Type
 MONTHLY BILL FOR 4/2020

Bill To:
004497

3989 1 AB 0.419 12 Return Service Requested
 IWL COMMUNICATIONS, INC. Seq# 003989
 DBA Caprock Communication
 4400 S Sam Houston Pkwy E
 Houston, TX 77048-5902



Ambius (15)-Houston
 Phone: 713/783-4500
 atyourservice@ambius.com

Contract #	Transactions	PO Number	Amount	Tax	Total
	Ship To: 0001 HARRIS CAPROCK 4400 S SAM HOUSTON PKWY E HOUSTON, TX 77048-0000				
54568	Rotation Program	VMDAVENTPORT	\$35.00	\$2.89	\$37.89
54868	Maintenance Service	VMDAVENTPORT	\$267.66	\$22.08	\$289.74
<p>For questions or to set up paperless invoicing please call 855-239-0053 or email atyourservice@ambius.com Your next regular invoice will reflect a nominal adjustment</p> 					
<p>FEIN 23-1568350 Payment Options : EFT or Direct Debit, send information to eft.coordinator-us@ambius.com. Checks will be converted to a one time electronic funds transfer; opt out, written notice to address on invoice. Invoice/Billing solution: First contact billing phone number on invoice, not resolved call 866-787-5268.</p>			<p>Total Amount \$302.66 Total Sales Taxes \$24.97 * Please Pay* \$327.63</p>		

DETACH AND RETURN THIS REMITTANCE STUB WITH PAYMENT

TERMS: NET 10 DAYS PAYABLE IN US DOLLARS

DO NOT FOLD, STAPLE, TAPE, OR MUTILATE THIS STUB WHEN RETURNING PAYMENT

IWL COMMUNICATIONS, INC.- Acct# 004497

00449715417067 000032763 6

DO NOT SEND LEGAL NOTICE OR CORRESPONDENCE TO THIS PO BOX.

Please Remit To
Ambius (15)
PO Box 14086
Reading, PA 19612

Amount Due: \$327.63

Total Paid _____



*A 2% SERVICE CHARGE WILL BE MADE ON ALL PAST DUE 30 DAYS.
 APR.24% MINIMUM SERVICE CHARGE FOR PAST DUE IS .50.





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 Suite 150
 Wyomissing, PA 19610
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*****INVOICE*****

Invoice Date 3/1/2020 **Invoice Number** 004497HR416155
Delivery Date **Page No.** 1 of 1

Representative
 LUCY GONZALEZ
Transaction Type
 MONTHLY BILL FOR 3/2020

Bill To:
004497

4888 1 AB 0.419 16 Return Service Requested
 IWL COMMUNICATIONS, INC. Seq# 004888
 DBA Caprock Communication
 4400 S Sam Houston Pkwy E
 Houston, TX 77048-5902



Ambius (15)-Houston
 Phone: 713/783-4500
 atyourservice@ambius.com

Contract #	Transactions	PO Number	Amount	Tax	Total	
	Ship To: 0001 HARRIS CAPROCK 4400 S SAM HOUSTON PKWY E HOUSTON, TX 77048-0000					
54568	Rotation Program	VMDAVENPORT	\$35.00	\$2.89	\$37.89	
54868	Maintenance Service	VMDAVENPORT	\$267.66	\$22.08	\$289.74	
For questions or to set up paperless invoicing please call 855-239-0053 or email atyourservice@ambius.com						
					Total Amount	\$302.66
					Total Sales Taxes	\$24.97
					* Please Pay*	\$327.63



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PO Box 14086
Reading, PA 19612

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Total Paid _____



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 Suite 150
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*****INVOICE*****

Invoice Date 2/1/2020 **Invoice Number** 004497HR415239
Delivery Date **Page No.** 1 of 1

Representative
 LUCY GONZALEZ
Transaction Type
 MONTHLY BILL FOR 2/2020

Bill To:
004497

5109 1 AB 0.419 17 Return Service Requested
 IWL COMMUNICATIONS, INC. Seq# 005109
 DBA Caprock Communication
 4400 S Sam Houston Pkwy E
 Houston, TX 77048-5902



Ambius (15)-Houston
 Phone: 713/783-4500
 atyourservice@ambius.com

Contract #	Transactions	PO Number	Amount	Tax	Total	
	Ship To: 0001 HARRIS CAPROCK 4400 S SAM HOUSTON PKWY E HOUSTON, TX 77048-0000					
54568	Rotation Program	VMDAVENPORT	\$35.00	\$2.89	\$37.89	
54868	Maintenance Service	VMDAVENPORT	\$267.66	\$22.08	\$289.74	
For questions or to set up paperless invoicing please call 855-239-0053 or email atyourservice@ambius.com						
					Total Amount	\$302.66
					Total Sales Taxes	\$24.97
					* Please Pay*	\$327.63



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Reading, PA 19612

Amount Due: \$327.63

Total Paid _____



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 Suite 150
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INVOICE

Invoice Date 1/1/2020 **Invoice Number** 004497HR414254
Delivery Date **Page No.** 1 of 1

Representative
 LUCY GONZALEZ
Transaction Type
 MONTHLY BILL FOR 1/2020

Bill To:
004497

4462 1 AB 0.412 13 Return Service Requested
 IWL COMMUNICATIONS, INC. Seq# 004462
 DBA Caprock Communication
 4400 S Sam Houston Pkwy E
 Houston, TX 77048-5902



Ambius (15)-Houston
 Phone: 713/783-4500
 atyourservice@ambius.com

Contract #	Transactions	PO Number	Amount	Tax	Total	
	Ship To: 0001 HARRIS CAPROCK 4400 S SAM HOUSTON PKWY E HOUSTON, TX 77048-0000					
54568	Rotation Program	VMDAVENPORT	\$35.00	\$2.89	\$37.89	
54868	Maintenance Service	VMDAVENPORT	\$267.66	\$22.08	\$289.74	
For questions or to set up paperless invoicing please call 855-239-0053 or email atyourservice@ambius.com						
					Total Amount	\$302.66
					Total Sales Taxes	\$24.97
					* Please Pay*	\$327.63



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Total Paid _____



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*****INVOICE*****

Invoice Date 12/1/2019 **Invoice Number** 004497HR413230
Delivery Date **Page No.** 1 of 1

Representative
 LUCY GONZALEZ
Transaction Type
 MONTHLY BILL FOR 12/2019

Bill To:
004497

4863 1 AB 0.412 16 Return Service Requested
 IWL COMMUNICATIONS, INC. Seq# 004863
 DBA Caprock Communication
 4400 S Sam Houston Pkwy E
 Houston, TX 77048-5902



Ambius (15)-Houston
 Phone: 713/783-4500
 atyourservice@ambius.com

Contract #	Transactions	PO Number	Amount	Tax	Total	
	Ship To: 0001 HARRIS CAPROCK 4400 S SAM HOUSTON PKWY E HOUSTON, TX 77048-0000					
54568	Rotation Program	VMDAVENPORT	\$35.00	\$2.89	\$37.89	
54868	Maintenance Service	VMDAVENPORT	\$267.66	\$22.08	\$289.74	
For questions or to set up paperless invoicing please call 855-239-0053 or email atyourservice@ambius.com						
					Total Amount	\$302.66
					Total Sales Taxes	\$24.97
					* Please Pay*	\$327.63



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INVOICE

Invoice Date 9/1/2019 **Invoice Number** 004497HR410155
Delivery Date **Page No.** 1 of 1

Representative
 LUCY GONZALEZ
Transaction Type
 MONTHLY BILL FOR 9/2019

Bill To:
004497

6209 1 AB 0.412 23 Return Service Requested
 IWL COMMUNICATIONS, INC. Seq# 006209
 DBA CAPROCK COMMUNICATION
 4400 S SAM HOUSTON PKWY E
 HOUSTON, TX 77048-5902



Ambius (15)-Houston
 Phone: 713/783-4500
 atyourservice@ambius.com

Contract #	Transactions	PO Number	Amount	Tax	Total	
	Ship To: 0001 HARRIS CAPROCK 4400 S SAM HOUSTON PKWY E HOUSTON, TX 77048-0000					
54568	Rotation Program	VMDAVENPORT	\$35.00	\$2.89	\$37.89	
54868	Maintenance Service	VMDAVENPORT	\$267.66	\$22.08	\$289.74	
For questions or to set up paperless invoicing please call 855-239-0053 or email atyourservice@ambius.com						
					Total Amount	\$302.66
					Total Sales Taxes	\$24.97
					* Please Pay*	\$327.63



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Reading, PA 19612

Amount Due: \$327.63

Total Paid _____



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*****INVOICE*****

Invoice Date 10/1/2019 **Invoice Number** 004497HR411075
Delivery Date **Page No.** 1 of 1

Representative
 LUCY GONZALEZ
Transaction Type
 MONTHLY BILL FOR 10/2019

Bill To:
004497

7838 1 AB 0.412 29 Return Service Requested
 IWL COMMUNICATIONS, INC. Seq# 007838
 DBA CAPROCK COMMUNICATION
 4400 S SAM HOUSTON PKWY E
 HOUSTON, TX 77048-5902



Ambius (15)-Houston
 Phone: 713/783-4500
 atyourservice@ambius.com

Contract #	Transactions	PO Number	Amount	Tax	Total	
	Ship To: 0001 HARRIS CAPROCK 4400 S SAM HOUSTON PKWY E HOUSTON, TX 77048-0000					
54568	Rotation Program	VMDAVENTPORT	\$35.00	\$2.89	\$37.89	
54868	Maintenance Service	VMDAVENTPORT	\$267.66	\$22.08	\$289.74	
For questions or to set up paperless invoicing please call 855-239-0053 or email atyourservice@ambius.com						
					Total Amount	\$302.66
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					* Please Pay*	\$327.63



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 Suite 150
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INVOICE

Invoice Date 11/1/2019 **Invoice Number** 004497HR412091
Delivery Date **Page No.** 1 of 1

Representative
 LUCY GONZALEZ
Transaction Type
 MONTHLY BILL FOR 11/2019

Bill To:
004497

2641 1 AB 0.412 14 Return Service Requested
 IWL COMMUNICATIONS, INC. Seq# 002641
 DBA Caprock Communication
 4400 S Sam Houston Pkwy E
 Houston, TX 77048-5902



Ambius (15)-Houston
 Phone: 713/783-4500
 atyourservice@ambius.com

Contract #	Transactions	PO Number	Amount	Tax	Total	
	Ship To: 0001 HARRIS CAPROCK 4400 S SAM HOUSTON PKWY E HOUSTON, TX 77048-0000					
54568	Rotation Program	VMDAVENPORT	\$35.00	\$2.89	\$37.89	
54868	Maintenance Service	VMDAVENPORT	\$267.66	\$22.08	\$289.74	
For questions or to set up paperless invoicing please call 855-239-0053 or email atyourservice@ambius.com						
					Total Amount	\$302.66
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					* Please Pay*	\$327.63



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