

Fill in this information to identify the case:

Debtor Sequential Brands Group, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 21-11194

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.

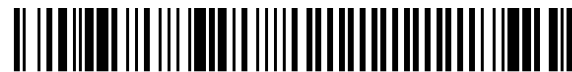
Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, 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?	<u>Joon</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Joon</u>	
	<u>Accounts Payable</u>	
	<u>4300 W Lake Mary Blvd #1010-346</u> <u>Lake Mary, FL 32746, USA</u>	
	Contact phone <u>407-792-3132</u>	Contact phone _____
	Contact email <u>payment@joon.us</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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: ___ _ _ _

7. How much is the claim? \$ 191.69. 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.
Telephone Services

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 11/03/2021
MM / DD / YYYY

/s/Michael Heinrich
Signature

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

Name Michael Heinrich
First name Middle name Last name

Title President

Company Joon
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 (866) 556-7696 | International 001-310-823-9000

Debtor: 21-11194 - Sequential Brands Group, Inc.		
District: District of Delaware		
Creditor: Joon Accounts Payable 4300 W Lake Mary Blvd #1010-346 Lake Mary, FL, 32746 USA Phone: 407-792-3132 Phone 2: 833-439-5666 Fax: 717-232-9960 Email: payment@joon.us	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Telephone Services	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 191.69	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: Michael Heinrich on 03-Nov-2021 4:50:38 p.m. Eastern Time Title: President Company: Joon		



4300 W. Lake Mary Blvd.
 Suite 1010-346
 Lake Mary, Florida 32746
 Phone: [833-HEY-JOON](tel:833-HEY-JOON)
 Email: payment@joon.us

INVOICE

Invoice# 014602

Balance Due

\$707.91

Past Due Invoices Included

Sequential Brands Group

1407 Broadway 38th Floor
 New York, NY 10001-5100

Invoice Date : 06/01/21

Due Date : 06/30/21

Service Month : July

Description	Qty	Rate	Amount
MAY Charges	0.00	0.00	0.00
Late Fee	469.51	0.015	7.04
JULY Charges	0.00	0.00	0.00
300 Fax Extension	1.00	15.00	15.00
Voice Quality Appliance	1.00	10.00	10.00
Conference Bridge	5.00	7.00	35.00
Courtesy Ring Extension	3.00	20.00	60.00
E911 Address	1.00	2.50	2.50
Bundle of outbound minutes for service month	500.00	0.02	10.00
Phone Numbers	9.00	5.00	45.00
Toll Free Numbers	1.00	5.00	5.00
Local Gross Receipts Tax	1.00	2.37	2.37
State Sales Tax	1.00	6.71	6.71
County Sales Tax	1.00	7.55	7.55
Metro Commuter Trans. District	1.00	0.63	0.63
Ny Mta Surchg On Excise Tax	1.00	0.59	0.59
Ny State Excise Tax	1.00	2.47	2.47
Federal Universal Service Fund	1.00	25.45	25.45
Federal Cost Recovery Fee	1.00	1.00	1.00
Federal TRS Fund	1.00	1.08	1.08

Description	Qty	Rate	Amount
Nyc E-911 Surcharge	1.00	1.00	1.00
Fcc Fee - Toll Free Number	1.00	0.01	0.01

Subtotal	\$238.40
Balance Forward Applied	(-) 0.00
Adjustments Applied	(-) 0.00
Invoice Due	\$238.40

4300 W. Lake Mary Blvd. Suite 1010-346. Lake Mary, Florida 32746



Joon

4300 W. Lake Mary Blvd.
Suite 1010-346
Lake Mary, Florida 32746
Phone: 833-HEY-JOON
Email: payment@joon.us

CREDIT NOTE

Credit Note# CN-00325

Credits Remaining
\$0.00

Sequential Brands Group

1407 Broadway 38th Floor
New York, NY

Credit Note Date : 07/01/21

Service Month : August

Description	Qty	Rate	Amount
JUNE Charges	0.00	0.00	0.00
300 Fax Extension	1.00	7.50	7.50
Conference Bridge	4.00	3.50	14.00
Courtesy Ring Extension	2.00	10.00	20.00
Late Fee	238.40	-0.015	-3.58
Phone Numbers	8.00	2.50	20.00
Toll Free Numbers	1.00	2.50	2.50
JULY Charges	0.00	0.00	0.00
300 Fax Extension	1.00	15.00	15.00
Conference Bridge	4.00	7.00	28.00
Courtesy Ring Extension	2.00	20.00	40.00
Phone Numbers	8.00	5.00	40.00
Toll Free Numbers	1.00	5.00	5.00
AUGUST Charges	0.00	0.00	0.00
Voice Quality Appliance	1.00	-10.00	-10.00
Conference Bridge	1.00	-7.00	-7.00
Courtesy Ring Extension	1.00	-20.00	-20.00

Description	Qty	Rate	Amount
Bundle of outbound minutes for service month	500.00	-0.02	-10.00
Extra toll free minutes for month June	4.90	-0.039	-0.19
Phone Numbers	1.00	-5.00	-5.00
State Sales Tax	1.00	4.92	4.92
County Sales Tax	1.00	5.53	5.53
Metro Commuter Trans. District	1.00	0.46	0.46
Ny Mta Surchg On Excise Tax	1.00	0.41	0.41
Ny State Excise Tax	1.00	1.74	1.74
Local Gross Receipts Tax	1.00	1.30	1.30
Federal Universal Service Fund	1.00	24.62	24.62
Federal Cost Recovery Fee	1.00	0.93	0.93
Federal TRS Fund	1.00	1.02	1.02
Fcc Fee - Toll Free Number	1.00	0.02	0.02

Subtotal 177.18

Total \$177.18

Credits Used (-) 177.18

Credits Remaining \$0.00





4300 W. Lake Mary Blvd.
 Suite 1010-346
 Lake Mary, Florida 32746
 Phone: 833-HEY-JOON
 Email: payment@joon.us

INVOICE

Invoice# 015540

Balance Due

\$125.96

Past Due Invoices Included

Sequential Brands Group

1407 Broadway 38th Floor
 New York, NY 10001-5100

Invoice Date : 08/01/21

Due Date : 08/31/21

Service Month : September

Description	Qty	Rate	Amount
JULY Charges	0.00	0.00	0.00
Late Fee	61.22	0.015	0.92
SEPTEMBER Charges	0.00	0.00	0.00
Voice Quality Appliance	1.00	10.00	10.00
Conference Bridge	1.00	7.00	7.00
Courtesy Ring Extension	1.00	20.00	20.00
Bundle of outbound minutes for service month	500.00	0.02	10.00
Phone Numbers	1.00	5.00	5.00
Local Gross Receipts Tax	1.00	0.73	0.73
State Sales Tax	1.00	2.00	2.00
County Sales Tax	1.00	2.25	2.25
Metro Commuter Trans. District	1.00	0.19	0.19
Ny Mta Surchg On Excise Tax	1.00	0.18	0.18
Ny State Excise Tax	1.00	0.75	0.75
Federal Universal Service Fund	1.00	5.32	5.32
Federal Cost Recovery Fee	1.00	0.18	0.18
Federal TRS Fund	1.00	0.22	0.22

Subtotal \$64.74

Balance Forward Applied (-) 0.00

Adjustments Applied (-) 0.00

Invoice Due

\$64.74



4300 W. Lake Mary Blvd. Suite 1010-346. Lake Mary, Florida 32746



4300 W. Lake Mary Blvd.
 Suite 1010-346
 Lake Mary, Florida 32746
 Phone: 833-HEY-JOON
 Email: payment@joon.us

INVOICE

Invoice# 016007

Balance Due
\$191.69

Past Due Invoices Included

Sequential Brands Group

1407 Broadway 38th Floor
 New York, NY 10001-5100

Invoice Date : 09/01/21
 Due Date : 09/30/21
 Service Month : October

Description	Qty	Rate	Amount
AUGUST Charges	0.00	0.00	0.00
Late Fee	125.96	0.015	1.89
OCTOBER Charges	0.00	0.00	0.00
Voice Quality Appliance	1.00	10.00	10.00
Conference Bridge	1.00	7.00	7.00
Courtesy Ring Extension	1.00	20.00	20.00
Bundle of outbound minutes for service month	500.00	0.02	10.00
Phone Numbers	1.00	5.00	5.00
Local Gross Receipts Tax	1.00	0.75	0.75
State Sales Tax	1.00	2.00	2.00
County Sales Tax	1.00	2.25	2.25
Metro Commuter Trans. District	1.00	0.19	0.19
Ny Mta Surchg On Excise Tax	1.00	0.18	0.18
Ny State Excise Tax	1.00	0.75	0.75
Federal Universal Service Fund	1.00	5.32	5.32
Federal Cost Recovery Fee	1.00	0.18	0.18
Federal TRS Fund	1.00	0.22	0.22

Subtotal **\$65.73**

Balance Forward Applied (-) 0.00

Adjustments Applied (-) 0.00

Invoice Due

\$65.73



4300 W. Lake Mary Blvd. Suite 1010-346. Lake Mary, Florida 32746

UNIVERSITY OF CHINA