

RECLAIMS: { 03235-000
consolidated { 125565-000
31156-000

September 28, 2019

Mr. Stephen Darr, Trustee
Chapter 11 Trustee and Clerk of the Bankruptcy Court:

CASE No. 14-40987; 40988;
40989-MS

Pursuant to the order by Honorable Melvin S. Hoffman for requirement to file in writing an Objection to the disposition by the Trustee, Stephen Darr, by October 7th, 2019, by email to you (here), and copy sent to the court.

As stated below in my email to the Trustee and the court, Croft Investments Limited Partnership has filed our claim on the forms provided multiple times since we received multiple notices and assumed our first filings did not go through due to the multiple notices. Therefore we have three claim numbers for the same single claim, all of which the Trustee has rejected, without providing a reason. We lost money in this scam and want to be included in any recovery. Attached is proof of our claim and at least let me know why you are rejecting our claim as we invested just prior to the company being closed down as a fraud.

Best Regards,

Milton H. Barbarosh, CPA/ABV, ASA, CGMA, MBA
Founder and Chief Investment Officer
Croft Investments Limited Partnership

Mailing Address:

265 S. Federal Hwy., #340
Deerfield Beach, FL 33441

561-361-1866 (Office)

561-843-5757 (Cell)

mbarbarosh@icloud.com

Office Address:

1143 West Newport Center Drive
Deerfield Beach, FL 33442

www.croftinvestmentslp.com

<https://www.linkedin.com/in/miltonbarbarosh>

U.S. BANKRUPTCY COURT
2019 OCT -2 A 11:01



UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS

In Re:)	
)	
)	Chapter 11
)	
TELEXFREE, LLC,)	Case No. 14-40987-MSH
TELEXFREE, INC.,)	Case No. 14-40988-MSH
TELEXFREE FINANCIAL, INC.,)	Case No. 14-40989-MSH
)	
Debtors.)	Jointly Administered

**NOTICE OF (I) Second OMNIBUS OBJECTION TO CLAIMS,
(II) DEADLINE TO SUBMIT RESPONSE,
AND (III) SCHEDULING OF NON-EVIDENTIARY HEARING**

PLEASE TAKE NOTICE that on August 30, 2019, Stephen Darr (the "Trustee"), the Chapter 11 Trustee of the bankruptcy estates (the "Estates") of TelexFree LLC, TelexFree Inc and TelexFree Financial Inc. (the "Debtors") filed the Second Omnibus Objection to Claims (the "Objection").¹ If you are receiving this Notice, you should identify your name and claim number on Exhibit A to the Objection, which is sorted by country name and by claim number.

PLEASE TAKE FURTHER NOTICE that a response to the Objection ("Response"), if any, must be filed in writing with the Court, by no later than October 7, 2019, at 4:30 PM (the "Objection Deadline") by mailing the Response to the following address:

Clerk of the Bankruptcy Court
John W. McCormack Post Office and Court House
5 Post Office Square Suite 1150
Boston, MA, 02109-3945

A copy of any such Response must also be sent electronically, no later than the Objection Deadline, to:

ClaimResponse@TelexFreeClaims.com.

See Attached

¹ Capitalized terms not otherwise defined herein shall have the meanings ascribed to them in the Objection.



Your Response must comply with the following terms:

- The Response must be in English
- The Response must indicate your name and Claim Number
- The Response must include all information and documentation as to why you are entitled to an allowed claim and why the Trustee's computation of your claim is not accurate.

PLEASE TAKE FURTHER NOTICE that in the event no Response to the Objection is timely filed with the Court, the Court may sustain the Objection in whole or in part and disallow your claim, or allow it in the amount proposed by the Trustee, without a hearing.

PLEASE TAKE FURTHER NOTICE that if you file a timely Response with the Court, the Court shall hold a hearing on your claim on Oct. 24, 2019, at 11:00 AM, before the following:

**Honorable Melvin S. Hoffman
United States Bankruptcy Court
John W. McCormack Post Office and Court House
5 Post Office Square, 12th floor
Boston, MA 02109-3945.**

The initial hearing, if any, on your claim shall be nonevidentiary, meaning that the Court will not require live testimony or introduction of exhibits.

If you timely file a Response, you may participate in the initial hearing by telephone by using the dial in number and access code that will be provided after the Objection Deadline. If you do not speak English, you will be required to supply your own interpreter at the hearing. If the Court determines the existence of a disputed and material issue of fact at the initial hearing, the Court may schedule another hearing, at which your attendance may be required.

PLEASE TAKE FURTHER NOTICE: Your rights may be affected. You should read this Notice, the Objection and any related documents carefully and discuss them with your attorney, if you have one. If you do not have an attorney, you may wish to consult one

STEPHEN DARR,
Chapter 11 Trustee,
By his counsel:

Harold B. Murphy (BBO #362610)
Andrew G. Lizotte (BBO #559609)
MURPHY & KING, Professional Corporation
One Beacon Street
Boston, MA 02108-3107

Dated: August __, 2019

762380

Milton Barbarosh

From: Milton Barbarosh <mbarbarosh@icloud.com>
Sent: Friday, November 23, 2018 9:12 AM
To: 'ClaimResponse@TelexFreeClaims.com'
Cc: 'Milton Barbarosh'
Subject: FW: TelexFree Claim No. 03235-000 Notice of Proposed Resolution of Claim
Attachments: Notice of Proposed Resolution of Claim.pdf; Exhibit A-1 Claim No. 03235-000.pdf; Exhibit A-1 Claim No. 31156-000.pdf; Exhibit A-1 Claim No. 125565-000.pdf

Dear Stephen B. Darr, the Chapter 11 bankruptcy trustee (the "Trustee") of TelexFree LLC, TelexFree Inc., and TelexFree Financial Inc. (together, "TelexFree"):

I have filed my claim on the forms provided multiple times since I received multiple notices and assumed my first filings did not go through due to the multiple notices.

I have now received from you three notices all stating the my submissions are not being honored because "A. User Account(s) Claimed by Other Participant(s)".

Can you tell me is there a forth submission that is being awarded our money? If so, please let me know what Claim No that is.

If not, one of the three claim should have been accepted and the other two rejected.

I put in the funds just a few month before the bankruptcy and was clearly defrauded. Can you please provide with an update and explanation.

To object, you must: (i) identify your Name and Claim Number as set forth above;

DONE

(ii) provide a statement of the reasons for your objection to this proposed claim resolution and match your statement to the specific Reference Numbers on Exhibit A-1;

DONE ABOVE

(iii) submit copies of any documents that you rely upon that were not previously uploaded as part of your Claim;

ALL UPLOADED AND YOU ACKNOWLEDGE RECEIPT IN ALL THREE EXHIBITS

and (iv) identify your Name and Claim number and how to contact you by telephone and electronic mail.

MY CONTACT INFORMATION IS BELOW.

You should respond directly to the email message that is sent to you regarding your claim.

DONE

If you are not replying directly to the email that you received, you must include your claim number in the subject line of your email.

REPLIED TO EMAIL ADDRESS PROVIDED

Your response should be in English. If your response is sent in another language, you must provide with the Claim Response a certified translation into English prepared by an interpreter certified by the Administrative Office of the United States Courts

IN ENGLISH

If you submit a Claim Response within 30 days of the date of receipt of this Notice, the Trustee will review the information that you have provided and will take one of three actions: (i) The Trustee may accept your response and allow your claim in the amount submitted through the Portal; (ii) The Trustee may propose a different amount to be

allowed as your claim; or (iii) The Trustee may reject your explanation and documents and file a formal objection with the Bankruptcy Court. In such event, you will have an opportunity to file a response with the Court and have an opportunity to be heard. If you fail to file a response to the Trustee's formal objection with the Bankruptcy Court, the Trustee may request that the Court approve the Conditionally Allowed Amount of Claim.

If you do not file a timely Claim Response, the Trustee may request that the Court approve the Conditionally Allowed Amount of Claim.

UNDERSTAND

Thank you for your immediate attention to this submission.

Best Regards,

Milton H. Barbarosh, CPA/ABV, ASA, CGMA, MBA
Founder and Chief Investment Officer
Croft Investments Limited Partnership

Mailing Address:

265 S. Federal Hwy., #340
Deerfield Beach, FL 33441

561-361-1866 (Office)

561-843-5757 (Cell)

mbarbarosh@icloud.com

Office Address:

1143 West Newport Center Drive
Deerfield Beach, FL 33442

www.croftinvestmentslp.com

<https://www.linkedin.com/in/miltonbarbarosh>

From: ClaimResponse <ClaimResponse@telexfreeclaims.com>

Sent: Thursday, August 23, 2018 4:04 AM

To: mbarbarosh@stentonleighbgroup.com

Subject: TelexFree Claim No. 03235-000 Notice of Proposed Resolution of Claim

Dear TelexFree Claimant:

You are receiving this email because the Trustee has reviewed your Claim and has proposed allowing your Claim in an amount different from the amount set forth in the Claim that you filed. If you filed more than one Claim you may receive more than one email.

Attached are the following related to your TelexFree Claim:

1. Notice of Proposed Resolution of Claim in English, Spanish and Portuguese
2. Exhibits A and A-1 to the Notice of Proposed Resolution of Claim

The Notice of Proposed Resolution of Claim provides important information regarding the process for contesting the Trustee's proposed claim resolution. Exhibit A-1 identifies the amount of your Claim as filed, the proposed conditionally

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: TelexFree, LLC 14-40987 TelexFree, Inc. 14-40988 TelexFree Financial, Inc. 14-40989	Case Number: 14-40987 14-40988 14-40989	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Croft Investment Limited Partnership		COURT USE ONLY
Name and address where notices should be sent: 265 S. Federal Hwy., #252, Deerfield Beach, FL 33441 Telephone number: (561) 843-5757 email: mbarbarosh@stentonleighgroup.com		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Croft Investments Limited Partnership 265 S. Federal Hwy., #252, Deerfield Beach, FL 33441 Telephone number: (561) 843-5757 email: mbarbarosh@stentonleighgroup.com		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>15,675.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>bought into the program 2/26/14</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 6 8 4 2	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>15,675.00</u>
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<input type="checkbox"/> Up to \$2,775* 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"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
		Amount entitled to priority: \$ _____
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

B10 (Official Form 10) (04/13)

2

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:


8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Milton Barbarosh, CPA
Title: President of the General Partnership
Company: Croft Investments Limited Partnership
Address and telephone number (if different from notice address above):


(Signature) _____ (Date) 06/13/2014

Telephone number: (561) 843-5757 email: mbarbarosh@stentonleighgroup.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).
If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
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.

7. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

mbarbarosh

From: Marcelo Teixeira <marcelo@marciakeratin.com>
Sent: Friday, February 21, 2014 11:03 AM
To: Milton
Subject: Team builder

Importance: High

Hi Milton,

This is the Team builder entry fee: \$15675

When you purchase 11 accounts it is a \$15675 money entry fee and you will get the money back in 3.5 months and make about \$1100 a week for the 1 year contract.

Should you need some extra information or would like me to do a phone conference or a webinar conference please advise. I personally purchased 25 accounts and I am making over \$2500 a week. You can bring people into this under your network anywhere in the world.

Kind regards,

Marcelo

mbarbarosh

From: Milton Barbarosh <mbarbarosh@icloud.com>
Sent: Saturday, May 03, 2014 2:31 PM
To: Milton Barbarosh
Subject: Fwd: In re TelexFree, LLC, Case No. 14-12524 (ABL) – Service by KCC on behalf of the Debtors

Best regards,
Milton H. Barbarosh
President
Stenton Leigh Group, Inc.

561-361-1866 Office
561-843-5757 Cell
561-361-1867 Fax
Mbarbarosh@stentonleighgroup.com
www.stentonleighgroup.com

Begin forwarded message:

From: TelexFree Noticing <Administrators@qgmail.com>
Date: April 28, 2014 at 9:01:52 PM EDT
To: mbarbarosh@icloud.com
Subject: In re TelexFree, LLC, Case No. 14-12524 (ABL) – Service by KCC on behalf of the Debtors
Reply-To: TelexFreeNoticing@kcellc.com

ID #: 16928159
Email Address: mbarbarosh@icloud.com

Please see below for a link to the following document related to the bankruptcy proceedings of TelexFree, LLC, et al., jointly administered under Case No. 14-12524 (ABL) (United States Bankruptcy Court, District of Nevada):

- [Notice of Chapter 11 Bankruptcy Cases, Meeting of Creditors, and Deadlines](#)

For additional information and documents relating to this case, please visit <http://www.kcellc.net/TelexFree>

mbarbarosh

From: Milton Barbarosh <mbarbarosh@icloud.com>
Sent: Saturday, May 03, 2014 2:31 PM
To: Milton Barbarosh
Subject: Fwd: In re TelexFree, LLC, Case No. 14-12524 (ABL) – Service by KCC on behalf of the Debtors

Best regards,
Milton H. Barbarosh
President
Stenton Leigh Group, Inc.

561-361-1866 Office
561-843-5757 Cell
561-361-1867 Fax
Mbarbarosh@stentonleighgroup.com
www.stentonleighgroup.com

Begin forwarded message:

From: TelexFree Noticing <Administrators@qgmail.com>
Date: April 28, 2014 at 9:05:33 PM EDT
To: mbarbarosh@icloud.com
Subject: In re TelexFree, LLC, Case No. 14-12524 (ABL) – Service by KCC on behalf of the Debtors
Reply-To: TelexFreeNoticing@kccllc.com

ID #: 16927811
Email Address: mbarbarosh@icloud.com

Please see below for a link to the following document related to the bankruptcy proceedings of TelexFree, LLC, et al., jointly administered under Case No. 14-12524 (ABL) (United States Bankruptcy Court, District of Nevada):

- [Notice of Chapter 11 Bankruptcy Cases, Meeting of Creditors, and Deadlines](#)

For additional information and documents relating to this case, please visit <http://www.kccllc.net/TelexFree>

Telex free Registry information

Login: Croft, Croft1, Croft2, 3,4,5,6,7,8,9,10

Password jaguar01	
Secondary password jaguar03\$	
First name Croft Investments	
Last name Limited Partners	
Phone 561-8435757	
Cell Phone 561-8435757	
SSN or Tax ID 020538694	
Date of birth *dd/mm/yyyy 22-04-1955	
Email Mbarbarosh@icloud.com	
Address 265 South Federal Highway #252 Deerfield Beach FL,33441	
Number 265	
District Broward	
City Deerfield	
Zip code 33441	
Country USA	
State FL	
Sponsored by: negao1974	
Simpletelex.com for the ads	
Login: mbarbarosh@icloud.com	
Password: jaguar01	

 Ganhe anunciando na internet. Trabalhe sem sair de casa!

Croft Investments Limited Partners,
Foi solicitado através do seu Escritório Virtual a troca da sua senha.
Estamos lhe enviando este e-mail a fim de confirmar essa solicitação de troca de senha. Caso você realmente deseje alterar sua senha, por favor, acesse o endereço abaixo ou copie e cole no seu navegador: <http://www.telexfree.com/alterpassword/20d2c232d3a612554956a6102a1ca9f2/>

Caso esse pedido de troca de senha não seja confirmado em até 10 dias, o mesmo será excluído automaticamente do nosso sistema, portanto caso não tenha efetuado o pedido de troca de senha, pedimos que ignore essa mensagem.

Atenciosamente,
Departamento de Suporte - TelexFREE

www.telexfree.com
contato@telexfree.com

Você está recebendo este e-mail porque se registrou na TelexFree.
Se você preferir não receber esse email, você pode sempre se descadastrar [clikando aqui](#).

Prezado cliente,
Segue sua fatura para continuar usando o 99Telexfree pelos próximos 30 dias, a partir do pagamento.

Confirme sua economia em nosso histórico de ligações.

Date	Your Number	Destination	Duration
------	-------------	-------------	----------

Nehum registro encontrado!

Total dos minutos usados em suas ligações

[Clique para pagar – Valor único mensal U\\$49,90](#)

Caso tenha alguma dúvida entre em contato pelo e-mail:
contato@telexfree.com ou fale com seu DIVULGADOR

Você está recebendo este e-mail porque se registrou na TelexFree.
Se você preferir não receber esse email, você pode sempre se descadastrar [clikando aqui](#).

mbarbarosh

From: Liana Barbarosh <lianabarbarosh89@gmail.com>
Sent: Thursday, March 13, 2014 2:54 PM
To: Milton;H. Barbarosh
Subject: Fwd: accounts

Begin forwarded message:

From: Marcelo Teixeira <marcelo@marciakeratin.com>
Subject: accounts
Date: March 4, 2014 4:27:59 PM EST
To: Liana Barbarosh <lianabarbarosh89@gmail.com>
Cc: Milton Barbarosh <mbarbarosh@icloud.com>

Hi Liana,

I need to go over with you what is going on.

I will be home tonight at 6:30 we can talk if that works for you.

See the info for all the accounts below:

If you see that one of the passwords does not work let me know and try not to do too many attempts because it may block the password.

croft	ok ok Password 505747	2nd:123456
croft1	ok ok jaguar01	2nd:jaguar03\$
croft2	okok jaguar01	2nd:jaguar03\$
croft3	ok ok jaguar01	2nd:jaguar03\$
croft4	Password 734579	2nd:jaguar03\$
croft5	ok jaguar01	2nd:jaguar03\$
croft6	ok jaguar01	2nd:jaguar03\$
croft7	ok jaguar01	2nd:jaguar03\$
croft8	ok jaguar01	2nd:jaguar03\$
croft9	ok jaguar01	2nd:jaguar03\$
croft10	ok jaguar01	2nd:jaguar03\$

TelexFree, LLC, et al.
Claim No. 03235-000
Croft Investmens Limited Partnership

TelexFree, LLC, et al.
Exhibit A-1 to Notice of Proposed Resolution of Claim

Name of Creditor: Croft Investmens Limited Partnership
Claim Number: 03235-000

Amount of Claim Filed with Portal: \$ 12,425.80
Conditionally Allowed Amount of Claim: None
Basis of Reduction in Claim: A

See Attached Reconciliation for Calculation of Conditionally Allowed Amount of Claim

Objection
Code

A User Account(s) Claimed by Other Participant(s)

Ref. #	User Account	Amount Claimed
1	croft	\$ 1,025.80
2	croft1	1,425.00
3	croft3	1,425.00
4	croft4	1,425.00
5	croft5	1,425.00
6	croft6	1,425.00
7	croft7	1,425.00
8	croft8	1,425.00
9	croft9	1,425.00
		<u>\$ 12,425.80</u>

Note: Additional supporting explanations and documentation must identify the reference number (Ref. #) of the related item.

TelexFree, LLC, et al.

Reconciliation of Amount of Claim Filed with Portal to Conditionally Allowed Amount of Claim

Claim 03235-000

Objection Code		Amount
	Amount of Claim Filed with Portal	\$ 12,425.80
A	User Account(s) Claimed by Other Participant(s)	(12,425.80)
B	User Account(s) Deleted Without Adequate Explanation or Documentation	0.00
C	User Account(s) Added Without Adequate Explanation or Documentation	0.00
D	Transactions Modified Without Adequate Explanation or Documentation	0.00
E	Transactions Added Without Adequate Explanation or Documentation	0.00
F	Additional Claim Components Added Without Adequate Explanation or Documentation	0.00
	Add back Duplicate Adjustments in Objection Codes D and A	0.00
	Add back Duplicate Adjustments in Objection Codes E and A	0.00
	Conditionally Allowed Amount of Claim	\$ 0.00

Note

If Conditionally Allowed Amount of Claim is equal to or less than \$0, no claim is allowed ("None").

United States Bankruptcy Court District of Massachusetts
 Case No. 14-40987-MSH, 14-40988-MSH, 14-40989-MSH

Claim Information for TelexFree Claim Number: 03235

Name of Creditor: Croft Investmens Limited Partnership
Date Claim Filed: 07 June, 2016

Name and address where information should be sent Name and address where payment should be sent

Milton Harvey Barbarosh 265 S FEDERAL HWY # 340 DEERFIELD BEACH, FL United States of America (USA) 33441-4161 mbarbarosh@stentonleighgroup.com 5613611866	Milton Harvey Barbarosh 265 S FEDERAL HWY # 340 DEERFIELD BEACH, FL United States of America (USA) 33441-4161 mbarbarosh@stentonleighgroup.com 5613611866
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Information Declared as True and Correct:

User Account Logins	Net Equity per TelexFree	Transaction Adjustments by Participant	Additional (Disputed) Claim Amount	Amount of Claim as of Date Case Filed
croft	\$ 1,025.80	\$ 0.00	\$ 0.00	\$ 1,025.80
croft1	1,425.00	0.00	0.00	1,425.00
croft3	1,425.00	0.00	0.00	1,425.00
croft4	1,425.00	0.00	0.00	1,425.00
croft5	1,425.00	0.00	0.00	1,425.00
croft6	1,425.00	0.00	0.00	1,425.00
croft7	1,425.00	0.00	0.00	1,425.00
croft8	1,425.00	0.00	0.00	1,425.00
croft9	1,425.00	0.00	0.00	1,425.00
Total	\$ 12,425.80	\$ 0.00	\$ 0.00	\$ 12,425.80

Amount of Claim Submitted: \$ 12,425.80

Documents Uploaded

File Name	Description
Telexfree Bankruptcy claim 062314.pdf	Original Claim

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TelexFree, LLC, et al.
Claim No. 31156-000
Milton Harvey Barbarosh

United States Bankruptcy Court District of Massachusetts
 Case No. 14-40987-MSH, 14-40988-MSH, 14-40989-MSH

Claim Information for TelexFree Claim Number: 31156

Name of Creditor: Milton Harvey Barbarosh
Date Claim Filed: 30 July, 2016

Name and address where information should be sent Name and address where payment should be sent

Milton Harvey Barbarosh 265 S FEDERAL HWY # 340 DEERFIELD BEACH, FL United States of America (USA) 33441-4161 mbarbarosh@icloud.com 5618435757	Milton Harvey Barbarosh 265 S FEDERAL HWY # 340 DEERFIELD BEACH, FL United States of America (USA) 33441-4161 mbarbarosh@icloud.com 5618435757
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Information Declared as True and Correct:

User Account Logins	Net Equity per TelexFree	Transaction Adjustments by Participant	Additional (Disputed) Claim Amount	Amount of Claim as of Date Case Filed
croft	\$ 1,025.80	\$ 0.00	\$ 0.00	\$ 1,025.80
croft1	1,425.00	0.00	0.00	1,425.00
croft3	1,425.00	0.00	0.00	1,425.00
croft4	1,425.00	0.00	0.00	1,425.00
croft5	1,425.00	0.00	0.00	1,425.00
croft6	1,425.00	0.00	0.00	1,425.00
croft7	1,425.00	0.00	0.00	1,425.00
croft8	1,425.00	0.00	0.00	1,425.00
croft9	1,425.00	0.00	0.00	1,425.00
Total	\$ 12,425.80	\$ 0.00	\$ 0.00	\$ 12,425.80

Amount of Claim Submitted: \$ 12,425.80

Documents Uploaded

File Name	Description
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TelexFree, LLC, et al.
Exhibit A-1 to Notice of Proposed Resolution of Claim

Name of Creditor: Croft Investments Limited Partnership
Claim Number: 125565-000

Amount of Claim Filed with Portal: \$ 12,425.80
Conditionally Allowed Amount of Claim: None
Basis of Reduction in Claim: A

See Attached Reconciliation for Calculation of Conditionally Allowed Amount of Claim

Objection
Code

A User Account(s) Claimed by Other Participant(s)

Ref. #	User Account	Amount Claimed
1	croft	\$ 1,025.80
2	croft1	1,425.00
3	croft3	1,425.00
4	croft4	1,425.00
5	croft5	1,425.00
6	croft6	1,425.00
7	croft7	1,425.00
8	croft8	1,425.00
9	croft9	1,425.00
		<u>\$ 12,425.80</u>

Note: Additional supporting explanations and documentation must identify the reference number (Ref. #) of the related item.

TelexFree, LLC, et al.

Reconciliation of Amount of Claim Filed with Portal to Conditionally Allowed Amount of Claim

Claim 125565-000

Objection Code		Amount
	Amount of Claim Filed with Portal	\$ 12,425.80
A	User Account(s) Claimed by Other Participant(s)	(12,425.80)
B	User Account(s) Deleted Without Adequate Explanation or Documentation	0.00
C	User Account(s) Added Without Adequate Explanation or Documentation	0.00
D	Transactions Modified Without Adequate Explanation or Documentation	0.00
E	Transactions Added Without Adequate Explanation or Documentation	0.00
F	Additional Claim Components Added Without Adequate Explanation or Documentation	0.00
	Add back Duplicate Adjustments in Objection Codes D and A	0.00
	Add back Duplicate Adjustments in Objection Codes E and A	0.00
	Conditionally Allowed Amount of Claim	\$ 0.00

Note

If Conditionally Allowed Amount of Claim is equal to or less than \$0, no claim is allowed ("None").

TelexFree, LLC, et al.
Exhibit A-1 to Notice of Proposed Resolution of Claim

Name of Creditor: Milton Harvey Barbarosh
Claim Number: 31156-000

Amount of Claim Filed with Portal: \$ 12,425.80
Conditionally Allowed Amount of Claim: None
Basis of Reduction in Claim: A

See Attached Reconciliation for Calculation of Conditionally Allowed Amount of Claim

Objection
Code

A User Account(s) Claimed by Other Participant(s)

Ref. #	User Account	Amount Claimed
1	croft	\$ 1,025.80
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8	croft8	1,425.00
9	croft9	1,425.00
		<u>\$ 12,425.80</u>

Note: Additional supporting explanations and documentation must identify the reference number (Ref. #) of the related item.

TelexFree, LLC, et al.

Reconciliation of Amount of Claim Filed with Portal to Conditionally Allowed Amount of Claim

Claim 31156-000

Objection Code	Amount
Amount of Claim Filed with Portal	\$ 12,425.80
A User Account(s) Claimed by Other Participant(s)	(12,425.80)
B User Account(s) Deleted Without Adequate Explanation or Documentation	0.00
C User Account(s) Added Without Adequate Explanation or Documentation	0.00
D Transactions Modified Without Adequate Explanation or Documentation	0.00
E Transactions Added Without Adequate Explanation or Documentation	0.00
F Additional Claim Components Added Without Adequate Explanation or Documentation	0.00
Add back Duplicate Adjustments in Objection Codes D and A	0.00
Add back Duplicate Adjustments in Objection Codes E and A	0.00
Conditionally Allowed Amount of Claim	<u>\$ 0.00</u>

Note

If Conditionally Allowed Amount of Claim is equal to or less than \$0, no claim is allowed ("None").

TelexFree, LLC, et al.
Claim No. 125565-000
Croft Investments Limited Partnership

United States Bankruptcy Court District of Massachusetts
Case No. 14-40987-MSH, 14-40988-MSH, 14-40989-MSH

Claim Information for TelexFree Claim Number: 125565

Name of Creditor: Croft Investments Limited Partnership
Date Claim Filed: 04 March, 2017

Name and address where information should be sent **Name and address where payment should be sent**

Milton Harvey Barbarosh 265 S FEDERAL HWY # 340 DEERFIELD BEACH, FL United States of America (USA) 33441-4161 mbarbarosh@icloud.com 5618435757	Milton Harvey Barbarosh 265 S FEDERAL HWY # 340 DEERFIELD BEACH, FL United States of America (USA) 33441-4161 mbarbarosh@icloud.com 5618435757
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Information Declared as True and Correct:

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croft6	1,425.00	0.00	0.00	1,425.00
croft7	1,425.00	0.00	0.00	1,425.00
croft8	1,425.00	0.00	0.00	1,425.00
croft9	1,425.00	0.00	0.00	1,425.00
Total	\$ 12,425.80	\$ 0.00	\$ 0.00	\$ 12,425.80

Amount of Claim Submitted: \$ 12,425.80

Documents Uploaded

File Name	Description
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description of the types of objections that may apply and information or documentation that may assist in resolving the objections. Exhibit "A-1" identifies the amount of your claim as filed (see "Amount of Claim Filed with Portal"), the proposed allowed amount of your Claim (see "Conditionally Allowed Amount of Claim") and the specific objections that apply to each Claim. Included as part of Exhibit A-1 is a schedule translating headings into English, Spanish, and Portuguese. A separate Exhibit A-1 is attached for each Claim.

THE "CONDITIONALLY ALLOWED AMOUNT OF CLAIM" AS SET FORTH ON EXHIBIT A-1 DOES NOT REPRESENT THE AMOUNT YOU WILL RECEIVE ON ACCOUNT OF YOUR CLAIM; IT REPRESENTS THE AMOUNT OF YOUR CLAIM THAT MAY PARTICIPATE IN A DISTRIBUTION WITH OTHER ALLOWED PARTICIPANT CLAIMS. THE AMOUNT THAT YOU ACTUALLY RECEIVE IN A DISTRIBUTION WILL BE BASED UPON THE TOTAL AMOUNT OF FUNDS THAT THE TRUSTEE HAS AVAILABLE TO DISTRIBUTE AS WELL AS THE TOTAL AMOUNT OF ALLOWED PARTICIPANT CLAIMS.

Your Right to Object.

The Trustee's determination is based upon the Trustee's current information and the information you submitted in your Claim. You have the right to object to this determination. If you disagree with the proposed claim resolution, you must file a written response (a "Claim Response") in the manner described below within thirty (30) days of the date of receipt of this Notice. The Claim Response should **NOT** be filed with the Bankruptcy Court. It should be sent electronically to the Trustee at the following address:

ClaimResponse@TelexFreeClaims.com

To object, you must: (i) identify your Name and Claim Number as set forth above; (ii) provide a statement of the reasons for your objection to this proposed claim resolution and match your statement to the specific Reference Numbers on Exhibit A-1; (iii) submit copies of any documents that you rely upon that were not previously uploaded as part of your Claim; and (iv) identify your Name and Claim number and how to contact you by telephone and electronic mail. You should respond directly to the email message that is sent to you regarding your claim. If you are not replying directly to the email that you received, you **must** include your claim number in the subject line of your email. Your response should be in English. If your response is sent in another language, you **must** provide with the Claim Response a certified translation into English prepared by an interpreter certified by the Administrative Office of the United States Courts

If you submit a Claim Response within 30 days of the date of receipt of this Notice, the Trustee will review the information that you have provided and will take one of three actions:

- (i) The Trustee may accept your response and allow your claim in the amount submitted through the Portal;
- (ii) The Trustee may propose a different amount to be allowed as your claim; or
- (iii) The Trustee may reject your explanation and documents and file a formal objection with the Bankruptcy Court. In such event, you will have an opportunity to file a response with the Court and have an opportunity to be heard. If you fail

to file a response to the Trustee's formal objection with the Bankruptcy Court, the Trustee may request that the Court approve the Conditionally Allowed Amount of Claim.

If you do not file a timely Claim Response, the Trustee may request that the Court approve the Conditionally Allowed Amount of Claim.

If you Agree with the Proposed Resolution of Claim.

If you agree with this determination, you may either notify the Trustee at the electronic mail address listed above or take no further action.

If, at the conclusion of this process, you have an allowed Participant claim, you will be notified at the appropriate time when funds are available for distribution.

If you have additional claims that are not addressed in the attached exhibits, you will be notified at the appropriate time of the Trustee's proposed disposition of such claims.

Respectfully Submitted,
STEPHEN B. DARR,
CHAPTER 11 TRUSTEE,
By his counsel,

Andrew G. Lizotte (BBO #559609)
MURPHY & KING, P.C.
One Beacon Street
Boston, MA 02108-3107