

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

Debtor Ideastream Consumer Products, LLC

United States Bankruptcy Court for the: \_\_\_\_\_ District of New Jersey  
(State)

Case number 24-12068

Official Form 410  
**Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies 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?** LAZORPOINT, 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)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>LAZORPOINT, INC.</u> <u>737 BOLIVAR RD</u> <u>SUITE 100</u> <u>CLEVELAND, OH 44115</u>	
Contact phone _____	Contact phone _____
Contact email <u>kmacmillan@lazorpoint.com</u>	Contact email _____
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: \_\_\_ \_\_\_ \_\_\_ \_\_\_

7. How much is the claim? \$ 2959.15. 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.  
  
See summary page

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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<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 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority 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 04/23/2024  
MM / DD / YYYY

/s/Kelly MacMillan  
Signature

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

Name Kelly MacMillan  
First name Middle name Last name

Title CFO

Company Lazorpoint  
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) 967-0496 | International +1 (310) 751-2696

<b>Debtor:</b> 24-12068 - Ideastream Consumer Products, LLC		
<b>District:</b> District of New Jersey, Trenton Division		
<b>Creditor:</b> LAZORPOINT, INC. 737 BOLIVAR RD SUITE 100 CLEVELAND, OH, 44115 <b>Phone:</b> <b>Phone 2:</b> <b>Fax:</b> <b>Email:</b> kmacmillan@lazorpoint.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Creditor	
	<b>Other Names Used with Debtor:</b>	
<b>Amends Claim:</b> No <b>Acquired Claim:</b> No		
<b>Basis of Claim:</b> Provides Azure cloud environment necessary to access all network files and programs	<b>Last 4 Digits:</b> Yes	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 2959.15	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Kelly MacMillan on 23-Apr-2024 4:07:57 p.m. Eastern Time <b>Title:</b> CFO <b>Company:</b> Lazorpoint		

# Invoice PS-INV000699

February 29, 2024

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# Lazorpoint

*IT For The Win.™*

## BILL TO

Ideastream Consumer Products  
Landria Hives-Richardson  
812 Huron Road  
Suite 390  
Cleveland, OH 44115

**Lazorpoint LLC**  
737 Bolivar Road  
Suite 100  
Cleveland, OH 44115  
(216) 325-5238  
www.lazorpoint.com  
accounting@lazorpoint.com

Project Name	Due Date	Terms
Monthly Software Subscription	March 15, 2024	Net 15 days

DESCRIPTION	QTY	RATE	AMOUNT
Cloud Ally -Office 365 Mailbox Backup	20	3.00	60.00
Azure Infrastructure as a service	1	2,670.95	2,670.95
Azure Active Directory Premium P2	1	9.00	9.00
		Subtotal	2,739.95
		Total Tax	219.20
		<b>Balance Due</b>	<b><u>2,959.15</u></b>

737 Bolivar Rd Suite 100  
Cleveland OH 44115

Phone: +1 216 3255238  
E-mail: [mkraska@lazorpoint.com](mailto:mkraska@lazorpoint.com)  
URL:  
Control Panel: <https://cp.us.na.cloud.im/>

Lazorpoint - Tax Reg Number:

**INVOICE 0006911**

DOCUMENT DETAILS							
Account ID: 1000220754 Ideastream Consumer Products 812 Huron Rd E  Cleveland OH 44115 Phone: 216 3255238 Tax Reg Number:					Date: 20-Feb-2024 Due Date: 20-Feb-2024		
NO.	SERVICE DESCRIPTION	QTY	UNIT PRICE	DISCOUNT/ PROMO	DURATION	NET PRICE	
1	#41630b1d-0fad-46cd-aa8e-a5d56948ebb6 NCE Microsoft Azure - Virtual Machines Licenses - from 2024-01-01 through 2024-01-31 from 2024-01-01 through 2024-01-31	1 unit	297.59	0.00		297.59	
2	#41630b1d-0fad-46cd-aa8e-a5d56948ebb6 NCE Microsoft Azure - Virtual Network - from 2024-01-01 through 2024-01-31 from 2024-01-01 through 2024-01-31	1 unit	3.72	0.00		3.72	
3	#41630b1d-0fad-46cd-aa8e-a5d56948ebb6 NCE Microsoft Azure - Storage - from 2024-01-01 through 2024-01-31 from 2024-01-01 through 2024-01-31	1 unit	253.95	0.00		253.95	
4	#41630b1d-0fad-46cd-aa8e-a5d56948ebb6 NCE Microsoft Azure - Backup - from 2024-01-01 through 2024-01-31 from 2024-01-01 through 2024-01-31	1 unit	253.68	0.00		253.68	
5	#41630b1d-0fad-46cd-aa8e-a5d56948ebb6 NCE Microsoft Azure - Virtual Machines - from 2024-01-01 through 2024-01-31 from 2024-01-01 through 2024-01-31	1 unit	1,598.78	0.00		1,598.78	
6	#41630b1d-0fad-46cd-aa8e-a5d56948ebb6 NCE Microsoft Azure - Bandwidth - from 2024-01-01 through 2024-01-31 from 2024-01-01 through 2024-01-31	1 unit	2.88	0.00		2.88	
7	#41630b1d-0fad-46cd-aa8e-a5d56948ebb6 NCE Microsoft Azure - Virtual Machine Licenses - from 2024-01-01 through 2024-01-31 from 2024-01-01 through 2024-01-31	1 unit	260.35	0.00		260.35	

**Net Total: USD 2,670.95**

**Tax Total: 0.00**

**Document Total: USD 2,670.95**

**Account Management (Lazorpoint Control Panel)**

You may log into the Control Panel at <https://cp.us.na.cloud.im/> at any time to view or edit your account and domain settings, view billing history, or add/change other features of your account.

**Customer Service**

Lazorpoint Customer Service is available via telephone Monday through Friday 10:00am until 7:00pm EST at +1 216 3255238 and via email 8:30am until 11:00pm EST at [mkraska@lazorpoint.com](mailto:mkraska@lazorpoint.com). Lazorpoint customer support teams monitor urgent customer issues 24x7x365.

**Please do not send any credit card information to us via email.**

Best Regards,  
Lazorpoint

737 Bolivar Rd Suite 100  
Cleveland OH 44115

Phone: +1 216 3255238  
E-mail: [mkraska@lazorpoint.com](mailto:mkraska@lazorpoint.com)  
URL:  
Control Panel: <https://cp.us.na.cloud.im/>

Lazorpoint - Tax Reg Number:

**INVOICE 0007033**

DOCUMENT DETAILS	
Account ID: 1000220754 Ideastream Consumer Products 812 Huron Rd E  Cleveland OH 44115 Phone: 216 3255238 Tax Reg Number:	Date: 17-Mar-2024 Due Date: 17-Mar-2024

NO.	SERVICE DESCRIPTION	QTY	UNIT PRICE	DISCOUNT/PROMO	DURATION	NET PRICE
1	Azure Active Directory Premium P2 Recurring (1 Year(s) term) from 2024-03-17 through 2024-04-16	1 Licenses	9.00	0.00	1 month(s)	9.00

**Net Total: USD 9.00**

**Tax Total: 0.00**

**Document Total: USD 9.00**

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Lazorpoint