Fill in this information to identify the case:

Debtor Ample, Inc.

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

Case number 25-90817

Modified Official Form 410
Proof of Claim

04/25

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?**

Karuppiah Karuppiah

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)
Karuppiah Karuppiah 1892 Hartnell St Union City, CA 94587	
Contact phone	Contact phone
Contact email krkaruppiah1993@gmail.com	Contact email

Uniform claim identifier (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?

25908172601120523580004 19

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?** $ 26811 . **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.

2 month / 60 day pay as per CA Warn act @ 83.78/hr calculation

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: _____

25908172601120523580004 19

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.

		Amount entitled to priority
☐	No	
☑	Yes. *Check all that apply:*	
☐	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$
☐	Up to $3,800* 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 $17,150*) 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).	$ 17150
☐	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 4/01/28 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)(3) 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 02/14/2026
MM / DD / YYYY

/s/Karuppiah Karuppiah
Signature

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

Name Karuppiah Karuppiah
First name Middle name Last name

Title

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

Address

Contact phone Email

25908172601120523580004 19

Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 475-7847 | International (781) 575-2036

Debtor:
25-90817 - Ample, Inc.
District:
Southern District of Texas, Houston Division

Creditor:
Karuppiah Karuppiah
1892 Hartnell St
Union City, CA, 94587
Phone:
Phone 2:
Fax:
Email:
krkaruppiah1993@gmail.com

Has Supporting Documentation:
Yes, supporting documentation successfully uploaded
Related Document Statement:
My claim is a part of the California Warn act since the employer laid off everyone without notice .

Has Related Claim:
No
Related Claim Filed By:

Filing Party:

Other Names Used with Debtor:

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
2 month / 60 day pay as per CA Warn act @ 83.78/hr calculation

Last 4 Digits:
No

Uniform Claim Identifier:

Total Amount of Claim:
26811

Includes Interest or Charges:
No

Has Priority Claim:
Yes

Priority Under:
11 U.S.C. §507(a)(4): 17150

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:
Karuppiah Karuppiah on 13-Feb-2026 9:28:42 p.m. Pacific Time
Title:
Company:

VN: 7EAAE12646FE4274EF7DDFB6C8646959

Voucher #: 076799 Sort Order: 20

Karuppiah Karuppiah

Ample Inc - 100 Hooper Street, Suite #25 - SAN FRANCISCO, CA 94107 - 617-504-3557

SSN# XXX-XX-7200 **Period Start Date** 09-01-2025 **Check Date** 09-11-2025 **Federal Filing Status** SS/Single
EMP# Y32288 **Period End Date** 09-10-2025 **Check Number** 172804 **State Filing Status** M/2/0

Earnings - Current

Date	Pay Description	Pay Rate	Hours/Units Paid	Pay Amount
09-10-2025	TIME OFF	83.7867	3.00	251.36
09-10-2025	REGULAR PAY	83.7867	61.00	5110.99
09-10-2025	PTO	83.7867	55.46	4646.81
TOTAL			**119.46**	**10,009.16**

Deductions / Taxes

Description	Amount	YTD
In House Pay	6192.97	6192.97
401(K) Ded	300.27	3874.31
Medical Pret	123.50	3151.98
Dental Preta	5.56	22.54
Vision Preta	0.93	9.53
Crit Illness	0.00	61.20
FSA Health C	0.00	916.68
FEDERAL TAX	1909.54	18008.90
MEDICARE	143.25	1813.13
SOC SECURITY	612.51	7752.70
CA INCOME TAX	602.08	5972.42
CA DISABILITY	118.55	1500.55
TOTAL	10,009.16	49,276.91

Direct Deposit Detail

Account	Type	Amount
TOTAL DEPOSITED		$0.00

Net Pay Distribution

Type	Amount
CHECK	$0.00
DIRECT DEPOSIT	$0.00
TOTAL NET PAY	$0.00
TOTAL NET PAY YTD	$79,867.36

Earnings - Year To Date

Description	YTD
REGULAR PAY	122570.37
SICK	1005.44
TIME OFF	921.65
PTO	4646.81
TOTAL	$129,144.27

Paid Time Off

Description	Accrued	Used	Balance

Employer Contributions

Description	Amount	YTD
Guardian LTD Pr	0.00	170.54
Guardian Flat $	0.00	25.72
Northern CA Kai	-123.50	6349.62
Guardian Dental	-5.56	433.55
Guardian STD Pr	0.00	92.38
VSP Vision Stan	-0.93	85.26
TOTAL	-129.99	7,157.07

Service Provider: Sequoia One PEO, LLC, 1033 W Roosevelt Way 3rd floor, TEMPE, AZ 85288, 415-937-9299

Ample Inc

Sequoia One PEO, LLC
1033 W Roosevelt Way 3rd floor
TEMPE, AZ 85288

Check No. 172804
Pay Date 09-11-2025

PAY Non-negotiable $0.00

TO THE ORDER OF
Karuppiah Karuppiah
1892 Hartnell St
UNION CITY, CA 94587-3237

*** Non-Negotiable ***

Voucher #: 070890 Sort Order: 26

Karuppiah Karuppiah

Ample Inc - 100 Hooper Street, Suite #25 - SAN FRANCISCO, CA 94107 - 617-504-3557

SSN# XXX-XX-7200 **Period Start Date** 08-16-2025 **Check Date** 08-29-2025 **Federal Filing Status** SS/Single
EMP# Y32288 **Period End Date** 08-31-2025 **Check Number** 4978591 **State Filing Status** M/2/0

Earnings - Current

Date	Pay Description	Pay Rate	Hours/Units Paid	Pay Amount
08-21-2025	TIME OFF	83.7867	8.00	670.29
08-31-2025	REGULAR PAY	83.7867	78.67	6591.50
TOTAL			**86.67**	**7,261.79**

Deductions / Taxes

Description	Amount	YTD
401(K) Ded	217.85	3574.04
Medical Pret	61.75	3028.48
FSA Health C	41.67	916.68
Dental Preta	2.78	16.98
Vision Preta	0.47	8.60
Crit Illness	0.00	61.20
FEDERAL TAX	1216.90	16099.36
MEDICARE	103.75	1669.88
SOC SECURITY	443.62	7140.19
CA INCOME TAX	331.85	5370.34
CA DISABILITY	85.86	1382.00
TOTAL	2,506.50	39,267.75

Direct Deposit Detail

Account	Type	Amount
14964	CHECKING	1,500.00
02509	CHECKING	3,255.29
TOTAL DEPOSITED		$4,755.29

Net Pay Distribution

Type	Amount
CHECK	$0.00
DIRECT DEPOSIT	$4,755.29
TOTAL NET PAY	$4,755.29
TOTAL NET PAY YTD	$79,867.36

Earnings - Year To Date

Description	YTD
REGULAR PAY	117459.38
SICK	1005.44
TIME OFF	670.29
TOTAL	$119,135.11

Paid Time Off

Description	Accrued	Used	Balance
Sick	45.56	12.00	39.25
SFPHELO	80.00	0.00	80.00

Employer Contributions

Description	Amount	YTD
Guardian LTD Pr	10.41	170.59
Guardian Flat $	1.65	25.72
Northern CA Kai	246.99	5855.64
Guardian Dental	25.04	383.48
Guardian STD Pr	4.63	92.38
VSP Vision Stan	4.19	76.88
TOTAL	292.91	6,604.69

Service Provider: Sequoia One PEO, LLC, 1033 W Roosevelt Way 3rd floor, TEMPE, AZ 85288, 415-937-9299

Ample Inc

Sequoia One PEO, LLC
1033 W Roosevelt Way 3rd floor
TEMPE, AZ 85288

Check No. 4978591
Pay Date 08-29-2025

PAY Non-negotiable $0.00

TO THE ORDER OF
Karuppiah Karuppiah
1892 Hartnell St
UNION CITY, CA 94587-3237

*** Non-Negotiable ***

Voucher #: 069654 Sort Order: 27

Karuppiah Karuppiah

Ample Inc - 100 Hooper Street, Suite #25 - SAN FRANCISCO, CA 94107 - 617-504-3557

SSN# XXX-XX-7200 **Period Start Date** 08-01-2025 **Check Date** 08-15-2025 **Federal Filing Status** SS/Single
EMP# Y32288 **Period End Date** 08-15-2025 **Check Number** 4924502 **State Filing Status** M/2/0

Earnings - Current

Date	Pay Description	Pay Rate	Hours/Units Paid	Pay Amount
08-07-2025	SICK	83.7867	4.00	335.15
08-15-2025	REGULAR PAY	83.7867	82.67	6926.64
TOTAL			**86.67**	**7,261.79**

Deductions / Taxes

Description	Amount	YTD
401(K) Ded	217.85	3356.19
Medical Pret	61.75	2966.73
FSA Health C	41.67	875.01
Dental Preta	2.78	14.20
Vision Preta	0.47	8.13
Crit Illness	0.00	61.20
FEDERAL TAX	1216.90	14882.46
MEDICARE	103.75	1566.13
SOC SECURITY	443.61	6696.57
CA INCOME TAX	331.85	5038.49
CA DISABILITY	85.86	1296.14
TOTAL	2,506.49	36,761.25

Direct Deposit Detail

Account	Type	Amount
14964	CHECKING	1,500.00
02509	CHECKING	3,255.30
TOTAL DEPOSITED		$4,755.30

Net Pay Distribution

Type	Amount
CHECK	$0.00
DIRECT DEPOSIT	$4,755.30
TOTAL NET PAY	$4,755.30
TOTAL NET PAY YTD	$75,112.07

Earnings - Year To Date

Description	YTD
REGULAR PAY	111538.17
SICK	335.15
TOTAL	$111,873.32

Paid Time Off

Description	Accrued	Used	Balance
Sick	43.20	12.00	36.89
SFPHELO	80.00	0.00	80.00

Employer Contributions

Description	Amount	YTD
Guardian LTD Pr	10.36	160.18
Guardian Flat $	1.65	24.07
Northern CA Kai	246.99	5608.65
Guardian Dental	25.04	358.44
Guardian STD Pr	4.63	87.75
VSP Vision Stan	4.19	72.69
TOTAL	292.86	6,311.78

Service Provider: Sequoia One PEO, LLC, 1033 W Roosevelt Way 3rd floor, TEMPE, AZ 85288, 415-937-9299

Ample Inc

Sequoia One PEO, LLC
1033 W Roosevelt Way 3rd floor
TEMPE, AZ 85288

Check No. 4924502
Pay Date 08-15-2025

PAY Non-negotiable $0.00

TO THE ORDER OF **Karuppiah Karuppiah**
1892 Hartnell St
UNION CITY, CA 94587-3237

*** Non-Negotiable ***

Voucher #: 068877 Sort Order: 27

Karuppiah Karuppiah

Ample Inc - 100 Hooper Street, Suite #25 - SAN FRANCISCO, CA 94107 - 617-504-3557

SSN# XXX-XX-7200 **Period Start Date** 07-16-2025 **Check Date** 07-31-2025 **Federal Filing Status** SS/Single
EMP# Y32288 **Period End Date** 07-31-2025 **Check Number** 4886846 **State Filing Status** M/2/0

Earnings - Current

Date	Pay Description	Pay Rate	Hours/Units Paid	Pay Amount
07-31-2025	REGULAR PAY	83.7867	86.67	7261.79
TOTAL			**86.67**	**7,261.79**

Deductions / Taxes

Description	Amount	YTD
401(K) Ded	217.85	3138.34
Medical Pret	61.75	2904.98
FSA Health C	41.67	833.34
Dental Preta	2.78	11.42
Vision Preta	0.47	7.66
Crit Illness	0.00	61.20
FEDERAL TAX	1216.90	13665.56
MEDICARE	103.74	1462.38
SOC SECURITY	443.62	6252.96
CA INCOME TAX	331.85	4706.64
CA DISABILITY	85.86	1210.28
TOTAL	2,506.49	34,254.76

Direct Deposit Detail

Account	Type	Amount
14964	CHECKING	1,500.00
02509	CHECKING	3,255.30
TOTAL DEPOSITED		$4,755.30

Net Pay Distribution

Type	Amount
CHECK	$0.00
DIRECT DEPOSIT	$4,755.30
TOTAL NET PAY	$4,755.30
TOTAL NET PAY YTD	$70,356.77

Earnings - Year To Date

Description	YTD
REGULAR PAY	104611.53
TOTAL	$104,611.53

Paid Time Off

Description	Accrued	Used	Balance
Sick	40.45	0.00	46.14
SFPHELO	80.00	0.00	80.00
VACATION	63.46	8.00	55.46

Employer Contributions

Description	Amount	YTD
Guardian LTD Pr	10.41	149.82
Guardian Flat $	1.65	22.42
Northern CA Kai	246.99	5361.66
Guardian Dental	25.04	333.40
Guardian STD Pr	4.63	83.12
VSP Vision Stan	4.19	68.50
TOTAL	292.91	6,018.92

Service Provider: Sequoia One PEO, LLC, 1033 W Roosevelt Way 3rd floor, TEMPE, AZ 85288, 415-937-9299

Ample Inc

Sequoia One PEO, LLC
1033 W Roosevelt Way 3rd floor
TEMPE, AZ 85288

Check No. 4886846
Pay Date 07-31-2025

PAY Non-negotiable $0.00

TO THE ORDER OF **Karuppiah Karuppiah**
1892 Hartnell St
UNION CITY, CA 94587-3237

*** Non-Negotiable ***