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?**

ifm efector, 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)
ifm efector, inc. 1100 Atwater Drive Malvern, PA 19355, United States	ifm efector, inc. P.O. Box 8538-307 Philadelphia, PA 19171, United States
Contact phone 1-800-441-8246	Contact phone 1-800-441-8246
Contact email cs.us@ifm.com	Contact email cs.us@ifm.com

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?

25908172602260000000000002

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: 0521

7. **How much is the claim?** $ 2866. **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.

Goods Sold

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: _____

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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
☐ 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).	$_____
☐ 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 02/26/2026
MM / DD / YYYY

/s/Tara Colgan
Signature

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

Name: Tara Colgan
First name Middle name Last name

Title: Senior Treasury and Tax Analyst

Company: ifm efector, inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____

25908172602260000000000002

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:
ifm efector, inc.
1100 Atwater Drive
Malvern, PA, 19355
United States
Phone:
1-800-441-8246
Phone 2:
Fax:
Email:
cs.us@ifm.com

Has Supporting Documentation:
Yes, supporting documentation successfully uploaded
Related Document Statement:

Has Related Claim:
No
Related Claim Filed By:

Filing Party:
Creditor

Disbursement/Notice Parties:
ifm efector, inc.
P.O. Box 8538-307
Philadelphia, PA, 19171
United States
Phone:
1-800-441-8246
Phone 2:
Fax:
E-mail:
cs.us@ifm.com
DISBURSEMENT ADDRESS

Other Names Used with Debtor:

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
Goods Sold

Last 4 Digits:
Yes - 0521

Uniform Claim Identifier:

Total Amount of Claim:
2866

Includes Interest or Charges:
No

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 Colgan on 26-Feb-2026 12:17:52 p.m. Pacific Time
Title:
Senior Treasury and Tax Analyst
Company:
ifm efector, inc.

VN: 21F5FB521E3D29170EB520E1A8314E2B

ifm efector inc.
1100 Atwater Drive, Malvern, Pa. 19355
800-441-8246 Fax 800-329-0436
www.ifm.com
E-mail cs.us@ifm.com

Customer no.	5310521
Date	01/23/2026

Ample
100 Hooper St
San Francisco CA 94107-3917

Statement of Account

Dear ifm Customer:

Below is a statement of your account. If a balance is due, please remit payment to:

By EFT/ACH:

Wells Fargo Bank
ABA# 121 000 248
Account# 2030150975574

By check

ifm efector, inc.
PO Box 8538-307
Philadelphia, Pa. 19171-0307

If your account has a total net credit balance, please contact Customer Service to address these items at your earliest convenience. If credits on your account become dormant as defined by your state's escheatment laws, ifm may submit the credits on your account to your respective state Department of Unclaimed Property. Please direct all inquiries to ifm's Customer Service Department at cs.us@ifm.com.

Best regards,

ifm Customer Service Team

Invoice No.	Invoice Date	Due Date	PO No.	Invoice Balance-USD
2400485813	09/30/2022	09/30/2022	023855451	-1,365.28
41742490	11/11/2024	12/11/2024	P0-8139	696.86
41874206	04/28/2025	05/28/2025	P0-8323	3,534.42

0-30 days	31-60 days	61-90 days	91+ days		
0.00 USD	0.00 USD	0.00 USD	2,866.00 USD	Balance Due:	2,866.00 USD
				Balance Total:	2,866.00 USD

To make payment with credit card or bank ACH go to: https://www.e-billexpress.com/ebpp/ifm/

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ifm efector inc.
1100 Atwater Drive, Malvern, Pa. 19355
800-441-8246 Fax 800-329-0436
www.ifm.com
E-mail cs.us@ifm.com

Reference Information

Invoice no.	41742490
Customer no.	5310521
Po No.	P0-8139
Date	11/11/2024

Ample
100 Hooper St
San Francisco CA 94107-3917

Invoice

Ample
Ginny Tu
245 S Spruce Ave Ste 200
South San Francisco CA 94080-4598

Pos.	Ship Date / Order no. / Packing Slip no.	Item no. / Item Description	Shipped Quantity	Price USD	Extended Price USD
0010	11/11/2024 108061259 1007043511	**O3X130** Miniature 3D camera, 38k resolution, 60 deg opening angle, Ethernet, protective front lense cover. Commodity Code : 9031499000 Country of Origin : DE	1 PC	652.50	652.50
		Insurance			3.50
		Handling			2.00

Terms of Payment	: 30 days due net	Subtotal	:	658.00 USD
Incoterms	: EXW Downingtown, PA 19335 (US)	Tax	:	38.86 USD
Carrier Service	: UPS Ground Collect	Total	:	**696.86 USD**

PLEASE INCLUDE YOUR CUSTOMER NUMBER ON ALL REMITTANCES.
To make payment with credit card or bank ACH go to: https://www.e-billexpress.com/ebpp/ifm/

Please Remit To:
ifm efector inc.
PO Box 8538-307
Philadelphia, PA 19171-0307

Wells Fargo Bank
Account # 2030150975574
420 Montgomery Street
San Francisco, CA 94104
Bank Phone # 1-800-922-4684
ABA/RTN # 121 000 248
Swift Code: WFBIUS6S
CHIPS: 0407
Acct. Type: Checking

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ifm efector inc.
1100 Atwater Drive, Malvern, Pa. 19355
800-441-8246 Fax 800-329-0436
www.ifm.com
E-mail cs.us@ifm.com

Invoice

Invoice no.	41742490
Customer no.	5310521
Po No.	P0-8139
Date	11/11/2024

Inv. Pos.	Quantity	Item	Parcel Quantity	Tracking	Delivery
0010	1 PC	O3X130	1 PC	1Z1763380390117974	1007043511

ifm efector inc.
1100 Atwater Drive, Malvern, Pa. 19355
800-441-8246 Fax 800-329-0436
www.ifm.com
E-mail cs.us@ifm.com

Reference Information

Invoice no.	41874206
Customer no.	5310521
Po No.	P0-8323
Date	04/28/2025

Ample
100 Hooper St
San Francisco CA 94107-3917

Invoice

Ample
ATTN: GINNY TU
245 S Spruce Ave
Ste 200
South San Francisco CA 94080-4581

Pos.	Ship Date / Order no. / Packing Slip no.	Item no. / Item Description	Shipped Quantity	Price USD	Extended Price USD
0010	04/28/2025 108479730 1008612505	**O3X130** Miniature 3D camera, 38k resolution, 60 deg opening angle, Ethernet, protective front lense cover. Commodity Code : 9031499000 Country of Origin : DE	6 PC	582.00	3,492.00
		Insurance			17.50
		Handling			2.00
		Freight			22.92

Terms of Payment	: 30 days due net	Subtotal	: 3,534.42 USD
Incoterms	: EXW Downingtown, PA 19335 (US)	Tax	: 0.00 USD
Carrier Service	: UPS Ground Pre Paid	Total	: **3,534.42 USD**

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To make payment with credit card or bank ACH go to: https://www.e-billexpress.com/ebpp/ifm/

Please Remit To:
ifm efector inc.
PO Box 8538-307
Philadelphia, PA 19171-0307

Wells Fargo Bank
Account # 2030150975574
420 Montgomery Street
San Francisco, CA 94104
Bank Phone # 1-800-922-4684
ABA/RTN # 121 000 248
Swift Code: WFBIUS6S
CHIPS: 0407
Acct. Type: Checking

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This invoice is subject to ifm efector's Terms and Conditions of Sale, which can be found on our website at http://www.ifm.com

ifm efector inc.
1100 Atwater Drive, Malvern, Pa. 19355
800-441-8246 Fax 800-329-0436
www.ifm.com
E-mail cs.us@ifm.com

Invoice

Invoice no.	41874206
Customer no.	5310521
Po No.	P0-8323
Date	04/28/2025

Inv. Pos.	Quantity	Item	Parcel Quantity	Tracking	Delivery
0010	6 PC	O3X130	6 PC	1Z1763380391332239	1008612505

Please Remit To:
ifm efector inc.
PO Box 8538-307
Philadelphia, PA 19171-0307

Wells Fargo Bank
Account # 2030150975574
420 Montgomery Street
San Francisco, CA 94104
Bank Phone # 1-800-922-4684
ABA/RTN # 121 000 248
Swift Code: WFBIUS6S
CHIPS: 0407
Acct. Type: Checking

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