Fill in this information to identify the case:

Debtor Ascend Elements, Inc.

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

Case number 26-90440

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?**

EAN Services, LLC

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor See summary page

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)
EAN Services, LLC 14002 East 21st St. Suite 1500 Tulsa, OK 74134	Enterprise Holdings Inc PO BOX 402383 Atlanta, GA 30384
Contact phone 918-401-6000	Contact phone _____
Contact email bankruptcynotifications@em.com	Contact email bankruptcynotifications@em.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? _____

26904402606090000000002

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: 5403

7. **How much is the claim?** $ 1606.77 . **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.

Vehicle Rentals

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: _____

26904402606090000000002

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 06/09/2026
MM / DD / YYYY

/s/Mariah Turner
Signature

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

Name: Mariah Turner
First name | Middle name | Last name

Title: Credit Assistant

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

Address

Contact phone _____ Email _____

26904402606090000000000002

Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 927-7078 | International (310) 751-2651

Debtor:
26-90440 - Ascend Elements, Inc.
District:
Southern District of Texas, Houston Division

Creditor:
EAN Services, LLC
14002 East 21st St.
Suite 1500
Tulsa, OK, 74134
Phone:
918-401-6000
Phone 2:
Fax:
Email:
bankruptcynotifications@em.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:
Enterprise Holdings Inc
PO BOX 402383
Atlanta, GA, 30384
Phone:
Phone 2:
Fax:
E-mail:
bankruptcynotifications@em.com
DISBURSEMENT ADDRESS

Other Names Used with Debtor:
Enterprise Rent-A-Car, National Car Rentals, EAN Services, LLC, Enterprise Holdings Inc, Enterprise Mobility

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
Vehicle Rentals

Last 4 Digits:
Yes - 5403

Uniform Claim Identifier:

Total Amount of Claim:
1606.77

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:
Mariah Turner on 09-Jun-2026 7:27:07 a.m. Pacific Time
Title:
Credit Assistant
Company:
Enterprise Mobility

VN: 337E5F915026A7B896BA84C8546CAFA1

RA #: 368257607
Invoice #: 30048327818
Invoice Date: 07/18/2025
Account #: XZ1098N
Reservation #: 1380965262

4151 ASHFORD DUNWOODY ROAD NE
SUITE 300
30319-1443 BROOKHAVEN, UNITED STATES

BILLING DETAIL

Description	Qty	Period	Rate	Amount
Taxable Charges:				
TIME & DISTANCE	4	DAY	57.00	228.00
CONCESSION RECOVERY FEE	271.70	%	11.11	30.19
VLF REC 1.00/DAY	4	DAY	1.00	4.00
		Taxable Subtotal:		**262.19**
SALES TAX	262.19	%	7.75	20.32
Non-Taxable Charges:				
REFUELING CHARGE	8	GAL	4.96	39.70
CUSTOMER FACILITY CHARGE	4	DAY	8.50	34.00
RENTAL EXCISE TAX 3 PCT	262.19	%	3.00	7.87
		Non-Taxable Subtotal:		**81.57**
Total (USD)				**364.08**

Balance Due (USD) **364.08**

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

Tax ID: 26-4548648

BILL TO

ASCEND ELEMENTS, INC
Attn: JENIFER SHADE
133 FLANDERS RD
WESTBOROUGH, MA, UNITED STATES 01581

RENTAL INFORMATION

Driver: FEITOSA, BRUNO
Check Out: 07/14/2025 12:29
Location: ATLANTA INTL ARPT
Check In: 07/18/2025 12:04
Location: ATLANTA INTL ARPT
Reserved Car Class: SCAR / SCAR
Charged Car Class: ICAR / ICAR
Type: VP
Rate Plan: ASCEND ELEMENTS / ASCEND ELEMENTS
Billing Name: ASCEND ELEMENTS, INC
IATA: 45699150

RENTAL VEHICLES

#	Year	Make	Model	Series	Class	Reg. Date	Start	End
1	2025	BMW	330i	CNHA	LCAR		07/14	07/18

#	Lic. Plate	MRP	CO2	Fuel	KM/M Beg. / End. / Total
1	LRA191C4				13666 / 13923 / 257

#	VIN #	Eng.	HP	KW	Unit
1	3MW89CW05S8F06589		255	188	8FDL73

FOR BILLING INQUIRIES

Tel#: +1 8662789894
ARINQUIRY@EM.COM

PAYMENT TERMS

Payment due within 30 days from the invoice date. Late payments subject to a fee.
PAYMENT DUE BY: 08/18/2025
Remit Payment to:
EAN SERVICES, LLC
500 CORPORATE PARK DR
CLAYTON, UNITED STATES 631054202

Fed Tax Id : 430724835
Email Remit To: AskNationalPayments@em.com

BANKING INFORMATION

Bank Name: COMMERCE BANK
Routing #: 101000019 (EFT-Wire Transfer)
Account #: 240931050

BIC/SWIFT: CBKCUS44 (USD Payments) BOFAUS6S (non-USD Payments)

Thank You For Choosing National Car Rental

P O BOX 801988
KANSAS CITY MO 64180
UNITED STATES

02/10/2025

KSHAMA VYAS
60 COMMONS DR
APT 37
SHREWSBURY MA 015454920
UNITED STATES

Claim Number	: 22034038
Date of Loss	: 01/18/2025
Balance Due	: $1,242.69
Renter's name	: KSHAMA VYAS
Rental Agreement#	: 365752273

http://www.claimtopay.com

Our review indicates that you are responsible for the damages to our vehicle.

Enclosed please find documentation to support our claim. Please review this information and remit payment in full to the address above. Please include our claim number on your payment. If you prefer you may also pay the amount due using a debit card, credit card or directly from your bank account at

If you have reported this claim to your insurance and / or credit card company, please contact our office with the claim information.

If you have any questions, please contact us at the number below.
Sincerely,
DAMAGE RECOVERY UNIT
Phone: 8663004407
Email: DRU3@ehi.com

INVOICE

Date: 02/10/2025

KSHAMA VYAS
60 COMMONS DR
APT 37
SHREWSBURY MA 015454920
UNITED STATES

Claim #: 22034038
Unit #: 7WG824
Billing Invoice #: 3009242174

Vehicle Information
VIN: 4T1DAACK5SU525662
Year: 2025
Make: TOYO
Model: CAMR

Item	Total Cost	Amount Due
Damage	$885.60	$885.60
Admin Fees	$100.00	$100.00
Loss of Use: (13.80 / 4.00) hours @ $48.85 per day @ 100.00% occupancy	$168.53	$168.53
Diminishment of Value	$88.56	$88.56

Total Amount Due: $ 1,242.69*

*Remit payment in U.S. Dollars.

PAY UPON RECEIPT

ALL PAYMENTS MUST INCLUDE THIS REMITTANCE TO BE CREDITED PROPERLY!

PAYABLE TO:
DAMAGE RECOVERY
P O BOX 801988
KANSAS CITY MO 64180
UNITED STATES
Toll Free #: 8663004407

Claim #: 22034038
Unit #: 7WG824
Billing Invoice #: 3009242174

Total Amount Due: $ 1,242.69*
*Remit payment in U.S. Dollars.

Total Amount Remitted: $ _____

Our claim number: 22034038

Your Claim Information

Your insurance / credit card company: _____

Your claim number: _____

Name of claims adjuster: _____

Adjuster / company email address: _____

Adjuster / company phone number: _____

Adjuster / company fax number: _____

Adjuster / company mailing address: _____
Address

_____
City, State, Country, Zip

Please reply to:

Damage Recovery Unit
Email: DRU3@ehi.com
Fax: 8662066961
Phone: 8663004407
Mail: P O BOX 801988 KANSAS CITY MO USA 64180

Estimate Information

Estimate ID 3019100904 Claim: 22034038
Estimator:
File ID: ENT-6247
Platform: CCC
Date Created: 01/21/2025

Repair Facility

Repair Facility: Joe Griffin Bodyshop
Address: 2 Bullsboro DrSuite A
Newnan, GA 30263
Phone: 770-2523399
Fax:
Federal Tax ID: 582571926
State Tax ID:
BAR:

Vehicle Data

Unit #: BADNUM Year: 2025 Make: Toyota Model: Camry LE
VIN: 4T1DAACK5SU525662 Color: black Lic. State: License:
Body Style: Engine: Odometer: 8148 Prod. Date:

Point of Impact
Primary: Unknown Point of Impact
Secondary: Unknown Point of Impact

Line

Line	Op	Description	Type	Part#	Price	Qty	Labor	Paint	Labor Amt
001		FRONT BUMPER & GRILLE							
002	O/H	O/H bumper assy	N	NONE			3.6B		$133.20
003*	RPR	Bumper cover w/o front park aid					6B	3R	$333.00
004	BLANK	Add for Clear Coat						1.2R	$44.40
005		MISCELLANEOUS OPERATIONS							
006*	BLANK	ELITE POST SCAN			$270.00		0M		

Totals

Parts

Part	SubTotal	Adj%	Adj$	Total
				$0.00

Labor

Type	Additional Labor	Rate	Hours	Total
Labor - Body		$37.00	9.6	$355.20
Labor - Refinish		$37.00	4.2	$155.40
Labors Total				**$510.60**

Materials

Materials - Paint	$105.00
	$105.00

Miscellaneous

Other - Additional Cost	$270.00
	$270.00

Adjustment

Total Claim Before Taxes	$885.60
Total Transaction Amount	$885.60
Insurance Pay	$885.60
	$885.60

Op Codes	
RREP	Operation - Remove and Repair
R1ST	Operation - Repair First, else Replace
REDO	Operation - Redo
CG	Operation - Chip Guard
TT	Operation - Two Tone
PDR	Operation - Paintless Dent Repair
RPR	Operation - Repair
PRPR	Operation - Repair, Partial
RR	Operation - Remove/Replace
RRP	Operation - Remove/Replace, Partial
ADC	Operation - Additional Costs

ADO	Operation - Additional Operations
BLND	Operation - Blend
SUB	Operation - Sublet
RPD	Operation - Related Prior Damage
AA	Operation - Appearance Allowance
BLANK	Operation - Blank
RFRP	Operation - Refinish/Repair
RI	Operation - Remove/Install
ARP	Operation - Additional Repair
ALGN	Operation - Alignment
O/H	Operation - Overhaul
REF	Operation - Refinish
INSP	Operation - Inspect
C/AJ	Operation - Check/Adjust
UPD	Operation - Unrelated Prior Damage
RI	Operation - Remove and Reinstall
Part Type Codes	
A	Parts - Aftermarket
C	Parts - Re-chromed
E	Parts - Existing
L	Parts - Recycled
M	Parts - Remanufactured
N	Parts - New
P	Parts - New, partial
R	Parts - Re-cored
GL	Glass
Labor Codes	
R	Labor - Refinish
S	Labor - Structural
U	User Defined Labor
U	User Defined Labor 1
U	User Defined Labor 2
U	User Defined Labor 3
U	User Defined Labor 4
B	Labor - Body
D	Labor - Diagnostic
E	Labor - Electrical
F	Labor - Frame
G	Labor - Glass
M	Labor - Mechanical






















MFD.BY:TOYOTA MOTOR MANUFACTURING,
KENTUCKY,INC.07/24
GVWR 4625LB GAWR FR 2625LB RR 2425LB
THIS VEHICLE CONFORMS TO ALL APPLICABLE
FEDERAL MOTOR VEHICLE SAFETY,BUMPER AND
THEFT PREVENTION STANDARDS IN EFFECT ON
THE DATE OF MANUFACTURE SHOWN ABOVE.
4T1DAACK5SU525662
C/TR:218/FA20 AXVH80L-CEXNBA
A/TM: /PB11 MADE IN U.S.A. 85374