

Fill in this information to identify the case:

Debtor 1 TELIGENT PHARMA INC

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: District of Delaware

Case number 21-11334

Filed: USBC - District of Delaware
Teligent, Inc., Et al (B10)
21-11332 (BLS)

TLT



RECEIVED

NOV 09 2021

LEGAL SERVICES

Official Form 410

Proof of Claim

12/15

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 of 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?

PITNEY BOWES 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?

Pitney Bowes Inc

Name

27 Waterview Dr, 3rd Fl

Number Street

Shelton

CT

06484

City

State

ZIP Code

Contact phone 203-922-4277

Contact email faith.santiago@pb.com

Where should payments to the creditor be sent? (if different)

Name

Number Street

City

State

ZIP Code

Contact phone _____

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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>3</u> <u>4</u> <u>4</u> <u>6</u>
7. How much is the claim?	\$ <u>1,269.14</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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. <u>Goods sold</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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: \$ <u>1,269.14</u> (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ <u>1,269.14</u> Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ <u>1,269.14</u>
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 \$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).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,475*) 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 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

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 acknowledgment 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 a 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 11/04/2021
MM / DD / YYYY

/s/ Faith Santiago

Signature

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

Name Faith Santiago
First name Middle name Last name

Title Bankruptcy Coordinator

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

Address 27 Waterview Dr, 3rd Fl
Number Street
Shelton CT 06484
City State ZIP Code

Contact phone 203-922-4277 Email faith.santiago@pb.com

June 1, 2021

SUMMARY OF YOUR CHARGES	
Current charges	\$97.48
Discounts	-\$4.88
Shipping and handling	\$26.99
Total tax	\$8.38
TOTAL DUE 07/01/2021	\$127.97
See reverse side for invoice details.	

***** COMING SOON *****

Pitney Bowes is changing the bank we use to process payments. For further information on how this will affect the way you pay your bill go to pb.com/bankchange

PAYMENT INFORMATION

Payment of \$127.97 is due by July 1, 2021

Sign up.

Never need to pick up the phone again. Sign up to "Your Account" to manage everything online.

pitneybowes.com/us/signupnow



Pay online.

Start using "Your Account" today to manage everything online, including AutoPay.

pitneybowes.com/us/payonlinenow



Questions?

Get immediate answers to your questions.

pitneybowes.com/us/answers

For Billing and Account Support call: 844-256-6444

To pay by mail, complete and send the coupon below. Please allow 7-10 business days for mail and processing time.

Page 1 of 2

DUNS 00116-1793, TAX ID 06-0495050

Tear off here

N-002317

Pitney Bowes

2225 American Drive
Neenah, WI 54956-1005

Pitney Bowes payment coupon

If you've chosen to pay by mail, please include this payment coupon with your payment.

Account #: 0017383446

Invoice date: Jun 1, 2021**Payment amount due: \$127.97****Invoice #: 1018252082**

Due date: Jul 01, 2021

1000001738344661018252082400001279709

0017383446

PITNEY BOWES INC
PO BOX 371896
PITTSBURGH PA 15250-7896

GULF COAST HEALTH CARE
REHABILITATION CENTER HOFFMAN
40 S. PALAFOX PLACE
STE 400
PENSACOLA FL 32502-5699

Change of address/contact information?

Please update at pitneybowes.com/us/support/addresschange.



Account number
0017383446

Invoice number
1018252082

Invoice date
June 1, 2021

Page 2 of 2

DETAILS OF YOUR CHARGES

Order # 0008870342		Order date: 06/01/2021		Totals
Location account: 0018315166				
Location: Viera del Mar Health and Rehab, Rehabilitation Center, 2355 Vidina Dr, Viera, FL 329407698				
Description	Quantity	Unit	Unit Price	Total
SendPro C200/C300/C400 Red Ink Ctg	2	EA	\$48.74	\$97.48
Product #: SL-798-0				
Total discounts				-\$4.88
Total shipping and handling				\$26.99
State tax				\$7.18
County tax				\$1.20
Order # 0008870342 Total				\$127.97
TOTAL DUE				\$127.97

Important information

Access the following activities on our website:

- View and pay bills
- Order Supplies
- Update account information
- Access technical support

It's easy. Go to pitneybowes.us/signin

This transaction is governed by the terms and conditions of the applicable Pitney Bowes agreement, current as of the date of this invoice unless otherwise agreed to in writing by the parties.

Payment

If we do not receive your payment by the Payment Due Date, late fees will apply. If your payment is returned, you're liable for any charges we incur. If you make a partial payment of the payment due, it doesn't change your contract or obligations to us.

Page 2 of 2

You can pay your bill:

- **QUICKEST WAY TO PAY:** pitneybowes.us/signin
- By credit card, over the phone
at 844-256-6444
- By check, made payable to Pitney Bowes Inc
and sent with this *payment coupon* to:
PITNEY BOWES INC
PO BOX 371896
PITTSBURGH PA 15250-7896

July 12, 2021

See reverse side for invoice details.

Pitney Bowes is changing the bank we use to process payments. For further information on how this will affect the way you pay your bill go to pb.com/bankchange

Payment of \$381.95 is due by August 11, 2021



For Billing and Account Support call: 800-228-1071

To pay by mail, complete and send the coupon below. Please allow 7-10 business days for mail and processing time.

Invoice #: 1018569247
Due date: Aug 11, 2021

0017383446

GULF COAST HEALTH CARE
JENNIFER BRAXTON
40 S. PALAFOX PLACE
STE 400
PENSACOLA FL 32502-5699

DETAILS OF YOUR CHARGES

Order # 0009069116		Order date: 07/12/2021		Totals	
Location account: 0012789622		PO number: DORIS BROWN			
Location: SINGING RIVER, 3401 MAIN ST, MOSS POINT, MS 395635101					
Description	Quantity	Unit	Unit Price	Total	
DM100I Red Ink Ctg 1 Box	3	EA	\$109.99	\$329.97	
Product #: 793-5					
		Total shipping and handling		\$26.99	
		State tax		\$24.99	
		Order # 0009069116 Total		\$381.95	
		TOTAL DUE		\$381.95	

Important information

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It's easy. Go to pitneybowes.us/signin

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Payment

If we do not receive your payment by the Payment Due Date, late fees will apply. If your payment is returned, you're liable for any charges we incur. If you make a partial payment of the payment due, it doesn't change your contract or obligations to us.

You can pay your bill:

- **QUICKEST WAY TO PAY:** pitneybowes.us/signin
- By credit card, over the phone
at 800-228-1071
- By check, made payable to Pitney Bowes Inc
and sent with this *payment coupon* to:
PITNEY BOWES INC
PO BOX 371896
PITTSBURGH PA 15250-7896

July 29, 2021

See reverse side for invoice details.

Pitney Bowes is changing the bank we use to process payments. For further information on how this will affect the way you pay your bill go to pb.com/bankchange

Payment of \$247.14 is due by August 28, 2021



Change of address/contact information?
Please update at pitneybowes.com/us/support/addresschange.



Account number
0017383446

Invoice number
1018690776

Invoice date
July 29, 2021

Page 2 of 2

DETAILS OF YOUR CHARGES

Order # 0009116743		Order date: 07/29/2021		Totals	
Location account: 0012702524		PO number: Lauren Bradley			
Location: BOYINGTON, 1530 BROAD AVE, GULFPORT, MS 395013641					
Description	Quantity	Unit	Unit Price	Total	
DM100I Red Ink Ctg 1 Box	2	EA	\$109.99	\$219.98	
Product #: 793-5					
		Total shipping and handling		\$10.99	
		State tax		\$16.17	
		Order # 0009116743 Total		\$247.14	
		TOTAL DUE		\$247.14	

Important information

Access the following activities on our website:

- View and pay bills
- Order Supplies
- Update account information
- Access technical support

It's easy. Go to pitneybowes.us/signin

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Payment

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Page 2 of 2

You can pay your bill:

- **QUICKEST WAY TO PAY:** pitneybowes.us/signin
- By credit card, over the phone
at 800-228-1071
- By check, made payable to Pitney Bowes Inc
and sent with this *payment coupon* to:
PITNEY BOWES INC
PO BOX 371896
PITTSBURGH PA 15250-7896

August 17, 2021

See reverse side for invoice details.

Please update at pitneybowes.com/us/support/addresschange.



Account number
0017383446

Invoice number
1018815805

Invoice date
August 17, 2021

Page 2 of 2

DETAILS OF YOUR CHARGES

Order # 0009161515		Order date: 08/17/2021		Totals	
Location account: 0018314824		PO number: georgette jones			
Location: Rosewood Healthcare Rehabilita, Center, 3107 N H St, Pensacola, FL 325011111					
Description	Quantity	Unit	Unit Price	Total	
DM100I Red Ink Ctg 1 Box	1	EA	\$109.99	\$109.99	
Product #: 793-5					
		Total shipping and handling		\$26.99	
		State tax		\$8.22	
		County tax		\$2.05	
		Order # 0009161515 Total		\$147.25	
		TOTAL DUE		\$147.25	

Important information

Access the following activities on our website:

- View and pay bills
- Order Supplies
- Update account information
- Access technical support

It's easy. Go to pitneybowes.us/signin

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at 800-228-1071
- By check, made payable to Pitney Bowes Inc
and sent with this *payment coupon* to:
PITNEY BOWES INC
PO BOX 371896
PITTSBURGH PA 15250-7896

Change of address/contact information?
Please update at pitneybowes.com/us/support/addresschange.



Account number
0017383446

Invoice number
1018900921

Invoice date
August 31, 2021

Page 2 of 2

DETAILS OF YOUR CHARGES

Order # 0009206368		Order date: 08/31/2021		Totals	
Location account: 0011668645		PO number: Danica Favre			
Location: DIXIE WHITEHOUSE NURSING HOME, 538 MENGE AVE, PASS CHRISTIAN, MS 395714234					
Description	Quantity	Unit	Unit Price	Total	
DM100I Red Ink Ctg 1 Box	3	EA	\$109.99	\$329.97	
Product #: 793-5					
Total shipping and handling				\$10.99	
State tax				\$23.87	
Order # 0009206368 Total				\$364.83	
TOTAL DUE				\$364.83	

Important information

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- View and pay bills
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PO BOX 371896
PITTSBURGH PA 15250-7896

pitney bowes



Pitney Bowes
27 Waterview Dr.
Shelton, CT 06484-4301



U.S. POSTAGE >> PITNEY BOWES



ZIP 06484 \$ 000.53⁰
02 4W
0000336917

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NOV 09 2021

EPIQ

EPIQ Corporate
777 Third Ave. 12th fl.
NY, NY 10017

T.J.