Fill in this information to identify the case:										
Debtor 1	Debtor 1 TELIGENT PHARMA INC									
Debtor 2 (Spouse, if filing	Debtor 2 (Spouse, if filing)									
United States	United States Bankruptcy Court for the: District of Delaware									
Case number	Case number 21-11334									

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

21-11332 (BLS)

TLT



RECEIVED

NOV 0,9 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.

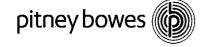
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

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.

١.	Who is the current creditor?	PITNEY BOWES INC Name of the current creditor (the person or entity to be paid for this claim)								
		Name of the current cred	ditor (the person or e	entity to be paid for this cla	aim)					
		Other names the credito	r used with the debto	or						
	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom	1?							
a c F	Where should notices and payments to the creditor be sent?	Where should notic	Where shou	Where should payments to the creditor be sent? (if different)						
	Federal Rule of	Name	·		Name					
	Bankruptcy Procedure	27 Waterview Dr	3rd FI							
	(FRBP) 2002(g)	Number Street	, 510 11		Number	Street				
		Shelton	СТ	06484						
		City	State	ZIP Code	City	Sta	te	ZIP Code		
		Contact phone 203-9	22-4277		Contact phon	e		_		
		Contact email faith.s	antiago@pb.c	<u>om</u>	Contact email			_		
	•	Uniform claim identifier f	for electronic paymen	nts in chapter 13 (if you u	se one):					
	Does this claim amend one already filed?	✓ No ☐ Yes. Claim numl	per on court claims	s registry (if known) _		Filed on	MM / DD	/ YYYY		
	Do you know if anyone else has filed a proof of claim for this claim?	✓ No ☐ Yes. Who made	the earlier filing?				#			

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: 3 4 6
7.	How much is the claim?	\$
١.	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
	Is all or part of the claim secured?	No Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. 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: \$ 1,269.14 (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: \$ 1,269.14
		Annual Interest Rate (when case was filed)% Fixed Variable
0). Is this claim based on a lease?	□ No Yes. Amount necessary to cure any default as of the date of the petition. \$
1	. Is this claim subject to a right of setoff?	✓ No ☐ Yes. Identify the property:

12. Is all or part of the claim	☑ No			
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check	all that apply:		Amount entitled to priority
A claim may be partly priority and partly		c support obligations (including alimony a $\mathbb{E}[S, S] = \mathbb{E}[S]$	nd child support) under	**************************************
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$2 personal	es for \$		
on and to provide	bankrup	salaries, or commissions (up to \$12,475*) cy petition is filed or the debtor's busines c. § 507(a)(4).		e the \$
	☐ Taxes of	penalties owed to governmental units. 1	1 U.S.C. § 507(a)(8).	\$
	☐ Contribu	tions to an employee benefit plan. 11 U.S	S.C. § 507(a)(5).	\$
	Other. S	pecify subsection of 11 U.S.C. § 507(a)(_	_) that applies.	\$
	* Amounts a	re subject to adjustment on 4/01/16 and every	years after that for cases begun o	on or after the date of adjustment.
Part 3: Sign Below	• .			
	<u> </u>			
The person completing this proof of claim must	Check the appro			
sign and date it. FRBP 9011(b).	l am the cre			
If you file this claim		ditor's attorney or authorized agent.	4 D 4 4 D 4 0004	
electronically, FRBP		tee, or the debtor, or their authorized age	· ·	
5005(a)(2) authorizes courts to establish local rules	□ I am a guara	intor, surety, endorser, or other codebtor.	Bankruptcy Rule 3005.	
specifying what a signature is.		an authorized signature on this <i>Proof of</i> im, the creditor gave the debtor credit for		
A person who files a		min, and diseases gave and debites disease to	any paymonto received terrar	a the debt.
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined and correct.	the information in this <i>Proof of Claim</i> and	have a reasonable belief that	the information is true
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under p	enalty of perjury that the foregoing is true	and correct.	
3571.	Executed on date	11/04/2021 MM / DD / YYYY		
	/s/ Faith S	Santiago TO 1 H	\times	VXX-
	Signature	tantago (Maria	<u> </u>	
•	Print the name	of the person who is completing and s	igning this claim:	
			-	
	Name	Faith Santiago First name Middle r	ame last	name
	Titlo	Bankruptcy Coordinator	unic Last	name
	Title			
	Company	Pitney Bowes Inc Identify the corporate servicer as the compar	ny if the authorized agent is a servi	cer.
	Address	27 Waterview Dr, 3rd Fl		
	Addiess	Number Street		
		Shelton	CT 06	6484
		City	State ZIP (Code
	Contact phone	203-922-4277	Email faith.san	tiago@pb.com
l .				



Your invoice# 1018252082

June 1, 2021

SUMMARY OF YOUR CHARG	ES
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 o	letails.

******* 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



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Questions?

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

		7034												
)rder								Tot	

Location account: 0018315166

Location: Viera del Mar Health and Rehab, Rehabilitation Center, 2355 Vidina Dr., Viera, FL

0017383446

329407698

Description	Quantity	Unit	Unit Price	Total	
SendPro C200/C300/C400 Red Ink Ctg	2	EA	\$48.74	\$97.48	
Product #: SL-798-0					
•		To	tal discounts	-\$4.88	
•	T	otal shipping	and handling	\$26.99	
·			State tax	\$7 .18	
			County tax	\$1.20	
	(Order # 0008	870342 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

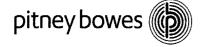
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Payment

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.

Page 2 of 2

- 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**



Account name:

GULF COAST HEALTH CARE

Your invoice# 1018569247

July 12, 2021

SUMMARY OF YOUR CHARGES PO number: DORIS BROWN	
Current charges	\$329.97
Shipping and handling	\$26.99
Total tax	\$24.99
TOTAL DUE 08/11/2021	\$381,95
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 \$381.95 is due by August 11, 2021



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N-001959

Pitney Bowes 2225 American Drive Neenah, WI 54956 Pitney Bowes payment coupon If you've chosen to pay by mail, please include this payment coupon with your payment. Account #: 0017383446

Invoice date: Jul 12, 2021 Payment amount due: \$381.95 Invoice #: 1018569247 Due date: Aug 11, 2021

1000001738344661018569247100003819507

0017383446

PITNEY BOWES INC PO BOX 371896 PITTSBURGH PA 15250-7896

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



Order # 0009069116	Order date: 07/12/2021				Totals
Location account: 0012789622 Location: SINGING RIVER, 3401 MAIN S	PO number: DORIS BROWN T, MOSS POINT, MS 395635101				
Description	Quantity	Unit	Unit Price	Total	
DM1001 Red link Ctg 1 Box Product #: 793-5	3	EA	\$109.99	\$329.97	
		Total shipping	and handling	\$26.99	
		-	State tax	\$24.99	
		Order # 0009	069116 Total		\$381.95
			TOTAL DUE		\$381.95

Important information

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- Access technical support

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Payment

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Page 2 of 2

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- 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



Account number: 0017383446

Account name:

GULF COAST HEALTH CARE

Your invoice# 1018690776

July 29, 2021

SUMMARY OF YOUR CHARGE PO number: Lauren Bradley	ES
Current charges	\$219.98
Shipping and handling	\$10.99
Total tax	\$16.17
TOTAL DUE 08/28/2021	\$247.14
See reverse side for invoice d	etails.

******* 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 \$247.14 is due by August 28, 2021



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N-001684

Pitney Bowes 2225 American Drive Neenah, WI 54956

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

Account #: 0017383446

Invoice date: Jul 29, 2021 Payment amount due: \$247.14 Invoice #: 1018690776 Due date: Aug 28, 2021

1000001738344661018690776100002471402

0017383446

PITNEY BOWES INC PO BOX 371896 PITTSBURGH PA 15250-7896

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



Order # 0009116743	Order date: 07/29/2021				Totals
Location account: 0012702524	PO number: Lauren Bradle	y			
Location: BOYINGTON, 1530 BROAD AV	E, GULFPORT, MS 395013641				
Description	Quantity	Unit	Unit Price	Total	
DM1001 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 # 0009	7116743 Total		\$247.1
			TOTAL DUE		\$247.14

Important information

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

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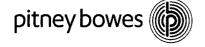
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Account name:

: GULF COAST HEALTH CARE

Your invoice# 1018815805

August 17, 2021

See reverse side for invoice deta	ails.
TOTAL DUE 09/16/2021	\$147.25
Total tax	\$10.27
Shipping and handling	\$26.99
Current charges	\$109.99
SUMMARY OF YOUR CHARGES PO number: georgette jones	;

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

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PAYMENT INFORMATION

Payment of \$147.25 is due by September 16, 2021



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N-001915

Pitney Bowes 2225 American Drive Neenah, WI 54956 Pitney Bowes payment coupon If you've chosen to pay by mail, please include this payment coupon with your payment. Account #: 0017383446 Invoice date: Aug 17, 2021 Payment amount due: \$147.25

Invoice #: 1018815805 Due date: Sep 16, 2021

1000001738344661018815805800001472503

0017383446

PITNEY BOWES INC PO BOX 371896 PITTSBURGH PA 15250-7896

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



pitney bowes

Order # 0009161515	Order date: 08/17/2021				Totals
Location account: 0018314824	PO number: georgette jone				•
Location: Rosewood Healthcare Rehabi	ita, Center, 3107 N H St, Pensac	ola, FL 32501111			
Description	Quantity	Unit	Unit Price	Total	
DM1001 Red Ink Ctg 1 Box Product #: 793-5	1	EA	\$109.99	\$109.99	
P1000Ct #: /73-5		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

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- Order Supplies
- Update account information
- Access technical support

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Account number: 0017383446

Account name:

GULF COAST HEALTH CARE

Your invoice# 1018900921

August 31, 2021

SUMMARY OF YOUR CHARGI PO number: Danica Favre	ES			
Current charges	\$329.97			
Shipping and handling	\$10.99			
Total tax	\$23.87			
TOTAL DUE 09/30/2021	\$364.83			
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 \$364.83 is due by September 30, 2021



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N-001946

Pitney Bowes 2225 American Drive Neenah, WI 54956 Pitney Bowes payment coupon If you've chosen to pay by mail, please include this payment coupon with your payment. Account #: 0017383446 Invoice date: Aug 31, 2021 Payment amount due: \$364.83

Invoice #: 1018900921 Due date: Sep 30, 2021

1000001738344661018900921900003648305

0017383446

PITNEY BOWES INC PO BOX 371896 PITTSBURGH PA 15250-7896

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



Order # 0009206368	Order date: 08/31/2021				Total	
Location account: 0011668645	PO number: Danica Favre					
Location: DIXIE WHITEHOUSE NURSING	S HOME, 538 MENGE AVE, PASS C	HRISTIAN, MS 3	95714234			
Description	Quantity	Unit	Unit Price	Total		
OM1001 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				

Important information

Access the following activities on our website:

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- Access technical support

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



NOV 09 2021

EPIU

Epig Corporate 777 Third Ave. 12th FL.