United States Bankruptcy Cou	rt for the Southern District of New York		
Name of Debtor: 2U, Inc.		For Court Use Onl Claim Number:	y 0000010002
Case Number: 24-11279		File Date:	07/29/2024 15:33:27

Proof of Claim (Official Form 410)

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. With the exception of 503(b)(9), 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.

04/22

Part 1:	Identify the Claim					
Name of the	Name of the current creditor (the person or entity to be paid for this claim):					
Other name	Other names the creditor used with the debtor:					
2. Has th	2. Has this claim been acquired from someone else? If No 🗆 Yes. From whom?					
3. When	e should notices and payments to the creditor be sent? Federal Rule of	of Bankruptcy	Procedure (FRBP) 2002(g)			
Where shou	uld notices to the creditor be sent?	Where sho	ould payments to the creditor be sent? (if different)			
Name	ARCHER EDUCATION, INC.	Name	ARCHER EDUCATION, INC.			
Address	10975 BENSON DRIVE	Address	P.O. Box 80620			
	SUITE 150					
City	OVERLAND PARK	City	CITY OF INDUSTRY			
State	KS ZIP Code <u>66210</u>	State	CA ZIP Code 91716			
Country (if	International):	Country (i	f International):			
Phone:	310-574-2243	Phone:				
Email:	MBRISKEY@ARCHEREDU.COM	Email:	FINANCETEAM@ARCHEREDU.COM			
Lindh		Lindii.				
4. Does this	s claim amend one already filed?	5. Do you	know if anyone else has filed a proof of claim for this claim?			
🗹 No		🗹 No				
□ Yes.		□ Yes.				
Claim number on court claims register (if known)		Who n	nade the earlier filing?			
Filed on	Filed on					
	MM / DD / YYYY					

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?	7. How much is the cla 634,409.50	aim?	8. What is	s the basis of the cla	im?
 ✔ No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 	 > Does this amount include interest or other charges? I No □ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). 		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/Services (Trade Claim)		
9. Is all or part of the claim secured?		10. Is this claim based on a	lease?	11. Is this claim su	bject to a right of setoff?
🖌 No		No No		🗹 No	
☐ Yes. The claim is secured by a lien on p Nature of property:	roperty.	Yes. Amount necessary any default as of the date of		1 Ves Identity the property:	
Real estate. If the claim is secured by the residence, file a <i>Mortgage Proof of Claim Att</i> 410-A) with this <i>Proof of Claim</i> .		\$			
Motor vehicle Other. Describe:		 12. Is all or part of the clain under 11 U.S.C. § 507(a No 		priority	A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.
Basis for perfection:		□ Yes. Check one:	Amount entitled to pri		Amount entitled to priority
Attach redacted copies of documents, if any, that show evidence of perfection of security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)		child support) under 11 U.S.(port obligations (including alimony and der 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ * of deposits toward purchase, lease, or y or services for personal, family, or \$		\$ \$
Value of property: \$		household use. 11 U.S.C. § 507(a)(7). Wages, salaries, or commissions (up to \$15,150*) 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).			¢
Amount of the claim that is secured: \$					¢
amount in line 7.)	unts should match the	Taxes or penalties owed to governmental units.			۶
Amount necessary to cure any default as of the date of the petition: \$		Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).			\$
Annual Interest Rate (when case was filed)%		Sor(a)(5): Sor(a)(5):			
 13. Does this claim qualify as an Administrative No □ Yes. Amount that qualifies as an Admin 	·	J.S.C. § 503(b)(9)?			

Part 3: Sign Below						
The person completing	Check the appropriate box:					
this proof of claim must	I am the creditor.					
sign and date it. FRBP 9011(b).	□ I am the creditor's attorney or authorized agent.					
5011(0).	□ I am the trustee, or the debtor, or their authorized agent.	ized agent. Bankruptcy Rule 3004. -debtor. Bankruptcy Rule 3005. roof of Claim serves as an acknowledgment that when calculating the amount of the claim, ts received toward the debt. aim and have a reasonable belief that the information is true and correct. g is true and correct.				
If you file this claim	□ I am a guarantor, surety, endorser, or other co-debtor. Bar	nkruptcy Rule 3005.				
electronically, FRBP 5005(a)(2) authorizes courts to establish local	I understand that an authorized signature on this <i>Proof of Clain</i> the creditor gave the debtor credit for any payments received t					
rules specifying what a	I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.					
signature is.	I declare under penalty of perjury that the foregoing is true and	correct.				
A person who files a	M9 CHAEL BRISKEN	07/29/2024 15:33:27				
fraudulent claim could be fined up to \$500,000,						
imprisoned for up to 5	Signature	Date				
years, or both. 18 U.S.C. §§ 152, 157, and 3571.	Provide the name and contact information of the person com	pleting and signing this claim:				
33 152, 157, una 5571.	MICHAEL BRISKEY Name					
	Address 10675 BENSON DR.					
	SUITE 150					
	OVERLAND PARK					
	State KS	Zip				
	Country (in international) United States of America					
	Phone					
	Email MBRISKEY@ARCHEREDU.COM					

INVOICE



Amount Due	\$292,700.00
Service Month:	05/31/24
Invoice #:	20055

Bill To:

2U 7900 Harkins Road Lanham, MD 20706 UNITED STATES

Due Date	Terms	Invoice Date	Sales Rep	Account Number
07/20/24	Net 30	06/20/24		2U

Description	Quantity	Price	Amount
		\$	\$150.00
		\$	\$4,375.00
		\$	\$3,000.00
		\$	\$2,975.00
		\$	\$4,950.00
		\$	\$7,525.00
		\$	\$2,275.00
		\$	\$1,200.00
		\$	\$2,450.00
		\$	\$175.00
		\$	\$700.00
		\$	\$875.00
		\$	\$175.00
		\$	\$1,575.00
		\$	\$875.00
		\$	\$350.00
		\$	\$175.00
		\$	\$875.00
		\$	\$1,050.00
		\$	\$80.00
		\$	\$175.00
		\$	\$525.00
		\$	\$175.00
		\$	\$160.00
		\$	\$700.00
		\$	\$80.00
		\$	\$1,575.00
		\$	\$300.00
		\$	\$875.00
		\$	\$175.00
		\$	\$1,800.00
		\$	\$56,875.00

Description	Quantity	Price	Amount
		\$	\$54,880.00
		\$	\$300.00
		\$	\$45,325.00
-100		\$	\$150.00
		\$	\$8,050.00
		\$	\$10,325.00
		\$	\$4,550.00
		\$	\$150.00
		\$	\$1,925.00
		\$	\$1,400.00
		\$	\$11,725.00
		\$	\$450.00
		\$	\$13,125.00
		\$	\$2,975.00
		\$	\$300.00
		\$	\$1,925.00
		\$	\$150.00
		\$	\$875.00
		\$	\$1,050.00
		\$	\$1,575.00
		\$	\$700.00
		\$	\$700.00
		\$	\$1,500.00
		\$	\$4,550.00
		\$	\$2,450.00
		\$	\$150.00
		\$	\$2,450.00
		\$	\$2,800.00
		\$	\$2,450.00
		\$	\$4,375.00
		\$	\$1,225.00
		\$	\$8,925.00

Total:	\$292,700.00
Payments:	\$0.00
Amount Due	\$292,700.00

ACH, E-PAYMENT, & WIRES: Archer Education, Inc.

Routing Number: Checking Account Number:

Note: Please send remittance advice along with payment that includes the Invoice number(s)

CHECK DELIVERY: Address (USPS): Archer Education, Inc. P.O. Box 80620 City of Industry, CA 91716-8412 Address (FedEx, UPS, & Courier/Messenger, etc): Archer Education, Inc. Box #80620 2525 Corporate Place Suite #250 Monterey Park CA 91754

Note: Please send remittance advice along with payment that includes the Invoice number(s)

INVOICE



Amount Due	\$207,700.00
Service Month:	06/30/24
Invoice #:	20179

Bill To:

2U 7900 Harkins Road Lanham, MD 20706 UNITED STATES

Due Date	Terms	Invoice Date	Sales Rep	Account Number
08/15/24	Net 30	07/16/24		2U

Description	Quantity	Price	Amount
			\$4,200.00
			\$1,200.00
			\$700.00
			\$5,550.00
		\$	\$7,175.00
		\$	\$150.00
		\$	\$2,275.00
		\$	\$600.00
		\$	\$700.00
		\$	\$1,400.00
		\$	\$1,050.00
		\$	\$150.00
		\$	\$875.00
		\$	\$175.00
		\$	\$150.00
		\$	\$350.00
			\$175.00
			\$150.00
			\$175.00
			\$80.00
			\$700.00
			\$350.00
		\$	\$150.00
		\$	\$175.00
		\$	\$350.00
		\$	\$1,050.00
		\$	\$1,925.00
		\$	\$80.00
		\$	\$150.00
		\$	\$700.00
		\$	\$80.00
		\$	\$3,000.00

Description	Quantity	Price	Amount
			\$40,250.00
			\$35,360.00
			\$14,000.00
			\$10,675.00
			\$300.00
			\$7,525.00
			\$2,800.00
			\$875.00
			\$1,750.00
			\$175.00
-MAP-		\$	\$150.00
-MAP-		\$	\$6,300.00
-MFT-		\$	\$300.00
-MFT-		\$	\$11,550.00
-MLS-		\$	\$150.00
-MLS-		\$	\$1,400.00
-MBA-		\$	\$150.00
-MBA-		\$	\$2,450.00
-MSOT-		\$	\$700.00
-Comp-		\$	\$1,750.00
		\$	\$150.00
		\$	\$350.00
		S	\$150.00
		\$	\$700.00
			\$525.00
			\$1,200.00
			\$2,800.00
			\$450.00
			\$1,225.00
			\$450.00
			\$2,975.00
			\$150.00
			\$1,925.00
			\$2,625.00
			\$300.00
			\$8,925.00
			\$150.00
			\$1,225.00
			\$6,825.00

Total:	\$207,700.00
Payments:	\$0.00
Amount Due	\$207,700.00

ACH, E-PAYMENT, & WIRES: Archer Education, Inc.

Routing Number: Checking Account Number:

Note: Please send remittance advice along with payment that includes the Invoice number(s)

CHECK DELIVERY: Address (USPS): Archer Education, Inc. P.O. Box 80620 City of Industry, CA 91716-8412

Address (FedEx, UPS, & Courier/Messenger, etc): Archer Education, Inc. Box #80620 2525 Corporate Place Suite #250 Monterey Park CA 91754

Note: Please send remittance advice along with payment that includes the Invoice number(s)

<u> Client - 7/1 - 7/25/2024</u>	Pre	elim. Amoun
	\$	1,875.00
	\$	1,475.00
	\$	325.00
	\$	14,654.00
	\$	2,599.00
	\$	6,665.00
	\$	708.00
	\$	2,857.00
	\$	567.00
	\$	1,708.00
	\$	10,710.00
	\$	13,420.00
	\$	6,180.00
	\$	861.00
	\$	550.00
	\$	30.00
	\$	234.00
	\$	66,796.50
	\$	804.00
	\$	867.00
	\$	124.00
Grand Total	\$:	134,009.50