

Fill in this information to identify the case:Debtor AFH Air Pros, LLCUnited States Bankruptcy Court for the: Northern District of Georgia
(State)Case number 25-10356**Modified Official Form 410
Proof of Claim****12/24**

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?	ACCELERATED BUSINESS SOLUTIONS	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? ACCELERATED BUSINESS SOLUTIONS 2991 CENTERPORT CIRCLE POMPANO BEACH, FL 33064	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Contact phone <u>954-580-0700</u> Contact email <u>SBHOLA@A-BS.COM</u>	Contact phone _____ Contact email _____
	Uniform claim identifier (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> 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?

☒ No

☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim?

\$ 595.97

. 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.

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: _____



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:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

☐ Up to \$3,350* 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 \$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).

\$ _____

☐ 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 4/01/25 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.

\$ 595.97

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 08/27/2025

MM / DD / YYYY

/s/Sandra BholA

Signature

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

Name Sandra BholA

First name

Middle name

Last name

Title AR

Company ABS

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2991 CENTERPORT CIR, POMPANO BEACH, FL, 33064

Contact phone 954-580-0700

Email SBHOLA@A-BS.COM



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 927-7076 | International (310) 751-2650

Debtor: 25-10356 - AFH Air Pros, LLC District: Northern District of Georgia, Newnan Division		
Creditor: ACCELERATED BUSINESS SOLUTIONS 2991 CENTERPORT CIRCLE POMPANO BEACH, FL, 33064 Phone: 954-580-0700 Phone 2: Fax: Email: SBHOLA@A-BS.COM	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: Yes Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim:	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 595.97	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): Yes: 595.97 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: Sandra Bhola on 27-Aug-2025 12:39:13 p.m. Pacific Time Title: AR Company: ABS Optional Signature Address: 2991 CENTERPORT CIR POMPANO BEACH, FL, 33064 Telephone Number: 954-580-0700 Email: SBHOLA@A-BS.COM		

Accelerated Business Solutions

2991 Center Port Circle Pompano Beach, FL 33064
P: 954-580-0700 F: 954-580-0711

CONTRACT INVOICE

Invoice Number: A689299
Invoice Date: 3/31/2025
Account Number: PERS05
Balance Due: \$286.51

Bill To: PERSONALIZED POWER SYSTEM
Nancy
159 NW 11th STREET
BOCA RATON, FL 33432

Customer: PERSONALIZED POWER SYSTEM
159 NW 11th STREET
BOCA RATON, FL 33432

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
PERS05	NET 30 DAYS	4/30/2025	\$ 286.51	\$ 286.51
Invoice Remarks				

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
117442-18	Nancy Driscoll 561-391-8190	\$ 267.77		11/15/2024	11/14/2025
Contract Remarks					

Summary:

Contract base rate charge for the 4/15/2025 to 5/14/2025 billing period	\$0.00 *
Contract overage charge for the 2/15/2025 to 3/14/2025 overage period	\$203.07 **
Miscellaneous	\$64.70
*Sum of equipment base charges **See overage details below	<u>\$267.77</u>

Detail:

Equipment included under this contract

COPYSTAR/CS-C3225

Number	Serial Number	Base Charge	Location
11741	D6900320	\$0.00	PERSONALIZED POWER SYSTEM 159 NW 11th STREET

BOCA RATON, FL 33432

Meter Type	Meter Group	Begin Meter	End Meter	Total	Covered	Billable	Rate	Overage
B\W	MONTHLY ME	409,039 *	409,040 *	1 ***	See overage details below			
Color	MONTHLY ME	165,421 *	165,422 *	1 ***	See overage details below			

* Estimated meter reading \$0.00

CANON/IRAC5235AU

Number	Serial Number	Base Charge	Location
31369	RRB08056	\$0.00	PERSONALIZED POWER SYSTEM 159 NW 11th STREET

BOCA RATON, FL 33432

Meter Type	Meter Group	Begin Meter	End Meter	Total	Covered	Billable	Rate	Overage
B\W	MONTHLY ME	413,443	414,693	1,250 ***	See overage details below			
Color	MONTHLY ME	156,942	157,572	630 ***	See overage details below			

\$0.00

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CONTRACT INVOICE

Invoice Number: A689299
Invoice Date: 3/31/2025
Account Number: PERS05
Balance Due: \$286.51

Bill To: PERSONALIZED POWER SYSTEM
Nancy
159 NW 11th STREET
BOCA RATON, FL 33432

Customer: PERSONALIZED POWER SYSTEM
159 NW 11th STREET
BOCA RATON, FL 33432

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
PERS05	NET 30 DAYS	4/30/2025	\$ 286.51	\$ 286.51
Invoice Remarks				

Overage Details

Meter Group	Total Copies	Covered Copies	Billable	Rate	Total
MONTHLY METERS	1,251	0	1,251	\$0.038544	\$48.22
				Base Amount:	\$0.00
					\$48.22
Meter Type	Equip. Number	Serial Number	Begin	End	Copies
B\W	11741	D6900320	409,039	409,040	1
B\W	31369	RRB08056	413,443	414,693	1,250
Meter Group	Total Copies	Covered Copies	Billable	Rate	Total
MONTHLY METERS	631	0	631	\$0.245410	\$154.85
				Base Amount:	\$0.00
					\$154.85
Meter Type	Equip. Number	Serial Number	Begin	End	Copies
Color	11741	D6900320	165,421	165,422	1
Color	31369	RRB08056	156,942	157,572	630
Total Grouped Overage Charges:					\$203.07
Total Grouped Base Charges:					\$0.00
Total Meter Group Charges:					\$203.07

For additional terms and conditions please visit our website at <http://www.a-bs.com/contract>

Invoice SubTotal	\$267.77
Tax:	\$18.74
Invoice Total	\$286.51
Balance Due:	\$286.51

Accelerated Business Solutions

2991 Center Port Circle Pompano Beach, FL 33064
P: 954-580-0700 F: 954-580-0711

CONTRACT INVOICE

Invoice Number: A686562
Invoice Date: 2/27/2025
Account Number: PERS05
Balance Due: \$273.76

Bill To: PERSONALIZED POWER SYSTEM
Nancy
159 NW 11th STREET
BOCA RATON, FL 33432

Customer: PERSONALIZED POWER SYSTEM
159 NW 11th STREET
BOCA RATON, FL 33432

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
PERS05	Net 10	3/9/2025	\$ 273.76	\$ 273.76
Invoice Remarks				

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
117442-18	Nancy Driscoll 561-391-8190	\$ 255.85		11/15/2024	11/14/2025
Contract Remarks					

Summary:

Contract base rate charge for the 3/15/2025 to 4/14/2025 billing period	\$0.00 *
Contract overage charge for the 1/15/2025 to 2/14/2025 overage period	\$191.15 **
Miscellaneous	\$64.70
*Sum of equipment base charges **See overage details below	<u>\$255.85</u>

Detail:

Equipment included under this contract

COPYSTAR/CS-C3225

Number	Serial Number	Base Charge	Location					
11741	D6900320	\$0.00	PERSONALIZED POWER SYSTEM 159 NW 11th STREET BOCA RATON, FL 33432					
Meter Type	Meter Group	Begin Meter	End Meter	Total	Covered	Billable	Rate	Overage
B\W	MONTHLY ME	409,038 *	409,039 *	1 ***	See overage details below			
Color	MONTHLY ME	165,420 *	165,421 *	1 ***	See overage details below			
* Estimated meter reading								\$0.00

CANON/IRAC5235AU

Number		Serial Number		Base Charge	Location				
31369		RRB08056		\$0.00	PERSONALIZED POWER SYSTEM 159 NW 11th STREET				
					BOCA RATON, FL 33432				
Meter Type	Meter Group	Begin Meter	End Meter		Total	Covered	Billable	Rate	Overage
B\W	MONTHLY ME	412,426	413,443		1,017 ***	See overage details below			
Color	MONTHLY ME	156,324	156,942		618 ***	See overage details below			
									\$0.00

Accelerated Business Solutions

2991 Center Port Circle Pompano Beach, FL 33064
P: 954-580-0700 F: 954-580-0711

CONTRACT INVOICE

Invoice Number: A686562
Invoice Date: 2/27/2025
Account Number: PERS05
Balance Due: \$273.76

Bill To: PERSONALIZED POWER SYSTEM
Nancy
159 NW 11th STREET
BOCA RATON, FL 33432

Customer: PERSONALIZED POWER SYSTEM
159 NW 11th STREET
BOCA RATON, FL 33432

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
PERS05	Net 10	3/9/2025	\$ 273.76	\$ 273.76
Invoice Remarks				

Overage Details

Meter Group	Total Copies	Covered Copies	Billable	Rate	Total
MONTHLY METERS	1,018	0	1,018	\$0.038544	\$39.24
				Base Amount:	\$0.00
					\$39.24
Meter Type	Equip. Number	Serial Number	Begin	End	Copies
B\W	11741	D6900320	409,038	409,039	1
B\W	31369	RRB08056	412,426	413,443	1,017
Meter Group	Total Copies	Covered Copies	Billable	Rate	Total
MONTHLY METERS	619	0	619	\$0.245410	\$151.91
				Base Amount:	\$0.00
					\$151.91
Meter Type	Equip. Number	Serial Number	Begin	End	Copies
Color	11741	D6900320	165,420	165,421	1
Color	31369	RRB08056	156,324	156,942	618
Total Grouped Overage Charges:					\$191.15
Total Grouped Base Charges:					\$0.00
Total Meter Group Charges:					\$191.15

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Invoice SubTotal	\$255.85
Tax:	\$17.91
Invoice Total	\$273.76
Balance Due:	\$273.76

Accelerated Business Solutions

2991 Center Port Circle Pompano Beach, FL 33064
P: 954-580-0700 F: 954-580-0711

INVOICE

Invoice Number: A688034
Invoice Date: 3/14/2025
Account Number: PERS05
Balance Due: \$35.70

Bill To: PERSONALIZED POWER SYSTEM
Attn: Nancy
159 NW 11th STREET

BOCA RATON, FL 33432

Ship To: PERSONALIZED POWER SYSTEM
Attn: Nancy Driscoll
159 NW 11th STREET

BOCA RATON, FL 33432

Sales Order No	P. O. Number	Ship Method	Payment Terms	Payment Due
J092277		UPS	NET 30 DAYS	4/13/2025

Remarks	Sales Person
NANCY YELLOW 561-391-8190	Scott Weiss

Item No	Description	Serial No	Order	Ship	BkO	UM	Price	Disc	Amount
2802B003ABG	TONER YELLOW C5035/5030/5235/5240 Contract: 117442-18 Equipment: 31369 Serial Number: RRB08056 Model: IRAC5235AU Location:		1.0	1.0	0.0	EA	\$0.00		\$0.00

For additional terms and conditions please visit our website at <http://www.a-bs.com/contract>

Subtotal	\$0.00
Discount	\$0.00
Freight	\$35.70
Sales Tax	\$0.00
Invoice Total	\$35.70
Balance Due	\$35.70