

Fill in this information to identify the case:Debtor Powin, LLCUnited States Bankruptcy Court for the: _____ District of New Jersey
(State)Case number 25-16137**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.

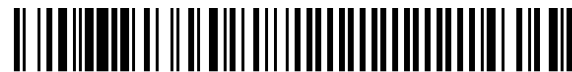
Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, 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?	Capgemini America, 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?	<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?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Capgemini America, Inc. 79 Fifth Avenue - 3rd Floor New York, NY 10003, United States	
	Contact phone <u>2123148129</u>	Contact phone _____
	Contact email <u>julie.spriggins@capgemini.com</u>	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 checked="" type="checkbox"/> No <input 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: 5441 ____

7. How much is the claim? \$ 250137.25 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).

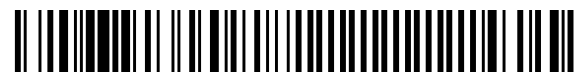
8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

Services Performed

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 \$3,800* 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 08/05/2025
MM / DD / YYYY

/s/Julie Spriggins
Signature

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

Name Julie Spriggins
First name Middle name Last name

Title Sr. Paralegal

Company Capgemini America, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 507-8031 | International 001-310-823-9000

Debtor: 25-16137 - Powin, LLC District: District of New Jersey, Trenton Division		
Creditor: Capgemini America, Inc. 79 Fifth Avenue - 3rd Floor New York, NY, 10003 United States Phone: 2123148129 Phone 2: Fax: Email: julie.spriggins@capgemini.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Services Performed	Last 4 Digits: Yes - 5441	Uniform Claim Identifier:
Total Amount of Claim: 250137.25	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: Julie Spriggins on 05-Aug-2025 1:19:33 p.m. Pacific Time Title: Sr. Paralegal Company: Capgemini America, Inc.		

Fill in this information to identify the case:

Debtor 1 _____

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of _____

Case number _____

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 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?**

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?**

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact phone _____

Contact email _____

Uniform claim identifier (if you use one):
_____**Where should payments to the creditor be sent? (if different)**

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact phone _____

Contact email _____

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?** ☐ 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?** \$ _____. **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 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*.
- ☐ 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 amounts 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 one:

☐ 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 \$3,800* 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.

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 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 _____
MM / DD / YYYY

Signature

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

Name _____
First name Middle name Last name

Title _____

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

Address _____
Number Street

City State ZIP Code

Contact phone _____ Email _____

Capgemini America, Inc.

CAPGEMINI AMERICA INC
79 Fifth Avenue
NEW YORK, NY, US,
10003, United States

Tel: 212-314-8000 **Fax:**
Email:

**SALE INVOICE
(BILL OF SALE)**

www.capgemini.com

Kind Attn: Sharmila,

Billing Address:
Powin, LLC
20550 SW 115th Ave.
Tualatin, OR,
97062, United States

Invoice Number : 1990110628735
Invoice Date : 24-APR-25
PO No :
PO Date :
Customer No : 10365441
Contract No : 101151448
Invoice Currency : USD

Payment Terms Net: Net Due in 60 Days
Due date: 23-JUN-25

Item	DESCRIPTION	Quantity	Unit	Unit Rate	AMOUNT
	Mar'25 billing				
1	Reshu Agarwal	.33333333 33333333 1	MMI	25	1575.00
2	Saumya Agarwal	.42857142 85714285 5	MMI	26	2106.00
3	Shivam Soni	.90476190 47619047 7	MMI	26	4446.00
4	Subodh Gholap	.90476190 47619047 7	MMI	34.5	5899.50
5	Abhishek Singh	.33333333 33333333 1	MMI	34.5	2173.50
6	Anjali Chawla	.85714285 71428571	MMI	25	4050.00
7	Hariom	.90476190 47619047 7	MMI	26	4446.00
8	Rahul Mishra	.90476190 47619047 7	MMI	34	5814.00
9	Muhsina VP	.76190476 19047618 6	MMI	34.5	4968.00
10	Sandeep Kumar	.80952380 95238095 3	MMI	26	3978.00
11	Manomina Bose	.71428571 42857143	MMI	33	4455.00
12	Anurag Sharma	.85714285 71428571	MMI	151	21744.00
Taxable Value					65655.00
Tax @0%					0.00
Total Amount					65655.00

Registered Office: 400 Broadacres Dr 07003 United States.

Amount in Words: USD Sixty-five thousand six hundred fifty-five and zero only
Ref Exchange rate: USD Dt:

Payment Mode

Bank: Bank of America
Bank Address: Dallas, Texas
Beneficiary: Capgemini America, Inc.
Account: 3751983101
SWIFT: BOFAUS3N

Prepared by: BATCH_USER_CDT
For: Capgemini America, Inc.

Signature or Digital Signature of Authorised Signatory

Capgemini America, Inc.

CAPGEMINI AMERICA INC
79 Fifth Avenue
NEW YORK, NY, US,
10003, United States

Tel: 212-314-8000 **Fax:**
Email:

**SALE INVOICE
(BILL OF SALE)**

www.capgemini.com

Kind Attn: Sharmila,

Billing Address:
Powin, LLC
20550 SW 115th Ave.
Tualatin, OR,
97062, United States

Invoice Number : 1990110633827
Invoice Date : 15-MAY-25
PO No :
PO Date :
Customer No : 10365441
Contract No : 101151448
Invoice Currency : USD

Payment Terms Net: Net Due in 60 Days
Due date: 14-JUL-25

Item	DESCRIPTION	Quantity	Unit	Unit Rate	AMOUNT
	Invoice for Apr'25				
1	Reshu Agarwal	.95454545 45454545 9	MMI	25	4725.00
2	Saumya Agarwal	.95454545 45454545 9	MMI	26	4914.00
3	Shivam Soni	.86363636 36363636 5	MMI	26	4446.00
4	Subodh Gholap	.95454545 45454545 9	MMI	34.5	6520.50
5	Anjali Chawla	.86363636 36363636 5	MMI	25	4275.00
6	Hariom	.90909090 90909090 6	MMI	26	4680.00
7	Rahul Mishra	.86363636 36363636 5	MMI	34	5814.00
8	Muhsina VP	.86363636 36363636 5	MMI	34.5	5899.50
9	Sandeep Kumar	.95454545 45454545 9	MMI	26	4914.00
10	Manomina Bose	.90909090 90909090 6	MMI	33	5940.00
11	Anurag Sharma	.86363636 36363636 5	MMI	151	22952.00
Taxable Value					75080.00
Tax @0%					0.00
Total Amount					75080.00

Registered Office: 400 Broadacres Dr 07003 United States.

Amount in Words: USD Seventy-five thousand eighty and zero only
Ref Exchange rate: USD Dt:

Payment Mode

Bank: Bank of America
Bank Address: Dallas, Texas
Beneficiary: Capgemini America, Inc.
Account: 3751983101
SWIFT: BOFAUS3N

Prepared by: BATCH_USER_CDT
For: Capgemini America, Inc.

Signature or Digital Signature of Authorised Signatory

Capgemini America, Inc.

CAPGEMINI AMERICA INC
79 Fifth Avenue
NEW YORK, NY, US,
10003, United States

Tel: 212-314-8000 **Fax:**
Email:



**SALE INVOICE
(BILL OF SALE)**

www.capgemini.com

Kind Attn: Sharmila,

Billing Address:
Powin, LLC
20550 SW 115th Ave.
Tualatin, OR,
97062, United States

Invoice Number : 1990110639927
Invoice Date : 06-JUN-25
PO No :
PO Date :
Customer No : 10365441
Contract No : 101151448
Invoice Currency : USD

Payment Terms Net: Net Due in 60 Days
Due date: 05-AUG-25

Item	DESCRIPTION	Quantity	Unit	Unit Rate	AMOUNT
	Invoice for May'25				
1	Reshu Agarwal	.95454545 45454545 9	MMI	25	4725.00
2	Saumya Agarwal	.95454545 45454545 9	MMI	26	4914.00
3	Shivam Soni	.90909090 90909090 6	MMI	26	4680.00
4	Subodh Gholap	.70454545 45454545 9	MMI	34.5	4812.75
5	Anjali Chawla	.90909090 90909090 6	MMI	25	4500.00
6	Hariom	.86363636 36363636 5	MMI	26	4446.00
7	Rahul Mishra	.86363636 36363636 5	MMI	34	5814.00
8	Muhsina VP	.86363636 36363636 5	MMI	34.5	5899.50
9	Sandeep Kumar	.95454545 45454545 9	MMI	26	4914.00
10	Manomina Bose	.95454545 45454545 9	MMI	33	6237.00
11	Rohit Vadera	.90909090 90909090 6	MMI	47	8460.00
Taxable Value					59402.25
Tax @0%					0.00
Total Amount					59402.25

Registered Office: 400 Broadacres Dr 07003 United States.

Amount in Words: USD Fifty-nine thousand four hundred two and twenty-five only
Ref Exchange rate: USD Dt:

Payment Mode

Bank: Bank of America
Bank Address: Dallas, Texas
Beneficiary: Capgemini America, Inc.
Account: 3751983101
SWIFT: BOFAUS3N

Prepared by: BATCH_USER_CDT
For: Capgemini America, Inc.

Signature or Digital Signature of Authorised Signatory

Capgemini America, Inc.

CAPGEMINI AMERICA INC
79 Fifth Avenue
NEW YORK, NY, US,
10003, United States

Tel: 212-314-8000 **Fax:**
Email:

**SALE INVOICE
(BILL OF SALE)**

www.capgemini.com

Kind Attn: Sharmila,

Billing Address:

Powin, LLC
20550 SW 115th Ave.
Tualatin, OR,
97062, United States

Invoice Number : 1990110640302
Invoice Date : 09-JUN-25
PO No :
PO Date :
Customer No : 10365441
Contract No : 850039659
Invoice Currency : USD

Payment Terms Net: Net Due in 30 Days

Due date: 09-JUL-25

Item	DESCRIPTION	Quantity	Unit	Unit Rate	AMOUNT
1	OT network project Invoicing	1	MMI	50000	50000.00
Taxable Value					50000.00
Tax @0%					0.00
Total Amount					50000.00

Amount in Words: USD Fifty thousand and zero only

Ref Exchange rate: USD Dt:

Payment Mode

Bank: Bank of America
Bank Address: Dallas, Texas
Beneficiary: Capgemini America, Inc.
Account: 3751983101
SWIFT: BOFAUS3N

Prepared by: BATCH_USER_CDT

For: Capgemini America, Inc.

Signature or Digital Signature of Authorised Signatory