

WINDSTREAM HOLDINGS, INC.

19-22312 (RDD)

04/16

ill in all the information about the claim as of the date the case was filed.

LAST 4 DIGITS: SS# 1333
YEAR OF BIRTH: 1930

AARON KANTROWITZ

Other names the creditor used with the debtor

☒ No

☐ Yes. From whom?

AARON KANTROWITZ

Name

Name 1985 SOUTH OCEAN DRIVE

Number

Number Street
HALLANDALE BEACH FL 33009

City

City USA

City _____ State _____

City _____ State _____ ZIP Code _____

Country

Contact phone 954-295-3075

Contact phone

Contact email AARONNATEASFL@YAHOO.COM

Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

Name _____

Name
#175

Number

Number	Street
--------	--------

City

State

ZIP Code

Country

Contact phone

Contact email

☒ No

☐ Yes. Claim number on court claims registry (if known) _____

Filed on _____
MM / DD / YYYY

☒ No

☐ Yes. Who made the earlier filing?

Part 2: Give Information About the Claim as of the Date the Case Was Filed

LAST 4 DIGITS SS# 1335
YEAR OF BIRTH 1930

9. 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: _____

- How much is the claim? \$ 24,567.00 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).

10. 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.

N/A

11. 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 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: _____

RECEIVED

JUN 11 2019

KURTZMAN CARSON CONSULTANTS

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 \$2,850* 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 \$12,850*) 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 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim 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)(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 acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

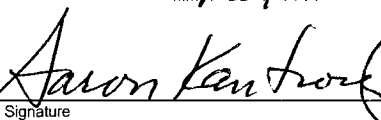
I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

06/05/2019
MM/DD/YYYY

LAST 4 DIGITS SS#
1333
YEAR OF BIRTH 1930


Signature

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

Name

AARON KANTROWITZ
First name Middle name Last name

Title

CREDITOR

Company

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

Address

1985 SOUTH OCEAN DRIVE #17J
Number Street
HALLANDALE BEACH FL 33009 USA
City State ZIP Code Country

Contact phone

954-295-3075

Email

AARON.KANTROWITZ@YAHOO.COM

RECEIVED

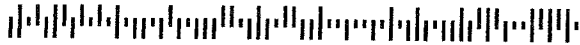
JUN 11 2019

KURTZMAN CARSON CONSULTANTS



12800 Corporate Hill Dr. St. P.O. Box 31759
St. Louis, MO 63131-0759 - 314-965-1555

CONFIRMATION NOTICE



*****AUTO**MIXED AADC 630
667 1 MB 0.390 T5 P1 (667:LETTER)
AARON KANTROWITZ
1985 S OCEAN DR
HALLANDALE BEACH FL 33009-5926

LAST 4 DIGITS SS# 1333
YEAR OF BIRTH 1930

Symbol		Account #	Tax Lot #	AT*	Cap*	AI*	Trade Date	Settlement Date
WIN		48620138	20111031AAA1874	1	1	4	10/31/2011	11/3/2011
You	Quantity	CUSIP Number	Security Description				Coupon	Office
BOUGHT	2000	97381W104	WINDSTREAM CP				%	09S
Price	Principal	Commission	State Tax	Misc Fee*	Trans Fee	Misc	Interest	Net Amount
12.25	24,500.00	67.00	0.00	0.00	0.00	0.00	0.00	24,567.00

ADDITIONAL INFORMATION

UNSOLICITED ORDER - AVG. PRICE USED

Scottrade

DEPOSIT SLIP

Account Number

4562 0138

A. Is this a new customer? (Required) ☐ Yes ☒ No

Name

Aileen Karpowicz

B. Account Type ☒ Cash/Margin ☐ IRA (Continue to Section C and D)

Date

11/1/2011

CHECK AMOUNT

CHECK NUMBER

\$24,116.70

1100025510

C. Type of IRA ☐ Traditional (Includes Rollover & SEP) ☐ Roth ☐ Coverdell ESA ☐ SIMPLE

D. Type of IRA Deposit (Check One)

☐ Contribution for tax year 20__*1,2 ☐ Transfer ☐ Settlement ☐ Rollover*3 ☐ SEP Employer Contribution ☐ SIMPLE Employer Match☐ Direct Rollover from Employer Plan*3 ☐ Fee Charged from other Financial Institution ☐ SEP Employee Contribution ☐ SIMPLE Employee Deferrals

Make checks payable to Scottrade and forward deposit to your local branch office. (Regular Traditional Contribution Tax Year 20__)*1,2

PLEASE READ THEN SIGN BELOW

1* I am designating this contribution (deposited between January 1-April 15 of the current tax year) as a carryback contribution for the previous tax year. I understand that this is an irrevocable election.

2* I am designating this contribution as a current year contribution. I understand that this is an irrevocable election.

3* Due to the important tax consequences of rolling over funds or property to an IRA, I am aware that I should consult a tax professional. I understand the rollover rules and I am eligible to conduct this transaction. No part of this rollover contains required minimum distribution amounts. I assume full responsibility for this rollover transaction and will not hold Scottrade, Inc. or its employees liable for any adverse consequences that may result. I hereby irrevocably designate this contribution as a rollover contribution.

X

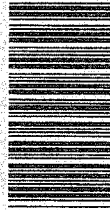
Signature of Account Holder (or Depositor of a Coverdell ESA)

Signature required for all IRA rollover deposits

For Scottrade Use Only

Received By:

Received Date:



SF2000/3-10

LAST 4 DIGITS SS# 1333
YEAR OF BIRTH 1930

\$ 24,118.70

11000000510

C. Type of IRA ☐ Traditional (Includes Rollover & SEP) ☐ Roth ☐ Coverdell ESA ☐ SIMPLE

D. Type of IRA Deposit (Check One)

☐ Contribution for tax year 20__*1,2 ☐ Transfer ☐ Settlement ☐ Rollover*3 ☐ SEP Employer Contribution ☐ SIMPLE Employer Match
☐ Direct Rollover from Employer Plan*3 ☐ Fee Charged from other Financial Institution ☐ SEP Employee Contribution ☐ SIMPLE Employee Deferrals

Make checks payable to Scottrade and forward deposit to your local branch office. (Regular Traditional Contribution Tax Year 20__)*1,2

PLEASE READ THEN SIGN BELOW

- 1* I am designating this contribution (deposited between January 1-April 15 of the current tax year) as a carryback contribution for the previous tax year. I understand that this is an irrevocable election.
- 2* I am designating this contribution as a current year contribution. I understand that this is an irrevocable election.
- 3* Due to the important tax consequences of rolling over funds or property to an IRA, I am aware that I should consult a tax professional. I understand the rollover rules and I am eligible to conduct this transaction. No part of this rollover contains required minimum distribution amounts. I assume full responsibility for this rollover transaction and will not hold Scottrade, Inc. or its employees liable for any adverse consequences that may result. I hereby irrevocably designate this contribution as a rollover contribution.

X

Signature of Account Holder (or Depositor of a Coverdell ESA)

Signature required for all IRA rollover deposits

For Scottrade Use Only

Received By: (S)

Received Date: 11/11/2011



SF2000/3-10

LAST 4 DIGITS SSN 1333
YEAR OF BIRTH 1930

385-682 1009 Acct# 486 20/38

Sebastian Ramos

10/31/11

Scottrade p. one
Holly St. Louis
Cury

Open order Win

2000 Shares @ 12.28

good till cancel
end of Nov.

24500
- 67

24567 total
- 44830

Jack Howell

2011 12/18/11

11 AM - 12:30 / 12-31

payable to
funding M&T Clear
Bank

Dividend p. quantity

Oct 18 2011

DIVIDEND to be sent to ME

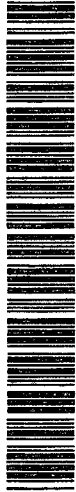
Scottrade mail, DIV 2 Wed 12/18/11

Type	Symbol / Cusip	Quantity	Description	Estimated Market			Estimated Annual		
				Price	Value	%	Income	Cur. Yld	
CASH	DIS	103	WALT DISNEY CO LAST DVD INFO:12/28/12 @ .750	63.15	6,504.45	21.49	77.25	1.2	
CASH	MSI	15	MOTOROLA SOLUTIONS INC NEXT DVD INFO:07/15/13 @ .260	57.73	865.95	2.86	15.60	1.8	
CASH	OPK	1,000	OPKO HEALTH INC COM	7.10	7,100.00	23.46			
CASH	WIN	2,000	WINDSTREAM CP NEXT DVD INFO:07/15/13 @ .250	7.71	15,420.00	50.96	2,000.00	13	
TOTAL					30,261.20	100%	2,092.85		

** You can review cost basis information for your account by clicking on the My Account tab after logging into your account and then clicking on "Gain/Loss & Tax Center". Unless you instruct otherwise, Scottrade will use the first in, first out (FIFO) method to calculate your gains and losses. When determining cost basis, Scottrade's default method of tax lot selection is First In, First Out (FIFO). Cost basis educational material can be found in the Knowledge Center, accessible through your account online.

The About Your Statement document can be accessed online by logging into your Scottrade account and going to My Account>Account History>Account Statements.

LAST DIGITS SS# 1333
YEAR OF BIRTH 1930



Scottrade

AARON KANTROWITZ
1985 S OCEAN DR
HALLANDALE BEACH FL 33009-5926

LAST 4 DIGITS SS# 1333
YEAR OF BIRTH 1930

Branch Office		
SCOTTRADE, INC 3575 NE 207TH ST STE B-6 AVENTURA FL 33180 (305) 682-1009		
Account Number	Office	
48620138	09S	
Period Beginning	Period Ending	
06 / 01 / 2013	06 / 30 / 2013	

INFORMATION UPDATE

We've updated our [Privacy Statement](#) and made it easier to understand. Please review this information and the rest of our Annual Disclosure. This document is available online at [www.scottrade.com/disclosure](#). Contact your local Scottrade team if you have any questions.

ACCOUNT SUMMARY		ACTIVITY SUMMARY	
VALUE THIS PERIOD		OPENING TOTAL MONEY BALANCE	0.00
VALUE SECURITIES IN POSITION	30,261.20	CREDITS:	
MONEY BALANCES:		DIVIDEND/INTEREST INCOME	0.00
BROKERAGE ACCOUNT BALANCE	0.00	OTHER CREDITS	0.00
TOTAL MONEY BALANCE	0.00	TOTAL CREDITS	0.00
		DEBITS:	
		DIVIDEND/INCOME EXPENSE	0.00
		OTHER DEBITS	0.00
		TOTAL DEBITS	0.00
TOTAL ACCOUNT VALUE	30,261.20	CLOSING TOTAL MONEY BALANCE	0.00

Current Tax Strategy**
Stocks, Options & Bonds: FIFO
Funds: FIFO

SECURITY POSITIONS							
Type	Symbol / Cusip	Quantity	Description	Estimated Market		Estimated Annual	
				Price	Value	%	Income
CASH	CLLZF	6,000	CONNACHER O & G LTD (CDN)	0.0618	370.80	1.23	

ARON KAUTROWITZ
 LAST 4 DIGITS SS# 1333
 YEAR OF BIRTH 1930

Statement for Account # 430-131276
 04/01/19 - 04/30/19

Online Cash Services Summary	
Description	Current
DEBITS	
Checks Paid	\$ (28.55)
Subtotal	(28.55)
TOTAL	(28.55)
	\$ (367.74)
	(367.74)
	(367.74)

Income Summary Detail	
Description	Current
Qualified Dividends	\$ 28.55
	\$ 367.74

*This section displays current and year to date taxation values for this account. The current totals may not equate to the total payments listed on this statement as corrections to tax reporting may also be included. These corrections can include changes made to previous payments and removal of payments reportable in a previous tax year (spillover dividends). The year to date totals will accurately reflect your cumulative amount for the year.

Account Positions									
Investment Description	Symbol/ CUSIP	Quantity	Current Price	Market Value	Purchase Date	Cost Basis	Average Cost	Unrealized Gain(Loss)	Estimated Income Yield
Stocks - Cash									
MOTOROLA SOLUTIONS INC COM	MSI	15	\$ 144.91	\$ 2,173.65	12/31/08	\$ -	\$ -	\$ 2,173.65	\$ 34.20 1.6%
OPKO HEALTH INC COM	OPK	1,000	2.39	2,390.00	10/05/12	4,532.00	4.53	(2,142.00)	-
UNITI GROUP INC COM	UNIT	400	10.99	4,396.00	10/31/11	14,393.90	35.98	(9,997.90)	80.00 1.8%
VBI VACCINES INC CDA COM	VBIV	1,000	1.90	1,900.00	10/28/15	4,181.65	4.18	(2,281.65)	-
WALT DISNEY COMPANY (THE) COM	DIS	103	136.97	14,107.91	12/31/08	-	-	14,107.91	181.28 1.3%
WINDSTREAM HLDGS INC COM	WINMQ	66	0.31	20.46	10/31/11	4,801.96	72.76	(4,781.50)	-
Total Stocks				\$24,988.02		\$27,909.51		\$(2,921.49)	\$295.48 1.2%
Total Cash Account				\$24,988.02		\$27,909.51		\$(2,921.49)	\$295.48 1.2%

Statement for Account # 430-131276

02/01/18 - 02/28/18

ARON KANTROWITZ
 LAST 4 DIGITS SS# 1333
 YEAR OF BIRTH 1930

Account Positions

Investment Description	Symbol/ CUSIP	Quantity	Current Price	Market Value	Purchase Date	Cost Basis	Average Cost	Unrealized Gain(Loss)	Estimated Income	Yield
Stocks - Cash										
MOTOROLA INC COM	MSI	15	\$ 106.15	\$ 1,592.25	12/31/08	\$ -	\$ -	\$ 1,592.25	\$ 31.20	2.0%
OPKO HEALTH INC COM	OPK	1,000	3.39	3,390.00	10/05/12	4,532.00	4.53	(1,142.00)	-	-
UNITI GROUP INC COM	UNIT	400	15.35	6,140.00	10/31/11	14,742.18	36.86	(8,602.18)	960.00	15.6%
VBI VACCINES INC COM	VBIV	1,000	3.67	3,670.00	10/28/15	4,181.65	4.18	(511.65)	-	-
WALT DISNEY CO COM	DIS	103	103.16	10,625.48	12/31/08	-	-	10,625.48	173.04	1.6%
WINDSTREAM HOLDINGS INC COM	WIN	333	1.58	526.14	10/31/11	4,845.61	14.55	(4,319.47)	-	-
Total Stocks				\$25,943.87		\$28,301.44		\$(2,357.57)	\$1,164.24	4.5%
Total Cash Account				\$25,943.87		\$28,301.44		\$(2,357.57)	\$1,164.24	4.5%

Account Activity

Trade Date	Settle Date	Acct Type	Transaction/ Cash Activity*	Description	Symbol/ CUSIP	Quantity	Price	Amount	Balance
Opening Balance									
02/26/18	02/26/18	Cash	Received -	MOTOROLA INC COM Transfer from SCT account number 48620138	MSI	15	\$ 0.00	\$ -	\$ 0.00
02/26/18	02/26/18	Cash	Received -	UNITI GROUP INC COM Transfer from SCT account number 48620138	UNIT	400	0.00	-	0.00
02/26/18	02/26/18	Cash	Received -	WINDSTREAM HOLDINGS INC COM Transfer from SCT account number 48620138	WIN	333	0.00	-	0.00