Fill in this information to identify the case:

Debtor WINDSTREAM HOLDINGS, INC.

United States Bankruptcy Court for the Southern District of New York

Case number 19-22312 (RDD)

Official Form 410
Proof of Claim

04/16

ead the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 1 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

ilers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any ocuments that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, ıortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, xplain in an attachment.

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.

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

Part 1: Identify the Claim

. **Who is the current creditor?**

AARON KANTROWITZ
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?

AARON KANTROWITZ
Name
1985 SOUTH OCEAN DRIVE
Number Street
HALLANDALE BEACH FL 33009
City State ZIP Code
USA
Country
Contact phone 954-295-3075
Contact email AARONNATEASFL@YAHOO.COM

Where should payments to the creditor be sent? (if different)

Name
Number Street
City State ZIP Code
Country
Contact phone
Contact email

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

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?

19223121906110000000000170

LAST 4 DIGITS SS# 1535
YEAR OF BIRTH 1930

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?**
   - [x] 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?** $ 24,567.00 . **Does this amount include interest or other charges?**
   - [x] 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.

   N/A

9. **Is all or part of the claim secured?**
   - [x] 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

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10. **Is this claim based on a lease?**
    - [x] 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?**
    - [x] 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:*

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

Aaron Kantrowitz
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 AARONNATGASFL@YAHOO.COM

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JUN 11 2019
KURTZMAN CARSON CONSULTANTS

Scottrade

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

Name ARON KONTOROVITZ

Date 11/1/2011

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

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

CHECK AMOUNT	CHECK NUMBER
$ 24,118.70	1100020510

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:	11/1/2011

SF2000/3-10

LAST 4 DIGITS SS# 1333

YEAR OF BIRTH 1930

$ 24,118.70	11000005?0

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

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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: 11/1/2011

SF2000/3-10

LAST 4 DIGITS SS# 1333
YEAR OF BIRTH 1930

385-682-1009 Acct # 486 20138

Sebastian Ramos

10/31/11 Scottrade ~~Holly 1st Louis~~ County

Open order WIN 2000 Shares @ 12.25

good till cancel end of ~~Oct~~ Nov.

24500
Com 67
24,567 total
− 448.30

Jack Howell

~~2011~~ PAY → 24,118.70

PAY HWI 11/18 AM 12:30 / 12:31

Dividend pays quarterly Jan 18 2012 pd Oct 18 2011

DIVIDEND to be sent to ME

Scottrade mails DIV 2nd Wed & last Wed ...

Type	Symbol / Cusip	Quantity	Description	Estimated Market Price	Estimated Market Value	%	Estimated Annual Income	Estimated Annual 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

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

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

LAST 4 DIGITS SS#1333
YEAR OF BIRTH 1930

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

		VALUE THIS PERIOD
VALUE SECURITIES IN POSITION		30,261.20
MONEY BALANCES :		
BROKERAGE ACCOUNT BALANCE	0.00	
TOTAL MONEY BALANCE		0.00
TOTAL ACCOUNT VALUE		**30,261.20**

ACTIVITY SUMMARY

OPENING TOTAL MONEY BALANCE		**0.00**
CREDITS:		
DIVIDEND/INTEREST INCOME	0.00	
OTHER CREDITS	0.00	
TOTAL CREDITS		0.00
DEBITS:		
DIVIDEND/INCOME EXPENSE	0.00	
OTHER DEBITS	0.00	
TOTAL DEBITS		0.00
CLOSING TOTAL MONEY BALANCE		**0.00**

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

SECURITY POSITIONS

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

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

AARON KANTROWITZ
LAST 4 DIGITS SS# 1337
YEAR OF BIRTH 1930

Online Cash Services Summary

Description	Current	Year To Date
DEBITS		
Checks Paid	$ (28.55)	$ (367.74)
Subtotal	(28.55)	(367.74)
TOTAL	**(28.55)**	(367.74)

Income Summary Detail*

Description	Current	Year to Date
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	Estimated 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%**

AARON 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									**$ 0.00**
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