Fill in this information to identify the case:

Debtor Windstream Holdings, Inc.

United States Bankruptcy Court for the: Southern District of New York (State)

Case number 19-22312

Official Form 410
Proof of Claim

04/16

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?**

ABC DISPOSAL SYSTEMS, INC
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor PAETEC COMMUNICATIONS

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?	**Where should payments to the creditor be sent?** (if different)
ABC DISPOSAL SYSTEMS, INC WENDY GASPER 113 REYNOLDS PLACE HIAWATHA, IOWA 52233, USA	
Contact phone 319-395-0904	Contact phone _____
Contact email WGASPER@ABCDISPOSALSYS.COM	Contact email _____

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? _____

19223121906220000000000005

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: 4940

7. **How much is the claim?** $ 838.28 . **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 PROVIDED NOT PAID

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: _____

19223121906220000000000005

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 06/22/2019
MM / DD / YYYY

/s/SARAH LUKE
Signature

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

Name SARAH LUKE
First name Middle name Last name

Title BUSINESS MANAGER

Company ABC DISPOSAL SYSTEMS, INC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____

19223121906220000000000005

KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 759-8815 | International (424) 236-7262

Debtor:
19-22312 - Windstream Holdings, Inc.
District:
Southern District of New York, White Plains Division

Creditor:
ABC DISPOSAL SYSTEMS, INC
WENDY GASPER
113 REYNOLDS PLACE

HIAWATHA, IOWA, 52233
USA
Phone:
319-395-0904
Phone 2:

Fax:
319-395-7011
Email:
WGASPER@ABCDISPOSALSYS.COM

Has Supporting Documentation:
Yes, supporting documentation successfully uploaded
Related Document Statement:

Has Related Claim:
No
Related Claim Filed By:

Filing Party:
Creditor

Other Names Used with Debtor:
PAETEC COMMUNICATIONS

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
SERVICES PROVIDED NOT PAID

Last 4 Digits:
Yes - 4940

Uniform Claim Identifier:

Total Amount of Claim:
838.28

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:
SARAH LUKE on 22-Jun-2019 12:05:14 p.m. Eastern Time
Title:
BUSINESS MANAGER
Company:
ABC DISPOSAL SYSTEMS, INC

VN: DA779EF8E11EA9FCC5D763B57C3EE77E

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

Official Form 410

Proof of Claim

04/16

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?**

   ABC DISPOSAL SYSTEMS, INC
   Name of the current creditor (the person or entity to be paid for this claim)

   Other names the creditor used with the debtor CARTER LEASING, INC.

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?	**Where should payments to the creditor be sent?** (if different)
Sarah Luke Name	ABC DISPOSAL SYSTEMS, INC Name
113 Reynolds Place Number Street	113 Reynolds Place Number Street
HIAWATHA IA 52233 City State ZIP Code	HIAWATHA, IA 52233 City State ZIP Code
Contact phone 319-394-0904	Contact phone 319-395-0904
Contact email sarah@abcdisposalsys.com	Contact email sarah@abcdisposalsys.com

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? _____

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?** $ 838.28
   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.
   trash and recycling removal services

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:*

	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.

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 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 04/01/2019
MM / DD / YYYY

Sarah Luke
Signature

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

Name: SARAH LUKE
First name | Middle name | Last name

Title: BUSINESS MANAGER

Company: ABC DISPOSAL SYSTEMS, INC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 113 REYNOLDS PLACE
Number Street

HIAWATHA | IA | 52233
City | State | ZIP Code

Contact phone: 319-395-0904 Email: SARAH@ABCDISPOSALSYS.COM

ABC DISPOSAL SYSTEMS
PO BOX 86
HIAWATHA, IA 52233-0086
319-395-0904

Invoice

Date	Invoice #
11/28/2018	238295
Invoice Total	212.01

Bill To:

C/O ACCOUNTS PAYABLE
PAETEC COMMUNICATIONS
PO BOX 797944
DALLAS TX 75379

Location:

PAETEC
929 MARTHAS WAY
HIAWATHA IA 52233

DATE PAID _____ CHECK NO. _____ AMOUNT _____

Due Date 12/25/2018
Account No. 01-107825 1
Service Dates NOVEMBER

For proper credit please return top portion.

DATE	DESCRIPTION	QUANTITY	AMOUNT	TOTAL
11/28/18	4YD FL TRASH SERVICE # P/U: 1	1.00		133.46
11/28/18	2YD FL CARDBOARD SERVIC # P/U: 1	1.00		50.00
	Thank you for your business! Your bill is ready to view online at www.abcdisposalsystems.com.		Subtotal	183.46
			Total Taxes	13.87
			Total Fees	14.68
			Total Invoice	212.01

AGE	CURRENT	31 - 60 DAYS	61 - 90 DAYS	91+ DAYS
AMOUNT	212.01	187.29	0.00	152.63

Please make checks payable to ABC DISPOSAL SYSTEMS or call our office at (319) 395-0904 to pay with a credit card. Visa, MasterCard, and Discover cards accepted.

DISPOSAL SYSTEMS
PO BOX 86
HIAWATHA, IA 52233-0086
319-395-0904

Invoice

Date	Invoice #
12/27/2018	247111
Invoice Total	212.01

Bill To:

C/O ACCOUNTS PAYABLE
PAETEC COMMUNICATIONS
PO BOX 797944
DALLAS TX 75379

Location:

PAETEC
929 MARTHAS WAY
HIAWATHA IA 52233

DATE PAID _____ CHECK NO. _____ AMOUNT _____

Due Date 01/25/2019
Account No. 01-107825 1
Service Dates DECEMBER

For proper credit please return top portion.

DATE	DESCRIPTION	QUANTITY	AMOUNT	TOTAL
12/27/18	4YD FL TRASH SERVICE # P/U: 1	1.00		133.46
12/27/18	2YD FL CARDBOARD SERVIC # P/U: 1	1.00		50.00
	Thank you for your business! Your bill is ready to view online at www.abcdisposalsystems.com.		Subtotal	183.46
			Total Taxes	13.87
			Total Fees	14.68
			Total Invoice	212.01

AGE	CURRENT	31 - 60 DAYS	61 - 90 DAYS	91+ DAYS
AMOUNT	389.36	0.00	0.00	0.00

Please make checks payable to ABC DISPOSAL SYSTEMS or call our office at (319) 395-0904 to pay with a credit card. Visa, MasterCard, and Discover cards accepted.

DISPOSAL SYSTEMS
PO BOX 86
HIAWATHA, IA 52233-0086
319-395-0904

Invoice

Date	Invoice #
01/25/2019	255945
Invoice Total	207.13

Bill To:

VENDOR#18537773
WINDSTREAM
CID #00095831
PO BOX 797944
DALLAS TX 75379

Location:

PAETEC COMMUNICATIONS
1450 N CENTER POINT RD
HIAWATHA IA 52233

DATE PAID _____ CHECK NO. _____ AMOUNT _____

Due Date 02/25/2019
Account No. 01-114940 9
Service Dates JANUARY

For proper credit please return top portion.

DATE	DESCRIPTION	QUANTITY	AMOUNT	TOTAL
01/25/19	2YD FL CARDBOARD SERVIC # P/U: 1	1.00		50.00
01/25/19	8YD FL TRASH SERVICE # P/U: 2	1.00		129.24
	Thank you for your business! Pay your bill online at www.abcdisposalsystems.com and click Bill Pay. Your access code is: 0110474.			
			Subtotal	179.24
			Total Taxes	13.55
			Total Fees	14.34
			Total Invoice	207.13

AGE	CURRENT	31 - 60 DAYS	61 - 90 DAYS	91+ DAYS
AMOUNT	167.70	0.00	0.00	0.00

Please make checks payable to ABC DISPOSAL SYSTEMS or call our office at (319) 395-0904 to pay with a credit card. Visa, MasterCard, and Discover cards accepted.

DISPOSAL SYSTEMS
PO BOX 86
HIAWATHA, IA 52233-0086
319-395-0904

Invoice

Date	Invoice #
02/26/2019	264479
Invoice Total	207.13

Bill To:

VENDOR#18537773
WINDSTREAM
CID #00095831
PO BOX 797944
DALLAS TX 75379

Location:

PAETEC COMMUNICATIONS
1450 N CENTER POINT RD
HIAWATHA IA 52233

Due Date 03/25/2019
Account No. 01-114940 9
Service Dates FEBRUARY

DATE PAID _____ CHECK NO. _____ AMOUNT _____

For proper credit please return top portion.

DATE	DESCRIPTION	QUANTITY	AMOUNT	TOTAL
02/26/19	2YD FL CARDBOARD SERVIC # P/U: 1	1.00		50.00
02/26/19	8YD FL TRASH SERVICE # P/U: 2	1.00		129.24
	Thank you for your business! Pay your bill online at www.abcdisposalsystems.com and click Bill Pay. Your access code is: 0110474.			
			Subtotal	179.24
			Total Taxes	13.55
			Total Fees	14.34
			Total Invoice	207.13

AGE	CURRENT	31 - 60 DAYS	61 - 90 DAYS	91+ DAYS
AMOUNT	207.13	167.70	0.00	0.00

Please make checks payable to ABC DISPOSAL SYSTEMS or call our office at (319) 395-0904 to pay with a credit card. Visa, MasterCard, and Discover cards accepted.