Claim #8627 Date Filed: 10/5/2020

Fill in this i	nformation to identify the case:	
Debtor	Windstream Communications	
United States	Bankruptcy Court for the: Southern District of New York	•
Case number	19-22312 (RDD)	

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.

E	Part 1: Identify the C	laim	Date Stamped Copy Returned ☐ No self addressed stamped envelop
1.	Who is the current	4M Building Solutions, Inc	☐ No copy to return
	creditor?	Name of the current creditor (the person or entity to be paid	for this claim)
		Other names the creditor used with the debtor Mitch M	urch's Maintenance Management
2.	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom?	
3.	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? 4M Building Solutions, Inc.	Where should payments to the creditor be sent? (if different)
	Federal Rule of	Name	Name
i	Bankruptcy Procedure (FRBP) 2002(g)	2827 Clark Avenue	
ĺ	(1101) 2002(g)	Number Street	Number Street
		St. Louis MO 63103	
		City State ZIP	Code City State ZIP Code
	RECEIVED	Contact phone 314-615-2862	Contact phone
-	OCT 0 5 2020	Contact email jbotz@4-m.com	Contact email
.URT	ZMAN CARSON CONSULTANT	Uniform claim identifier for electronic payments in chapter 13	
4.	Does this claim amend one already filed?	✓ No✓ Yes. Claim number on court claims registry (if kr	nown) Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	□ No □ Yes. Who made the earlier filing?	

Official Form 410

Proof of Claim

page 1



7. How much is the claim?	\$
	Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
3. What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
claim?	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.
	Janitorial Services Performed
). 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: \$
RECEIVED	Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amounts should match the amount in line 7
OCT 0 5 2020	Amount necessary to cure any default as of the date of the petition: \$
RTZMAN CARSON CONSULTANTS	
	Annual Interest Rate (when case was filed)%
	☐ Fixed ☐ Variable
10. Is this claim based on a	☑ No
lease?	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
right of seton:	☐ Yes. Identify the property:

antitled to printify under 1 U.S.C. § 507(a)? A claim may be party printify and party printify. For example, the printify and party printify and party printify. For example, the printify and party printify and party printify. U.S.C. § 507(a)(1,0) or (a)(1)(B),	12. Is all or part of the claim				* * * * * * * * * * * * * * * * * * * *		
A claim may be partly promyted and partly prom		Yes. Chec	k one:				Amount entitled to priority
in some categories, the law finits the amount entitled to priority. Up to \$2,850' of deposits toward purchase, lease, or rental of property or services for law finits the amount entitled to priority. Wages, salaries, or commissions (up to \$12,850') earned within 180 days before the bankruptcy petition is filled or the celular's business ends, whithever is earlier. \$1,10.5.C, \$507(a)(5). \$	A claim may be partly priority and partly	Domes 11 U.S	atic support obligations (inclui.C. § 507(a)(1)(A) or (a)(1)(uding alimony and child B).	support) und	er	
Wigges, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptory petition is filed or the debtor's business ends, whichever is earlier.	in some categories, the law limits the amount	Up to \$ person	52,850* of deposits toward pal, family, or household use	ourchase, lease, or renta . 11 U.S.C. § 507(a)(7).	al of property	or services for	\$
Taxos or penaltiles owed to governmental units. 11 U.S.C. § 507(a)(6). \$ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ Other. Specify subsection of 11 U.S.C. § 507(a)(5). \$ Other. Specify subsection of 11 U.S.C. § 507(a)(1) 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	Chilada to phonty.	bankru	ptcy petition is filed or the d	up to \$12,850*) earned ebtor's business ends, v	within 180 da whichever is e	ays before the earlier.	\$
Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$			• (// /	mental units. 11 U.S.C.	§ 507(a)(8).		\$
Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$		☐ Contrib	utions to an employee bene	efit olan. 11 U.S.C. § 50	7(a)(5).		\$
* 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 may be sign and date it. **FREP 9011(b).** I am the creditor's attorney or authorized agent. I am the creditor's attorney or authorized agent. I am the creditor's attorney or authorized agent. I am the creditor's storney or authorized agent. I am the creditor's storney or authorized agent. I am the creditor's attorney or authorized agent and anount of the debtor. I am the creditor's attorney or authorized agent and anount of the debtor. I am the creditor's attorney or authorized agent and anount of the debtor. I am the creditor. I am the creditor's attorney or authorized agent and anount of the debtor. I am the creditor's attorney or authorized agent and anount of the debtor. I am the creditor. I am the credi				•	, , , ,		\$
The person completing this proof of claim must sign and date it. FRBP 9011(b). Jam the creditor. I am the creditor. I am the creditor authorized agent. Bankruptcy Rule 3004. I am the creditor authorized agent. Bankruptcy Rule 3004. I am the creditor agent. Bankruptcy Rule 3004. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I understand that an authorized signature on this <i>Proof of Claim</i> 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 <i>Proof of Claim</i> 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. I declare under penalty of perjury that the foregoing is true and correct. Executed on date						es begun on or afte	or the date of adjustment
The person completing this proof of claim must sign and date it. FRBP 901(p). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is specifying what a signature is a firaudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. \$\$ 152, 157, and 3571. RECEIVED OCT 0 5 2020 KURIZMAN CARSON CONSULTANTS Check the appropriate box: I am the creditor. I am the creditor. I am the creditor. I am the creditor, or their authorized agent. Bankruptcy Rule 3004. I am the trustee, or the debtor, or their authorized agent. 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 09/29/2020 MM / DO / YYYY Print the name of the person who is completing and signing this claim: Name Judy A. Botz First name Middle name Last name COO 4M Building Solutions, Inc. Identify the corporate servicer as the company if the authorized agent is a servicer. Street St. Louis MO 63103 City State ZIP Code		- Tillounio	are subject to dejustment on 47	on is and every 5 years ar	ter triat for case	so begun on or are	The date of adjustment.
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. RECEIVED OCT 0 5 2020 **RURIZMAN CARSON CONSULTANTS** A am the creditor. I am the trusted agent. Bankruptcy Rule 3004. I am the rusted. I am the trusted signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the debt. I have examined the information in this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the debt. I have examined the information in this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the debt. I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct. Executed on date	Part 3: Sign Below						
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to establish local rules specifying what a signature is. I understand that an authorized signature on this <i>Proof of Claim</i> 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. 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. Executed on date Og/29/2020 Print the name of the person who is completing and signing this claim: Name Og/29/2020 First name Middle name Last name CFO Company OCT 0 5 2020 KURTIZMAN CARSON CONSULTANTS Address KURTIZMAN CARSON CONSULTANTS Address I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the debtor. I have examined the information in this <i>Proof of Claim</i> 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 Og/29/2020 MM / DO / YYYY Print the name of the person who is completing and signing this claim: GFO	, , , , , , , , , , , , , , , , , , , ,	lam a guar	rantor, surety, endorser, or	other codebtor. Bankrup	tcy Rule 300	5.	
Inderstand that an authorized signature on this <i>Proof of Claim</i> 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 <i>Proof of Claim</i> 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. I declare under penalty of perjury that the foregoing is true and correct. Executed on date O9/29/2020 Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Title CFO Company OCT 0 5 2020 KURTIZMAN CARSON CONSULTANTS Address I nave examined the information in this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of this proof of Claim serves as an acknowledgment that when calculating the amount of this proof of Claim serves as an acknowledgment that when calculating the amount of this proof of Claim serves as an acknowledgment that when calculating the amount of this proof of Claim serves as an acknowledgment that when calculating the amount of this proof of Claim serves as an acknowledgment that when calculating the amount of the debt. I have examined the information in this <i>Proof of Claim</i> 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 O9/29/2020 MM / DD / YYYY Print the name of the person who is completing and signing this claim: CFO AMB Building Solutions, Inc. Identify the corporate servicer as the company if the authorized agent is a servicer. Executed on date OFO AMB Building Solutions, Inc. Identify the corporate servicer as the company if the authorized agent is a servicer. Street St. Louis City State ZIP Code	to establish local rules						
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Imprisoned for up to 5 years, or both. Is U.S.C. S§ 152, 157, and 3571. declare under penalty of perjury that the foregoing is true and correct. Executed on date 09/29/2020 MM / DD / YYYY	fraudulent claim could be	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true					
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Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of the person who is completing and signing this claim: Name Print the name of			00/00/0000				
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Print the name of the person who is completing and signing this claim: Name Name Judy A. Botz First name Middle name Last name						_	
Name PECEIVED Title Company OCT 0 5 2020 KURTZMAN CARSON CONSULTANTS Name Judy A. Botz First name Middle name Last name CFO 4M Building Solutions, Inc. Identify the corporate servicer as the company if the authorized agent is a servicer. 2827 Clark Avenue Number Street St. Louis MO 63103 City State ZIP Code		V	of the person who is com	nleting and signing th	is claim [.]		
First name Middle name Last name CFO 4M Building Solutions, Inc. Identify the corporate servicer as the company if the authorized agent is a servicer. Exercise St. Louis MO 63103 City State ZIP Code		Trint the name	of the person who is com	picting and signing th	iis ciaiiii.		
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RECEIVED Company OCT 0 5 2020 KURTZMAN CARSON CONSULTANTS Address Example 1 Address Address Example 2 AM Building Solutions, Inc. Identify the corporate servicer as the company if the authorized agent is a servicer. Example 2 Example 2 Example 2 Example 3 Example 2 Example 3 Example 4 Example 3 Example 4 Example 5 Example 6 Example 6 Example 6 Example 6 Example 7 Example 8 Example 7 Example 8 Example 8 Example 8 Example 8 Example 8 Example 9 Exampl				Middle name		Last name	
Company OCT 0 5 2020 RURTZMAN CARSON CONSULTANTS Address 2827 Clark Avenue Number Street St. Louis MO 63103 City State ZIP Code	RECEIVED	Title	CFO				
C1 U 5 2020 KURTZMAN CARSON CONSULTANTS 2827 Clark Avenue	" " COLIVED	Company	4M Building Solution	ns, Inc.			 :
Number Street St. Louis MO 63103 City State ZIP Code	OCT 0 5 2020		Identify the corporate service	er as the company if the au	thorized agent	is a servicer.	
St. Louis MO 63103 City State ZIP Code	KURTZMAN CADOON CONTROL	_Address	2827 Clark Avenue				
City State ZIP Code	CARSUN CONSULTANT	TS	Number Street			_	
· · · · · · · · · · · · · · · · · · ·			St. Louis		MO	63103	
Contact phone 314-615-2862 Email jbotz@4-m.com			City		State	ZIP Code	
		Contact phone	314-615-2862		Email	jbotz@4-r	n.com



4M Building Solutions, Inc. 2827 Clark Avenue St. Louis, Mo 63103 (314) 535-2100 FED I.D. #43-1147598

INVOICE NO.	204027
DATE	12/01/18

CUSTOMER

Eric Hutchins
Windstream Communications
VENDOR #18344640 CID#00099198
4001 Rodney Parnham Rd
Little Rock, AR 72212

SERVICE LOCATION

Windstream Communications CIS00075370 4001 Rodney Parnham Rd Little Rock, AR 72212

TERMS: Net 15 Days	CUSTOMER NO. 19502win		P.O. NO.	
Description	Quantity	Unit of Measure	Price	Amount
Cleaning Contract for 12/01/2018-12/31/2018 Monthly refrigerator cleaning and locker room cleaning/stocking.				330,54
room eleaning stocking.				333.07
·				
THE LOCKBOX ADDRESS HAS CHANGED. PLEASE SEND YOUR		<u> </u>	Sub-Total	330.54
PAYMENTS TO: PO BOX 870784, KANSAS CITY, MO 64	187-1784.		Sales Tax	
CONTACT ASHLEY AT atebbe@4-m.com TO SET UP AC	H PAYMENTS.		TOTAL	\$330.54

TO ENSURE PROPER CREDIT, PLEASE DETACH AND MAIL BOTTOM PORTION WITH YOUR PAYMENT.

ATTENTION:

Eric Hutchins

Windstream Communications VENDOR #18344640 CID#00099198 4001 Rodney Parnham Rd

Little Rock, AR 72212

PLEASE SEND REMITTANCE TO:

4M Building Solutions, Inc. PO Box 870784 Kansas City, MO 64187-0784

Customer No.	19502win
Job No.	19502
Invoice No.	204027
Invoice Date	12/01/18
Amount Due	\$330.54
Amount Remitted	



4M Building Solutions, Inc. 2827 Clark Avenue St. Louis, Mo 63103 (314) 535-2100 FED I.D. #43-1147598

INVOICE NO.	204885
DATE	01/01/19

CUSTOMER

Eric Hutchins
Windstream Communications
VENDOR #18344640 CID#00099198
4001 Rodney Parnham Rd
Little Rock, AR 72212

SERVICE LOCATION

Windstream Communications CIS00075370 4001 Rodney Parnham Rd Little Rock, AR 72212

TERMS: Net 15 Days	CUSTOMER NO. 19502win		P.O. NO.		
Description	Quantity	Unit of Measure	Price	Amount	
Cleaning Contract for 01/01/2019-01/31/2019 Monthly refrigerator cleaning and locker room cleaning/stocking.					330.54
				!	
THE LOCKBOX ADDRESS HAS CHANGED. PLEASE SE			Sub-Total		330.54
PAYMENTS TO: PO BOX 870784, KANSAS CITY, MO 641	187-1784.		Sales Tax		
CONTACT ASHLEY AT atebbe@4-m.com TO SET UP AC	H PAYMENTS.		TOTAL		330,54

TO ENSURE PROPER CREDIT, PLEASE DETACH AND MAIL BOTTOM PORTION WITH YOUR PAYMENT	A 10 15 11 1	F	
		,	

ATTENTION:

Eric Hutchins

Windstream Communications VENDOR #18344640 CID#00099198 4001 Rodney Parnham Rd Little Rock, AR 72212

PLEASE SEND REMITTANCE TO:

4M Building Solutions, Inc. PO Box 870784 Kansas City, MO 64187-0784

Customer No.	19502win
Job No.	19502
Invoice No.	204885
Invoice Date	01/01/19
Amount Due	\$330.54
Amount Remitted	



4M Building Solutions, Inc. 2827 Clark Avenue St. Louis, Mo 63103 (314) 535-2100 FED I.D. #43-1147598

INVOICE NO.	205693
DATE	02/01/19

CUSTOMER

Eric Hutchins
Windstream Communications
VENDOR #18344640 CID#00099198
4001 Rodney Parnham Rd
Little Rock, AR 72212

SERVICE LOCATION

Windstream Communications CIS00075370 4001 Rodney Parnham Rd Little Rock, AR 72212

TERMS: Net 15 Days	CUSTOMER NO. 19502win		P.O. NO.	
Description	Quantity	Unit of Measure	Price	Amount
Cleaning Contract February 2019 Monthly refrigerator cleaning and locker room cleaning/stocking.				330.54
THE LOCKBOX ADDRESS HAS CHANGED. PLEASE SEND YOUR PAYMENTS TO: PO BOX 870784, KANSAS CITY, MO 64187-1784.			Sub-Total	330.54
			Sales Tax	
CONTACT ASHLEY AT atebbe@4-m.com TO SET UP ACH PAYMENTS.			TOTAL	\$330.54

1.1		TO ENSURE PROPER CREDIT, PLE	ASE DETACH AND M	AIL BOTTOM PORTIO	WITH YOUR PAYMENT		₩.	1 1
196 1 7 1	•			***************************************		1, 5 5 1 4,74		_

ATTENTION:

Eric Hutchins

Windstream Communications

VENDOR #18344640 CID#00099198

4001 Rodney Parnham Rd

Little Rock, AR 72212

PLEASE SEND REMITTANCE TO:

4M Building Solutions, Inc. PO Box 870784 Kansas City, MO 64187-0784

Customer No.	19502win
Job No.	19502
Invoice No.	205693
Invoice Date	02/01/19
Amount Due	\$330.54
Amount Remitted	