Fill in this information to identify the case:

Debtor Ample, Inc.

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

Case number 25-90817

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?**

Erica Duran

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?	**Where should payments to the creditor be sent?** (if different)
Erica Duran 243 Athol Ave Apt 5 Oakland, CA 94606	
Contact phone 2034011002	Contact phone
Contact email erica.m.duran@gmail.com	Contact email

Uniform claim identifier (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?

25908172601120523580000271

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?** $ 25000 . **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.

2 months unpaid wages based on WARN Act

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: _____

25908172601120523580002 71

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 $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).	$ 17150
☐ 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 06/01/2026
MM / DD / YYYY

/s/Erica Duran
Signature

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

Name: Erica Duran
First name Middle name Last name

Title: Former Deployment Program Manager

Company: Former Ample
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone Email

25908172601120523580002 71

Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 475-7847 | International (781) 575-2036

Debtor:
25-90817 - Ample, Inc.
District:
Southern District of Texas, Houston Division

Creditor:
Erica Duran
243 Athol Ave Apt 5
Oakland, CA, 94606
Phone:
2034011002
Phone 2:
Fax:
Email:
erica.m.duran@gmail.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:

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
2 months unpaid wages based on WARN Act

Last 4 Digits:
No

Uniform Claim Identifier:

Total Amount of Claim:
25000

Includes Interest or Charges:
No

Has Priority Claim:
Yes

Priority Under:
11 U.S.C. §507(a)(4): 17150

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:
Erica Duran on 01-Jun-2026 5:51:54 p.m. Pacific Time
Title:
Former Deployment Program Manager
Company:
Former Ample

VN: 24F2B562EED173ABBD8FE3E910F10ABA

9/10/2025

Dear Erica Duran,

This letter is being sent to you because you are no longer an employee of your worksite employer, Ample Inc, effective 9/10/2025. As a result of your separation from employment with Ample Inc, your status with Sequoia One PEO, LLC ("Sequoia One") is also terminated effective 9/10/2025 .

Termination of Healthcare & Fringe Benefits: If you are enrolled in medical, dental and/or vision benefits at the time of termination, your coverage will terminate on the last day of the month of your termination and you will be eligible to continue benefits coverage through COBRA. Please note, if you participate in the commuter benefit program or in the Flexible Spending Account (FSA), your debit card will be turned off as of the termination date. For commuter benefit participants, any remaining balance in your commuter account is forfeited after your last day of work. For FSA participants, any remaining balance in your account is forfeited after your last day of work, however, you may submit claims until the end of the benefit plan year grace period for expenses incurred through the termination date.

Email Delivery of Benefit Plan Documents and Notices: Sequoia One will provide various benefit plan notices, disclosures, and plan documents (related to applicable Sequoia One health and welfare or retirement plan benefits) to you via your personal email address. Your worksite employer will provide your personal email address to Sequoia One for this purpose. If you would prefer to receive paper copies of any of these documents, would like to opt out of receiving documents electronically, or would like to update your personal email address on file, please reach out to a Sequoia One Advocate at enrollment@help.sequoia.com. If you do not opt-out, you will be deemed to have consented to receiving benefit plan documents and notices from Sequoia One electronically to your personal email address on file.

Benefit plan documents and notices that may be provided to you via email may include, but are not limited to, Summaries of Benefits and Coverage (SBC), Uniform Glossary, HIPAA Notice of Special Enrollment Rights, HIPAA Notice of Privacy Practices, Women's Health and Cancer Rights Act, Newborn's and Mothers' Health Protection Act of 1996, Children's Health Insurance Program (CHIP) Notice, Medicare Part D Notice, Plan Documents and Summary Plan Descriptions (SPD), summaries of material modification, Evidence of Coverage (EOC), and the Summary Annual Report (SAR). Please provide plan documents and notices to any of your dependents covered under the plan.

Access to the WorkLife Portal: You will continue to have access to your account in the Sequoia One WorkLife Portal (where you can retrieve information such as check stubs or W-2s). You can access the WorkLife Portal via this link: www.sequoia.com/worklife and log in using your current credentials.

W-2: You will receive a W-2 Wage and Tax Statement from Sequoia One at the end of the year for the timeframe covered with Sequoia One. If your contact information has changed, please ensure it is updated through the Sequoia One Worklife Portal. If you have elected a paperless W-2 Wage and Tax Statement, this is where you may access the form.

If you have any questions regarding any aspect of your employment with Ample Inc, please contact Ample Inc.

Thank you,

Sequoia One PEO, LLC

Notice to Employee as to Change in Relationship

(Issued Pursuant to Provisions of Section 1089 of the California Unemployment Insurance Code)

Erica Duran
Name

XXX-XX-9659
SSN

Your employment status has changed for the reason checked below.

☐ Voluntary quit effective _____
Date

☒ Layoff effective 9/10/2025
Date

☐ Discharge effective _____
Date

☐ Job Abandonment _____
Date

☐ Failure to Return from Leave of Absence _____
Date

☐ Other. Employment status changed/will change effective _____ as follows:
Date

Ample Inc
Company

Kim Rosenberg
Company Representative

9/10/2025
Date

Notice to Terminating Employees
Health Insurance Premium Payment (HIPP) Program

The California Department of Health Care Services administers the HIPP program, which is an optional premium reimbursement program under Medi-Cal. If you have recently lost your job and qualify for Medi-Cal benefits, or you are the parent or guardian of someone who qualifies for Medi-Cal benefits, you may be eligible to receive payment for your existing private insurance premium and cost-sharing. In order to qualify for the HIPP program, you must meet all of the following conditions:

1. You must have full scope Medi-Cal coverage;
2. You must have an existing private insurance policy (also referred to as "other health coverage"), a Consolidated Omnibus Budget Reconciliation Act (COBRA) or CAL-COBRA continuation policy, or a COBRA Conversion policy at the time of application for Medi-Cal benefits;
3. You must have a medical condition covered under your existing other health coverage, and you must have received treatment for the medical condition within 90 days of application to the HIPP program;
4. Your other health coverage must be cost-effective to Medi-Cal. This means that the sum of your premium and cost-sharing obligations must be less expensive than the cost that Medi-Cal would pay for your care;
5. You have applied for Medicare benefits.

In addition, you **do not** qualify to participate in the HIPP program if **any** of the following apply:

1. You are not enrolled in Medi-Cal.
2. You do not have full scope Medi-Cal coverage.
3. You are enrolled in Medicare.
4. You are enrolled in a Medi-Cal managed care plan.
5. A court has ordered a non-custodial parent to provide medical insurance to you or your child (if your child is the HIPP applicant).
6. You, or a policyholder under which you are insured as a dependent, is fully reimbursed for your premiums and/or cost-sharing obligations by a third party.

7. Your other health coverage is not cost-effective to Medi-Cal.

8. You do not meet all of the eligibility requirements of the HIPP program.

If you meet all the conditions listed above, you may apply online at http://dhcs.ca.gov/hipp.

If you have questions about how to apply for Medi-Cal benefits, you may contact your local Medi-Cal county office directly at http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.

If you have questions about Medi-Cal managed care plans, you may contact the Medi-Cal Managed Care Ombudsman at (888) 452-8609 or by email at MMCDOmbudsmanOFFICE@dhcs.ca.gov.

For Persons Who Have an Human Immunodeficiency Virus (HIV)/ Acquired Immunodeficiency Syndrome (AIDS) Disability

The Department of Public Health administers the Office of AIDS HIPP (OA-HIPP) Program. The OA-HIPP program pays monthly health insurance premiums for eligible California residents with a HIV/AIDS diagnosis. This program is available to individuals with health insurance who are at risk of losing it, as well as to individuals currently without health insurance who would like to purchase it. For information, please call (844) 421-7050.

June 5, 2024

Erica,

I am pleased to offer you a position with Ample, Inc. (the "Company"), as a **Deployment Program Manager**. You will receive an annual salary of $**150,000** which will be paid semi-monthly in accordance with the Company's normal payroll procedures. As an employee, you will also receive all available employee benefits for which you are eligible. You should note that the Company may modify job titles, reporting structures and benefits from time to time as it deems necessary.

In addition, it will be recommended at one of the first meetings of the Company's board, that the Company grant you an option to purchase **1,000** shares of the company's Common Stock at a price per share equal to the fair market value per share of the Common Stock on the date of grant, as determined by the Company's Board of Directors. The shares will be subject to all the provisions of the Company's stock option plan.

The Company is excited about your joining and looks forward to a beneficial and productive relationship. Nevertheless, you should be aware that your employment with the Company is for no specified period and constitutes at-will employment. As a result, you are free to resign at any time, for any reason or for no reason. Similarly, the Company is free to conclude its employment relationship with you at any time, with or without cause, and with or without notice.

We also ask that you disclose to the Company any and all agreements relating to your prior employment that may affect your eligibility to be employed by the Company or limit the manner in which you may be employed. It is the Company's understanding that any such agreements will not prevent you from performing the duties of your position and you represent that such is the case. Moreover, you agree that, during the term of your employment with the Company, you will not engage in any other employment, occupation, consulting or other business activity directly related to the business in which the Company is now involved or becomes involved during the term of your employment, nor will you engage in any other activities that conflict with your obligation to the Company.

As a condition of your employment, you are also required to sign and comply with an Employment, Confidentiality, Invention Assignment, Non-Competition and Arbitration Agreement ("Employment Agreement") which requires, among other provisions, the assignment of patent rights to any invention made during your employment at the Company, and non-disclosure of Company proprietary information. In addition, in the event of any dispute or claim relating to or arising out of our employment relationship, you and the Company agree that,among other things, (i) except as set forth in the Employment Agreement, any and all disputes between you and the Company shall be fully and finally resolved by binding arbitration, (ii) you are waiving any and all rights to a jury trial and (iii) all disputes shall be resolved by a neutral arbitrator who shall issue a written opinion.

To accept the Company's offer, please sign and date this letter in the space provided below. If you accept this offer, your first day of employment will be **June 24, 2024**. This letter, along with any agreements relating to proprietary rights between you and the Company, set forth the terms of your employment with the Company and supersede any prior representations or agreements including, but not limited to, any representations made during your recruitment, interviews or pre-employment negotiations, whether written or oral. This letter may not be modified or amended except by a written agreement signed by the President of the Company and you.

We are really looking forward to working with you at Ample.

Sincerely,



Khaled Hassounah
Chief Executive Officer
Ample, Inc.

Agreed to and accepted:

Signature:

Erica Duran

Signature date

June 6, 2024