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?**

Jorge Alberto Rodriguez Garcia

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)
Jorge Alberto Rodriguez Garcia 2789 Harrison St Apt 2 SAN FRANCISCO, CA 94110, USA	
Contact phone 3416004025	Contact phone
Contact email j.alberto.rod.gar@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?

25908172601120523580004O1

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?** $ 35000 . **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.

Termination without notice

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: _____

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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 02/28/2026
MM / DD / YYYY

/s/Jorge Alberto Rodriguez Garcia
Signature

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

Name: Jorge Alberto Rodriguez Garcia
First name Middle name Last name

Title: Staff Software Engineer

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

Address

Contact phone Email

25908172601120523580004O1

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:
Jorge Alberto Rodriguez Garcia
2789 Harrison St
Apt 2
SAN FRANCISCO, CA, 94110
USA
Phone:
3416004025
Phone 2:
Fax:
Email:
j.alberto.rod.gar@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:
Termination without notice

Last 4 Digits:
No

Uniform Claim Identifier:

Total Amount of Claim:
35000

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:
Jorge Alberto Rodriguez Garcia on 27-Feb-2026 9:07:04 p.m. Pacific Time
Title:
Staff Software Engineer
Company:

VN: AC627DAAC112103804B257F803F993DB

Voucher #: 064844 Sort Order: 69

Jorge Alberto Rodriguez Garcia

Ample Inc - 100 Hooper Street, Suite #25 - SAN FRANCISCO, CA 94107 - 617-504-3557

SSN# [redacted] **Period Start Date** 05-16-2025 **Check Date** 05-30-2025 **Federal Filing Status** SS/Single

EMP# W32373 **Period End Date** 05-31-2025 **Check Number** 4752632 **State Filing Status** S/1/0

Earnings - Current

Date	Pay Description	Pay Rate	Hours/Units Paid	Pay Amount
05-31-2025	REGULAR PAY	100.9577	86.67	8750.00
05-31-2025	DP Vis Imp Inc	3.9900	1.00	3.99
05-31-2025	DP Den Imp Inc	38.0500	1.00	38.05
05-31-2025	DP Med Imp Inc	347.6900	1.00	347.69
Gross Earnings $8,750.00 TOTAL			**89.67**	**9,139.73**

Deductions / Taxes

Description	Amount	YTD
Roth	612.50	6095.84
401(K) Ded	612.50	6095.84
Medical Pret	231.79	2317.90
Dental Preta	35.96	359.60
FSA Health C	8.33	83.35
Vision Preta	2.55	25.50
FEDERAL TAX	1683.84	16740.96
MEDICARE	128.49	1278.82
SOC SECURITY	549.39	5468.05
CA INCOME TAX	654.91	6509.46
CA DISABILITY	106.33	1058.30
TOTAL	4,626.59	46,033.62

Direct Deposit Detail

Account	Type	Amount
[redacted]	CHECKING	4,123.41
TOTAL DEPOSITED		$4,123.41

Net Pay Distribution

Type	Amount
CHECK	$0.00
DIRECT DEPOSIT	$4,123.41
TOTAL NET PAY	$4,123.41
TOTAL NET PAY YTD	$41,049.72

Earnings - Year To Date

Description	YTD
REGULAR PAY	79852.86
DP Vis Imp Inc	39.90
DP Den Imp Inc	380.50
DP Med Imp Inc	3476.90
VACATION	5634.39
SICK	1596.09
TOTAL	$90,980.64

Paid Time Off

Description	Accrued	Used	Balance
Sick	16.00	16.00	80.00
SFPHELO	80.00	0.00	80.00
VACATION	153.41	156.00	61.61

Employer Contributions

Description	Amount	YTD
Guardian LTD Pr	15.05	149.78
Guardian Flat $	1.91	19.10
Northern CA Kai	405.64	4056.40
Guardian Dental	40.41	404.10
Guardian STD Pr	8.55	85.60
VSP Vision Stan	7.01	70.10
TOTAL	478.57	4,785.08

Service Provider: Sequoia One PEO, LLC, 1033 W Roosevelt Way 3rd floor, TEMPE, AZ 85288, 415-937-9299

Ample Inc

Sequoia One PEO, LLC
1033 W Roosevelt Way 3rd floor
TEMPE, AZ 85288

Check No. 4752632
Pay Date 05-30-2025

PAY Non-negotiable $0.00

TO THE ORDER OF **Jorge Alberto Rodriguez Garcia**
[redacted]

*** Non-Negotiable ***

Voucher #: 065603 Sort Order: 69

Jorge Alberto Rodriguez Garcia

Ample Inc - 100 Hooper Street, Suite #25 - SAN FRANCISCO, CA 94107 - 617-504-3557

SSN# [redacted] **Period Start Date** 06-01-2025 **Check Date** 06-13-2025 **Federal Filing Status** SS/Single

EMP# W32373 **Period End Date** 06-15-2025 **Check Number** 4769932 **State Filing Status** S/1/0

Earnings - Current

Date	Pay Description	Pay Rate	Hours/Units Paid	Pay Amount
06-15-2025	REGULAR PAY	100.9577	86.67	8750.00
06-15-2025	DP Vis Imp Inc	3.9900	1.00	3.99
06-15-2025	DP Den Imp Inc	38.0500	1.00	38.05
06-15-2025	DP Med Imp Inc	347.6900	1.00	347.69
Gross Earnings $8,750.00 TOTAL			**89.67**	**9,139.73**

Deductions / Taxes

Description	Amount	YTD
Roth	612.50	6708.34
401(K) Ded	612.50	6708.34
Medical Pret	231.79	2549.69
Dental Preta	35.96	395.56
FSA Health C	8.34	91.69
Vision Preta	2.55	28.05
FEDERAL TAX	1683.84	18424.80
MEDICARE	128.48	1407.30
SOC SECURITY	549.38	6017.43
CA INCOME TAX	654.91	7164.37
CA DISABILITY	106.33	1164.63
TOTAL	4,626.58	50,660.20

Direct Deposit Detail

Account	Type	Amount
[redacted]	CHECKING	4,123.42
TOTAL DEPOSITED		$4,123.42

Net Pay Distribution

Type	Amount
CHECK	$0.00
DIRECT DEPOSIT	$4,123.42
TOTAL NET PAY	$4,123.42
TOTAL NET PAY YTD	$45,173.14

Earnings - Year To Date

Description	YTD
REGULAR PAY	88602.86
DP Vis Imp Inc	43.89
DP Den Imp Inc	418.55
DP Med Imp Inc	3824.59
SICK	1596.09
VACATION	5634.39
TOTAL	$100,120.37

Paid Time Off

Description	Accrued	Used	Balance
Sick	16.00	16.00	80.00
SFPHELO	80.00	0.00	80.00
VACATION	160.00	156.00	68.20

Employer Contributions

Description	Amount	YTD
Guardian LTD Pr	15.05	164.83
Guardian Flat $	1.91	21.01
Northern CA Kai	405.64	4462.04
Guardian Dental	40.41	444.51
Guardian STD Pr	8.65	94.25
VSP Vision Stan	7.01	77.11
TOTAL	478.67	5,263.75

Service Provider: Sequoia One PEO, LLC, 1033 W Roosevelt Way 3rd floor, TEMPE, AZ 85288, 415-937-9299

Ample Inc

Sequoia One PEO, LLC
1033 W Roosevelt Way 3rd floor
TEMPE, AZ 85288

Check No. 4769932
Pay Date 06-13-2025

PAY Non-negotiable $0.00

TO THE ORDER OF **Jorge Alberto Rodriguez Garcia**
[redacted]

*** Non-Negotiable ***

Voucher #: 066342 Sort Order: 58

Jorge Alberto Rodriguez Garcia — Ample Inc - 100 Hooper Street, Suite #25 - SAN FRANCISCO, CA 94107 - 617-504-3557

SSN# [redacted] **Period Start Date** 06-16-2025 **Check Date** 06-30-2025 **Federal Filing Status** SS/Single
EMP# W32373 **Period End Date** 06-30-2025 **Check Number** 481110[illegible] **State Filing Status** S/1/0

Earnings - Current

Date	Pay Description	Pay Rate	Hours/Units Paid	Pay Amount
06-23-2025	SICK	100.9577	8.00	807.66
06-30-2025	REGULAR PAY	100.9577	78.67	7942.34
06-30-2025	DP Vis Imp Inc	3.9900	1.00	3.99
06-30-2025	DP Den Imp Inc	38.0500	1.00	38.05
06-30-2025	DP Med Imp Inc	347.6900	1.00	347.69
Gross Earnings $8,750.00 TOTAL			**89.67**	**9,139.73**

Deductions / Taxes

Description	Amount	YTD
Roth	612.50	7320.84
401(K) Ded	612.50	7320.84
Medical Pret	231.79	2781.48
Dental Preta	35.96	431.52
FSA Health C	8.33	100.02
Vision Preta	2.55	30.60
FEDERAL TAX	1683.84	20108.64
MEDICARE	128.49	1535.79
SOC SECURITY	549.39	6566.82
CA INCOME TAX	654.91	7819.28
CA DISABILITY	106.33	1270.96
TOTAL	4,626.59	55,286.79

Direct Deposit Detail

Account	Type	Amount
[redacted]	CHECKING	4,123.41
TOTAL DEPOSITED		$4,123.41

Net Pay Distribution

Type	Amount
CHECK	$0.00
DIRECT DEPOSIT	$4,123.41
TOTAL NET PAY	$4,123.41
TOTAL NET PAY YTD	$49,296.55

Earnings - Year To Date

Description	YTD
REGULAR PAY	96545.20
DP Vis Imp Inc	47.88
DP Den Imp Inc	456.60
DP Med Imp Inc	4172.28
SICK	2403.75
VACATION	5634.39
TOTAL	$109,260.10

Paid Time Off

Description	Accrued	Used	Balance
Sick	24.00	24.00	80.00
SFPHELO	80.00	0.00	80.00
VACATION	6.67	0.00	74.87

Employer Contributions

Description	Amount	YTD
Guardian LTD Pr	15.05	179.88
Guardian Flat $	1.91	22.92
Northern CA Kai	405.64	4867.68
Guardian Dental	40.41	484.92
Guardian STD Pr	8.55	102.80
VSP Vision Stan	7.01	84.12
TOTAL	478.57	5,742.32

Service Provider: Sequoia One PEO, LLC, 1033 W Roosevelt Way 3rd floor, TEMPE, AZ 85288, 415-937-9299

Ample Inc

Sequoia One PEO, LLC
1033 W Roosevelt Way 3rd floor
TEMPE, AZ 85288

Check No. 4811108
Pay Date 06-30-2025

PAY Non-negotiable $0.00

TO THE ORDER OF **Jorge Alberto Rodriguez Garcia** [redacted]

*** Non-Negotiable ***