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?**

Caleb Zhi-En tseng-Tham

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)
Caleb Zhi-En tseng-Tham PO Box 60606 Palo Alto, California 94306, USA	
Contact phone 650-285-8323	Contact phone
Contact email calebtsengtham@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?

25908172602250000000000004

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?** $ 33953.6 . **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.

California WARN Act and Waiting Time Penalties

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: _____

25908172602250000000000004

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.

		Amount entitled to priority
☐	No	
☑	Yes. *Check all that apply:*	
☐	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).	$ 33953.6
☐	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 02/25/2026
MM / DD / YYYY

/s/Caleb Zhi-En Tseng-Tham
Signature

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

Name: Caleb Zhi-En Tseng-Tham
First name Middle name Last name

Title

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

Address

Contact phone Email

25908172602250000000000004

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:
Caleb Zhi-En tseng-Tham
PO Box 60606
Palo Alto, California, 94306
USA
Phone:
650-285-8323
Phone 2:
416-508-8185
Fax:
Email:
calebtsengtham@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:
California WARN Act and Waiting Time Penalties

Last 4 Digits:
No

Uniform Claim Identifier:

Total Amount of Claim:
33953.6

Includes Interest or Charges:
No

Has Priority Claim:
Yes

Priority Under:
11 U.S.C. §507(a)(4): 33953.6

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:
Caleb Zhi-En Tseng-Tham on 25-Feb-2026 7:57:35 p.m. Pacific Time
Title:
Company:

VN: 714327FA5E47DD9874C2BC98FA99764D

Calculations for California WARN act

- Segment 1: Pay rate September 10, 2022 to June 15, 2023: $120,000 / year (279 days)
  - Earnings: $91,726.03
- Segment 2: Pay rate June 16, 2023 to February 1, 2025: $135,000 / year (597 days)
  - Earnings: $220,808.22
- Segment 3: Pay rate February 2, 2025 to July 6, 2025: $145,000 / year (155 days)
  - Earnings: $61,575.34
- Segment 4: Pay rate July 7, 2025 to September 10, 2025: $120,850 / year (66 days)
  - Earnings: $21,852.19
- Total Compensation (3-Year): $395,961.78
- Average Annual Rate: $131,987.26 ($395,961.78 ÷ 3)
- Average Weekly Rate: $2,538.22 ($131,987.26 ÷ 52 weeks)
- Average Hourly Rate: $63.46 ($2,538.22 ÷ 40 hours)
- Average Daily Rate: $507.68 ($63.46 × 8 hours)
- Value of benefits for month of August, 2025: $604.02
- Value of benefits per day in August, 2025: $19.48 ($604.02 ÷ 31)
- Daily rate × 60 days: $30,460.8
- Daily benefits × 60 days: $1,168.8
- Total amount owed: $31,629.6 ($30,460.8 + $1,168.8)

Calculations for Waiting Time Penalties (Labor Code § 203)

- Date payment was due (date of layoff): September 10, 2025
- Date physical check was received: September 11, 2025
- Date physical check was deposited: September 11, 2025
- Date deposited check bounced: September 12, 2025
- Date payment was received via wire: September 15, 2025
- Total days delayed: 5 days
- Daily rate on September 10, 2025: $464.80 ($120,850 ÷ 260)
- Total Penalty: $2,324 ($464.80 × 5)

Total Claim: $33,953.6 ($31,629.6 + $2,324)

KR **Kim Rosenberg** Yesterday
To: Caleb Tseng-Tham >

Temporary Salary Reduction to Secure Future Funding

Caleb,

Per recent discussions, as part of our ongoing efforts to navigate the current economic challenges and ensure long-term sustainability for our company and team, we are implementing a temporary, company-wide salary adjustment.

Starting July 7, 2025, your salary will be reduced by **16.7%** for a period of 3 months. This means your annual gross salary will be adjusted from **$145,000 to $120,850** through October 5, 2025.

We want to emphasize that this decision was not made lightly. It is a proactive measure designed to preserve jobs, maintain stability and position us for future growth. We are fully committed to reinstating full salaries at the end of this period, and we will continue to assess our financial position closely.

We deeply appreciate your dedication and resilience. If you have any questions or would like to discuss this in more detail, please don't hesitate to reach out directly.

Thank you for your continued commitment and

100 Hooper Street, San Francisco, CA 94107

September 25, 2025

Re: Mr. Caleb Tseng-Tham - Employment Verification Letter

Dear Sir/Madam:

Mr. Caleb Tseng-Tham was employed full-time with Ample, Inc. from June 20, 2022 to September 10, 2025. During this period of time his title was Mechanical Engineer. He was promoted to Senior Mechanical Engineer on February 2, 2025. His compensation started at $120,000/year, then was increased to 135,000 and $145,000 / year, on June 16, 2023, and February 2, 2025, respectively. Mr. Tseng-Tham worked out of Ample's San Francisco, CA offices.

Please feel free to contact me if I may be of further assistance.

Respectfully,

Kimberly B. Rosenberg

Kimberly B. Rosenberg
VP HR and Talent Acquisition

Ample, Inc.
100 Hooper Street, Suite #25
San Francisco, CA 94107
650.520.9826
krosenberg@ample.com

Voucher #: 017831 Sort Order: 208

Caleb Z Tseng-Tham

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

SSN# [redacted] **Period Start Date** 09-01-2022 **Check Date** 09-15-2022 **Federal Filing Status** [redacted]
EMP# [redacted] **Period End Date** 09-15-2022 **Check Number** 2455143 **State Filing Status**

Earnings - Current

Date	Pay Description	Pay Rate	Hrs/Units	Pay Amount
09-15-2022	REGULAR PAY	57.6901	86.67	5000.00
TOTAL			**86.67**	**5,000.00**

Deductions / Taxes

Description	Amount	YTD
PRE TAX TRAN	184.80	184.80
Medical Pret	26.27	131.35
Dental Preta	12.32	61.60
FSA Health C	2.08	10.40
Vision Preta	0.56	2.80
401(K) Ded	0.00	500.00
FEDERAL TAX	888.90	6011.93
MEDICARE	69.22	467.81
SOC SECURITY	295.99	2000.29
CA INCOME TAX	330.51	2302.11
CA DISABILITY	52.51	354.90
TOTAL	1,863.16	12,027.99

Direct Deposit Detail

Account	Type	Amount
38774	CHECKING	3,136.84
TOTAL DEPOSITED		$3,136.84

Net Pay Distribution

Type	Amount
CHECK	$0.00
DIRECT DEPOSIT	$3,136.84
TOTAL NET PAY	$3,136.84
TOTAL NET PAY YTD	$20,625.70

Earnings - Year To Date

Description	YTD
BONUS +	3500.00
REGULAR PAY	29153.69
TOTAL	$32,653.69

Paid Time Off

Description	Accrued	Used	Balance
Sick	16.85	0.00	16.85
Vacation	20.04	0.00	20.04
COVID19 SUP	80.00	0.00	80.00

COVID19 SUP PSL YTD hours taken: 0.00

Employer Contributions

Description	Amount	YTD
Guardian LTD Pr	8.60	43.00
Guardian Flat $	1.91	9.55
Northern CA Kai	236.42	1182.10
Guardian Dental	26.01	130.05
Guardian STD Pr	4.89	24.45
VSP Vision Stan	5.01	25.05
TOTAL	282.84	1,414.20

Service Provider: Sequoia One PEO, LLC, 548 Market St PMB 78488, San Francisco, CA 94104

Ample Inc

Sequoia One PEO, LLC
548 Market St PMB 78488
San Francisco, CA 94104

Check No. 2455143
Pay Date 09-15-2022

PAY Non-negotiable $0.00

Voucher #: 029973 Sort Order: 176

Caleb Z Tseng-Tham

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

SSN# [redacted] **Period Start Date** 06-01-2023 **Check Date** 06-15-2023 **Federal Filing Status** [redacted]
EMP# **Period End Date** 06-15-2023 **Check Number** 3144746 **State Filing Status**

Earnings - Current

Date	Pay Description	Pay Rate	Hours/Units Paid	Pay Amount
06-15-2023	REGULAR PAY	57.6901	86.67	5000.00
TOTAL			**86.67**	**5,000.00**

Deductions / Taxes

Description	Amount	YTD
Medical Pret	26.27	288.97
Dental Preta	12.32	135.52
FSA Health C	2.09	22.94
Vision Preta	0.56	6.16
PRE TAX TRAN	0.00	924.00
401(K) Ded	0.00	22500.00
FEDERAL TAX	915.10	5276.62
MEDICARE	71.90	777.52
SOC SECURITY	307.44	3324.59
CA INCOME TAX	336.31	1768.65
CA DISABILITY	44.63	482.63
TOTAL	1,716.62	35,507.60

Direct Deposit Detail

Account	Type	Amount
57180	CHECKING	3,283.38
TOTAL DEPOSITED		$3,283.38

Net Pay Distribution

Type	Amount
CHECK	$0.00
DIRECT DEPOSIT	$3,283.38
TOTAL NET PAY	$3,283.38
TOTAL NET PAY YTD	$19,492.40

Earnings - Year To Date

Description	YTD
REGULAR PAY	54076.96
VACATION	923.04
TOTAL	$55,000.00

Paid Time Off

Description	Accrued	Used	Balance
Sick	31.78	0.00	68.85
Vacation	36.74	0.00	80.16
SFPHELO	80.00	0.00	80.00

Employer Contributions

Description	Amount	YTD
Guardian LTD Pr	8.60	94.60
Guardian Flat $	1.91	21.01
Northern CA Kai	236.42	2600.62
Guardian Dental	26.01	286.11
Guardian STD Pr	4.89	53.79
VSP Vision Stan	5.01	55.11
TOTAL	282.84	3,111.24

Service Provider: Sequoia One PEO, LLC, 548 Market St PMB 78488, San Francisco, CA 94104

Ample Inc

Sequoia One PEO, LLC
548 Market St PMB 78488
San Francisco, CA 94104

Check No. 3144746
Pay Date 06-15-2023

PAY Non-negotiable $0.00

Voucher #: 030763 Sort Order: 183

Caleb Z Tseng-Tham

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

SSN# [redacted] **Period Start Date** 06-16-2023 **Check Date** 06-30-2023 **Federal Filing Status** [redacted]
EMP# **Period End Date** 06-30-2023 **Check Number** 3172161 **State Filing Status**

Earnings - Current

Date	Pay Description	Pay Rate	Hours/Units Paid	Pay Amount
06-30-2023	REGULAR PAY	64.9013	86.67	5625.00
TOTAL			**86.67**	**5,625.00**

Deductions / Taxes

Description	Amount	YTD
PRE TAX TRAN	184.80	1108.80
Medical Pret	26.27	315.24
Dental Preta	12.32	147.84
FSA Health C	2.08	25.02
Vision Preta	0.56	6.72
401(K) Ded	0.00	22500.00
FEDERAL TAX	1020.75	6297.37
MEDICARE	78.29	855.81
SOC SECURITY	334.74	3659.33
CA INCOME TAX	381.34	2149.99
CA DISABILITY	48.59	531.22
TOTAL	2,089.74	37,597.34

Direct Deposit Detail

Account	Type	Amount
57180	CHECKING	3,535.26
TOTAL DEPOSITED		$3,535.26

Net Pay Distribution

Type	Amount
CHECK	$0.00
DIRECT DEPOSIT	$3,535.26
TOTAL NET PAY	$3,535.26
TOTAL NET PAY YTD	$23,027.66

Earnings - Year To Date

Description	YTD
REGULAR PAY	59701.96
VACATION	923.04
TOTAL	$60,625.00

Paid Time Off

Description	Accrued	Used	Balance
Sick	34.67	0.00	71.74
Vacation	40.08	0.00	83.50
SFPHELO	80.00	0.00	80.00

Employer Contributions

Description	Amount	YTD
Guardian LTD Pr	9.68	104.28
Guardian Flat $	1.91	22.92
Northern CA Kai	236.42	2837.04
Guardian Dental	26.01	312.12
Guardian STD Pr	4.89	58.68
VSP Vision Stan	5.01	60.12
TOTAL	283.92	3,395.16

Service Provider: Sequoia One PEO, LLC, 548 Market St PMB 78488, San Francisco, CA 94104

Ample Inc

Sequoia One PEO, LLC
548 Market St PMB 78488
San Francisco, CA 94104

Check No. 3172161
Pay Date 06-30-2023

PAY Non-negotiable $0.00

Voucher #: 060134 Sort Order: 104

Caleb Z Tseng-Tham

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

SSN# [redacted] **Period Start Date** 01-16-2025 **Check Date** 01-31-2025 **Federal Filing Status** [redacted]

EMP# **Period End Date** 01-31-2025 **Check Number** 4443707 **State Filing Status**

Earnings - Current

Date	Pay Description	Pay Rate	Hours/Units Paid	Pay Amount
01-31-2025	REGULAR PAY	64.9013	86.67	5625.00
TOTAL			**86.67**	**5,625.00**

Deductions / Taxes

Description	Amount	YTD
Roth	1125.00	1687.50
Medical Pret	57.95	115.90
FSA Health C	4.16	8.33
Dental Preta	2.89	5.78
Vision Preta	0.56	1.12
FEDERAL TAX	1036.22	2072.44
MEDICARE	80.61	161.22
SOC SECURITY	344.69	689.37
CA INCOME TAX	386.64	773.28
CA DISABILITY	66.71	133.42
TOTAL	3,105.43	5,648.36

Direct Deposit Detail

Account	Type	Amount
57180	CHECKING	2,519.57
TOTAL DEPOSITED		$2,519.57

Net Pay Distribution

Type	Amount
CHECK	$0.00
DIRECT DEPOSIT	$2,519.57
TOTAL NET PAY	$2,519.57
TOTAL NET PAY YTD	$5,601.63

Earnings - Year To Date

Description	YTD
VACATION	4153.68
REGULAR PAY	7096.31
TOTAL	$11,249.99

Paid Time Off

Description	Accrued	Used	Balance
Sick	0.00	0.00	80.00
Vacation	6.68	64.00	30.10
SFPHELO	80.00	0.00	80.00

Employer Contributions

Description	Amount	YTD
Guardian LTD Pr	9.68	19.36
Guardian Flat $	1.91	3.82
Northern CA Kai	231.80	463.60
Guardian Dental	26.01	52.02
Guardian STD Pr	5.50	11.06
VSP Vision Stan	5.01	10.02
TOTAL	279.91	559.88

Service Provider: Sequoia One PEO, LLC, 350 W WASHINGTON ST STE 301, TEMPE, AZ 85288

Ample Inc

Sequoia One PEO, LLC
350 W WASHINGTON ST STE 301
TEMPE, AZ 85288

Check No. 4443707
Pay Date 01-31-2025

PAY Non-negotiable $0.00

TO THE ORDER OF **Caleb Z Tseng-Tham** [redacted]

*** Non-Negotiable ***

Voucher #: 060548 Sort Order: 103

Caleb Z Tseng-Tham

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

SSN# [redacted] **Period Start Date** 02-01-2025 **Check Date** 02-14-2025 **Federal Filing Status** [redacted]
EMP# **Period End Date** 02-15-2025 **Check Number** 4494856 **State Filing Status**

Earnings - Current

Date	Pay Description	Pay Rate	Hours/Units Paid	Pay Amount
02-15-2025	REGULAR PAY	68.2666	86.67	5916.67
TOTAL			**86.67**	**5,916.67**

Deductions / Taxes

Description	Amount	YTD
Roth	1183.33	2870.83
Medical Pret	57.95	173.85
FSA Health C	4.17	12.50
Dental Preta	2.89	8.67
Vision Preta	0.56	1.68
FEDERAL TAX	1106.22	3178.66
MEDICARE	84.84	246.06
SOC SECURITY	362.77	1052.14
CA INCOME TAX	416.48	1189.76
CA DISABILITY	70.21	203.63
TOTAL	3,289.42	8,937.78

Direct Deposit Detail

Account	Type	Amount
57180	CHECKING	2,627.25
TOTAL DEPOSITED		$2,627.25

Net Pay Distribution

Type	Amount
CHECK	$0.00
DIRECT DEPOSIT	$2,627.25
TOTAL NET PAY	$2,627.25
TOTAL NET PAY YTD	$8,228.88

Earnings - Year To Date

Description	YTD
VACATION	4153.68
REGULAR PAY	13012.98
TOTAL	$17,166.66

Paid Time Off

Description	Accrued	Used	Balance
Sick	0.00	0.00	80.00
Vacation	10.02	64.00	33.44
SFPHELO	80.00	0.00	80.00

Employer Contributions

Description	Amount	YTD
Guardian LTD Pr	10.18	29.54
Guardian Flat $	1.91	5.73
Northern CA Kai	231.80	695.40
Guardian Dental	26.01	78.03
Guardian STD Pr	5.84	16.90
VSP Vision Stan	5.01	15.03
TOTAL	280.75	840.63

Service Provider: Sequoia One PEO, LLC, 350 W WASHINGTON ST STE 301, TEMPE, AZ 85288

Ample Inc

Sequoia One PEO, LLC
350 W WASHINGTON ST STE 301
TEMPE, AZ 85288

Check No. 4494856
Pay Date 02-14-2025

PAY Non-negotiable $0.00

TO THE ORDER OF **Caleb Z Tseng-Tham** [redacted]

*** Non-Negotiable ***

Voucher #: 063335 Sort Order: 99

Caleb Z Tseng-Tham

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

SSN# [redacted] **Period Start Date** 04-16-2025 **Check Date** 04-30-2025 **Federal Filing Status** [redacted]
EMP# **Period End Date** 04-30-2025 **Check Number** 4668180 **State Filing Status**

Earnings - Current

Date	Pay Description	Pay Rate	Hours/Units Paid	Pay Amount
04-21-2025	VACATION	69.7089	8.00	557.67
04-22-2025	VACATION	69.7089	8.00	557.67
04-23-2025	RETRO PAY	125.0000	1.00	125.00
04-23-2025	RETRO PAY	125.0000	1.00	125.00
04-23-2025	RETRO PAY	125.0000	1.00	125.00
04-23-2025	RETRO PAY	125.0000	1.00	125.00
04-23-2025	RETRO PAY	125.0000	1.00	125.00
04-30-2025	REGULAR PAY	69.7089	70.67	4926.33
TOTAL			**91.67**	**6,666.67**

Deductions / Taxes

Description	Amount	YTD
Roth	1333.33	8937.48
Medical Pret	57.95	463.60
FSA Health C	4.16	33.32
Dental Preta	2.89	23.12
Vision Preta	0.56	4.48
FEDERAL TAX	1286.22	8889.76
MEDICARE	95.71	681.14
SOC SECURITY	409.27	2912.48
CA INCOME TAX	493.20	3348.88
CA DISABILITY	79.21	563.68
TOTAL	3,762.50	25,857.94

Direct Deposit Detail

Account	Type	Amount
57180	CHECKING	2,904.17
TOTAL DEPOSITED		$2,904.17

Net Pay Distribution

Type	Amount
CHECK	$0.00
DIRECT DEPOSIT	$2,904.17
TOTAL NET PAY	$2,904.17
TOTAL NET PAY YTD	$21,642.07

Earnings - Year To Date

Description	YTD
VACATION	5269.02
REGULAR PAY	41605.99
RETRO PAY	625.00
TOTAL	$47,500.01

Paid Time Off

Description	Accrued	Used	Balance
Sick	0.00	0.00	80.00
SFPHELO	80.00	0.00	80.00
VACATION	70.14	108.00	34.14

Employer Contributions

Description	Amount	YTD
Guardian LTD Pr	10.39	80.65
Guardian Flat $	1.91	15.28
Northern CA Kai	231.80	1854.40
Guardian Dental	26.01	208.08
Guardian STD Pr	5.78	45.94
VSP Vision Stan	5.01	40.08
TOTAL	280.90	2,244.43

Service Provider: Sequoia One PEO, LLC, 1033 W Roosevelt Way 3rd floor, TEMPE, AZ 85288, 415/366-4000

Ample Inc

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

Check No. 4668180
Pay Date 04-30-2025

PAY Non-negotiable $0.00

TO THE ORDER OF **Caleb Z Tseng-Tham** [redacted]

*** Non-Negotiable ***

Voucher #: 068881 Sort Order: 84

Caleb Z Tseng-Tham

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

SSN# [redacted] **Period Start Date** 07-16-2025 **Check Date** 07-31-2025 **Federal Filing Status** [redacted]

EMP# **Period End Date** 07-31-2025 **Check Number** 4886901 **State Filing Status**

Earnings - Current

Date	Pay Description	Pay Rate	Hours/Units Paid	Pay Amount
07-31-2025	REGULAR PAY	58.0988	86.67	5035.42
TOTAL			**86.67**	**5,035.42**

Deductions / Taxes

Description	Amount	YTD
Roth	1007.08	15859.27
FSA Health C	137.50	324.98
Medical Pret	28.97	753.34
Dental Preta	13.32	61.32
Vision Preta	0.47	7.66
FEDERAL TAX	867.20	15258.20
MEDICARE	70.40	1173.95
SOC SECURITY	301.02	5019.63
CA INCOME TAX	314.59	5733.15
CA DISABILITY	58.26	971.50
TOTAL	2,798.81	45,163.00

Direct Deposit Detail

Account	Type	Amount
57180	CHECKING	2,236.61
TOTAL DEPOSITED		$2,236.61

Net Pay Distribution

Type	Amount
CHECK	$0.00
DIRECT DEPOSIT	$2,236.61
TOTAL NET PAY	$2,236.61
TOTAL NET PAY YTD	$36,946.06

Earnings - Year To Date

Description	YTD
VACATION	7732.10
REGULAR PAY	73194.29
RETRO PAY	625.00
SICK	557.67
TOTAL	$82,109.06

Paid Time Off

Description	Accrued	Used	Balance
Sick	8.00	8.00	80.00
SFPHELO	80.00	0.00	80.00
VACATION	15.00	36.00	23.00

Employer Contributions

Description	Amount	YTD
Guardian LTD Pr	7.22	137.70
Guardian Flat $	1.65	26.22
Northern CA Kai	0.00	2781.60
Guardian Dental	0.00	312.12
Guardian STD Pr	3.21	76.94
VSP Vision Stan	4.19	68.50
Northern CA Kai	260.72	521.44
Guardian Dental	25.04	50.08
TOTAL	302.03	3,974.60

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. 4886901
Pay Date 07-31-2025

PAY Non-negotiable $0.00

TO THE ORDER OF **Caleb Z Tseng-Tham** [redacted]

*** Non-Negotiable ***

Voucher #: 070894 Sort Order: 80

Caleb Z Tseng-Tham

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

SSN# [redacted] **Period Start Date** 08-16-2025 **Check Date** 08-29-2025 **Federal Filing Status** [redacted]
EMP# **Period End Date** 08-31-2025 **Check Number** 4978643 **State Filing Status**

Earnings - Current

Date	Pay Description	Pay Rate	Hours/Units Paid	Pay Amount
08-31-2025	REGULAR PAY	58.0988	86.67	5035.42
TOTAL			**86.67**	**5,035.42**

Deductions / Taxes

Description	Amount	YTD
Roth	1007.08	17873.43
FSA Health C	137.50	599.98
Medical Pret	28.97	811.28
Dental Preta	13.32	87.96
Vision Preta	0.47	8.60
FEDERAL TAX	867.20	16992.60
MEDICARE	70.40	1314.75
SOC SECURITY	301.02	5621.67
CA INCOME TAX	314.59	6362.33
CA DISABILITY	58.26	1088.02
TOTAL	2,798.81	50,760.62

Direct Deposit Detail

Account	Type	Amount
57180	CHECKING	2,236.61
TOTAL DEPOSITED		$2,236.61

Net Pay Distribution

Type	Amount
CHECK	$0.00
DIRECT DEPOSIT	$2,236.61
TOTAL NET PAY	$2,236.61
TOTAL NET PAY YTD	$41,419.28

Earnings - Year To Date

Description	YTD
VACATION	7732.10
REGULAR PAY	83265.13
RETRO PAY	625.00
SICK	557.67
TOTAL	$92,179.90

Paid Time Off

Description	Accrued	Used	Balance
Sick	8.00	8.00	80.00
SFPHELO	80.00	0.00	80.00

Employer Contributions

Description	Amount	YTD
Guardian LTD Pr	7.22	152.10
Guardian Flat $	1.65	29.52
Northern CA Kai	0.00	2781.60
Guardian Dental	0.00	312.12
Guardian STD Pr	3.21	83.36
VSP Vision Stan	4.19	76.88
Northern CA Kai	260.72	1042.88
Guardian Dental	25.04	100.16
TOTAL	302.03	4,578.62

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. 4978643
Pay Date 08-29-2025

PAY Non-negotiable $0.00

TO THE ORDER OF **Caleb Z Tseng-Tham** [redacted]

*** Non-Negotiable ***

HOLD TO LIGHT TO VIEW TRUE WATERMARK IN PAPER · HEAT SENSITIVE RED LOCK DISAPPEARS WHEN HEATED

1312

AMPLE INC
100 HOOPER ST SUITE 25
SAN FRANCISCO, CA 94107

CITIZENS
29-1310/213

PAY TO THE ORDER OF

$ 3,241.42

Tseng-tham, Caleb Z

DOLLARS

Three thousand two hundred forty-one and 42/100

Sep 10, 2025

MEMO

AUTHORIZED SIGNATURE

Security features. Details on back.

⑈001312⑈ ⑆021311303⑆ 40298933 16⑈

[redacted]

[redacted] OR REMOTE DEPOSIT ONLY

AT _____ DATE 2025-09-10

NAME OF FINANCIAL INSTITUTION

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE

RS-100

Where available, security features exceed industry guidelines.

Chemically Sensitive Paper and Chemical Wash Detection Area	• Stains or spots may appear if chemical alteration attempts are made.
Toner Anchorage Properties	• Chemistry is superbonded to the toner to prevent lifting with heat. Damage is visible with alteration attempts.
Original Document Body Pattern	• Discourages cut-and-paste alterations.
Microprinting	• MP Small type in check elements appear as dotted lines when copied.
Heat Sensitive Ink*	• Hold red image with fingers or breathe on it. The image will fade and reappear.
Hologram*	• Multi-dimensional foil seal fused to check stock. Cannot be photocopied.
True Watermark*	• Hold check to a light source to view. Cannot be photocopied.
Anti Copy Technology*	• Document made with technology to prevent most copiers from creating a usable copy.

**Available on select High Security Checks*

® Padlock design is a certification mark of the Check Payment Systems Association

9/10/2025

Dear Caleb Tseng-Tham,

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)

Caleb Tseng-Tham
Name

[redacted]
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.

CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

August 21, 2025 through September 19, 2025
Account Number: [redacted]

CUSTOMER SERVICE INFORMATION

Web site:	**Chase.com**
Service Center:	**1-800-935-9935**
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

We accept operator relay calls

[redacted]

CALEB Z TSENG-THAM

[redacted]

[redacted]

CHECKING SUMMARY

Chase Total Checking

	AMOUNT
Beginning Balance	[redacted]
Deposits and Additions	
ATM & Debit Card Withdrawals	
Electronic Withdrawals	
Other Withdrawals	
Fees	
Ending Balance	

TRANSACTION DETAIL

DATE	DESCRIPTION		AMOUNT	BALANCE
	Beginning Balance			[redacted]
[redacted]				
09/11	Remote Online De osit	1	**3,241.42**	
[redacted]				
09/12	Deposited Item Returned Refer To Maker 099012956 # of Items00001Ck#:0000001312 Dep Amt0000324142 Dep Date091125Ck Amt0000324142		-3,241.42	
[redacted]				

TRANSACTION DETAIL *(continued)*

DATE	DESCRIPTION	AMOUNT	BALANCE
[redacted]			
09/15	Fedwire Credit Via: Citizens Bank, NA/011500120 B/O: Ample Inc San Francisco CA 94107-3918 Ref: Chase N c/Ctr/Bnf=Caleb Z Tsen -Tham [redacted]	**3,241.42**	
09/15	Domestic Incoming Wire Fee	-15.00	
09/16	Fee Reversal	**15.00**	
	Ending Balance		

[redacted]

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will provide provisional credit to your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, our practice is to follow the procedures described above as detailed in your Deposit Account Agreement or other applicable agreements, but we are not legally required to do so. For example, we require you to notify us no later than 30 days after we sent you the first statement on which the error appeared. We may require you to provide us with a written statement that the disputed transaction was unauthorized. We are also not required to give provisional credit.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your Deposit Account Agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC