Fill in this in	formation to identify the case:	
Debtor 1	Astria Health	
Debtor 2 (Spouse, if filing)	aka Sunnyside Healthcare	
United States	Bankruptcy Court for the: Eastern District of Washington	-
Case number	19-01189-FLK11	المسم

MAY24713AM 8=16 USBCEU

Official Form 410

Proof of Claim

04/19

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.

1.	Who is the current creditor?	1st Class Office Solutions, LLC Name of the current creditor (the person or entity to be paid for this claim)							
		Other names the creditor used with the debtor Northwest Mailing, Inc.							
<u>.</u>	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?			Where should payments to the creditor be sent? (if different)				
	Federal Rule of	1st Class Office	Solutions, LLC)					
	Bankruptcy Procedure				Name				
	(FRBP) 2002(g)	3016 E Queen A	ve		Number	Observat	·		
		Spokane	WA	99217	Number	Street			
		City	State	ZIP Code	City	State	ZIP Code		
		Contact phone 509-4	66-7575		Contact phone	3			
		Contact email accou	nting@1stclas	sos.com	Contact email				
		Uniform claim identifier	ior electronic paymer	nts in chapter 13 (if you us	se one):				
	Does this claim amend one already filed?	☑ No ☐ Yes. Claim numb	er on court claims	s registry (if known)		Filed on	DD / YYYY		
	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



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?	\$					
		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.					
		Goods Sold - Postage Machine Ink & Labels					
9.	Is all or part of the claim	☑ No ☐ Yes. The claim is secured by a lien on property.					
	30001001	Nature of property:					
		Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim</i>					
		Attachment (Official Form 410-A) with this Proof of Claim.					
		☐ Motor vehicle ☐ Other. Describe:					
		Basis for perfection:					
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)					
		Value of property: \$					
		Amount of the claim that is secured: \$					
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amounts should match the amount in line 7.					
		Amount necessary to cure any default as of the date of the petition: \$					
		Annual Interest Rate (when case was filed)%					
		☐ Fixed ☐ Variable					
10.	. Is this claim based on a lease?	☑ No					
10	tease i	Yes. Amount necessary to cure any default as of the date of the petition.					
10							
	. Is this claim subject to a right of setoff?	☑ No					

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12. Is all or part of the claim	☑ No						
entitled to priority under 11 U.S.C. § 507(a)?	. Ves. Che	ock one:					Amount entitled to priorit
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).					\$	
nonpriority. For example, in some categories, the law limits the amount	. 🖵 Up to	\$3,025* of deposits toward purchase, lease, or rental of property or services for nal, family, or household use. 11 U.S.C. § 507(a)(7).				\$	
entitled to priority.	☐ Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).						\$
	☐ Taxes	or penalties owed	to governm	ental units. 11 U.S.	C. § 507(a)(8),		\$
	☐ Contr	ibutions to an empl	loyee benefit	plan. 11 U.S.C. § 8	507(a)(5).		\$
				C. § 507(a)() that			\$
						es begun on or afte	er the date of adjustment.
Part 3: Sign Below							
The person completing this proof of claim must	Check the app	ropriate box:					
sign and date it.	I am the c						
FRBP 9011(b).	_	reditor's attorney o		-			
If you file this claim electronically, FRBP				thorized agent. Ba			
5005(a)(2) authorizes courts	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
to establish local rules specifylng 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	amount or the	claim, the creditor (gave the deb	tor credit for any pa	nyments receiv	red toward the de	ebt.
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.						
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.						
3571.	Executed on date 05/23/2019						
		MM / DD / YYYY					
	Diane J	Bork &	lane	J. Bo	k		
	oignature			\mathcal{U}			
	Print the name	of the person wh	no is comple	eting and signing	this claim:		
	Name	Diane		J		Bork	
		First name		Middle name		Last name	
	Title	Controller					
	Company	1st Class Of					
		Identify the corpor	rate servicer a	s the company if the a	uthorized agent	is a servicer.	
	Address	3016 E	Queen	Ave			
			Street				*
		Spokane			WA	99217	
		City			State	ZIP Code	
	Contact phone	509-466-757	'5			counting@1st	olanoon assus

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Proof of Claim