UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE	PROOF OF CLAIM
Indicate the Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor per claim form.)  □ Cynergy Data, LLC – (Case No. 09-13038) □ Cynergy Data Holdings, Inc. – (Case No. 09-13039) □ Cynergy Prosperity Plus, LLC – (Case No. 09-13040)	
Name of Creditor (the person or other entity to whom the debtor owes money or property):	Check this box to indicate that this
47THSTREETCLOSEOUTSCOM	claim amends a previously filed claim.
Name and address where notices should be sent: Name ID: 8454853  Pack No. 74	Court Claim
47THSTREETCLOSEOUTSCOM DANI BOROHOU 37 WEST 47TH ST NEW YORK, NY 10031	Number:(if known)  Filed on:
Telephone No. 2/2-39/-1888	2
Name and address where payment should be sent (if different from above):  Telephone No.	Check box if you are aware that anyone else has filed a proof of claim relating to your claim.  Attach copy of statement giving particulars.  Check this box if you are the
	debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ 86, 552	5. Amount of claim Entitled to Priority under 11 U.S.C. § 507(a). If any
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.	portion of your claim falls in one of the following categories, check the
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized	box and state the amount.  Specify the priority of the claim.
statement of all interest or charges  2. Basis for Claim: ROLLING ROSS ROSS	
(See instruction #3a on reverse side.)	Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor:  3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.) 3b. Creditor Tax ID #  4. Secured Claim (See instruction #4 on reverse side.)	Wages, salaries, or commission (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, which ever is earlier 11 U.S.C. § 507(a)(4).
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.	Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5).
Nature of property or right of setoff: Real Estate Motor Vehicle Other  Describe:  Value of Property: \$ Annual Interest Rate:%	Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7).
Amount of arrearage and other charges as of time case filed included in secured claim,	Taxes or penalties owed to
if any: \$ Basis for Perfection:	governmental units 11 U.S.C. § 507(a)(8).
Amount of Secured Claim: \$ Amount Unsecured: \$	Other Specify applicable paragraph o
6. Section 503(b)(9) Claim Amount:  Check this box if your claim is for the value of goods received by the debtor within 20 days before the date of commencement of the case (11 U.S.C. §503(b)(9)). Include the amount of such claim in the space for "Section 503(b)(9) Claim Amount" above.	11 U.S.C. § 507(a)().  Amount entitled to priority:  \$ * Amounts are subject to adjustment on
<ul> <li>7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.</li> <li>8. 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)</li> </ul>	4/1/10 and every 3 years thereafter with response to cases commenced on or after the date of adjustment.
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENT MAY BE DESTROYED AFTER SCANNING.	RECEIVED
If the documents are not available, please explain:  Date:  Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the	-JAN 1 9 2010
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.	KURTZMAN CARSON CONSULTANTS
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