Assignment for the Benefit of Creditors	PROOF OF CLAIM	THIS SPACE IS FOR OFFICE USE ONLY
Assignment for the Benefit of Creditors	TROOF OF CLAIM	
Name of Assignor: Yewno, Inc.		
Name of Assignee: YNO (ABC), LLC	Additional Information: (check box)	DATE RECEIVED:
Date of Assignment: September 30, 2022		
Name of Creditor (the person or entity to whom Assignor owes money or property):	☐ Address differs from the address on the envelope sent to you on behalf of the Assignee.	
Social Security (last 4 digits) or Tax I.D.#:	☐ Claim amends a previously filed claim. If so, for such claim, indicate:	
Name and address where notices should be sent or emailed:	- Claim number: Date claim mailed:	
YNO (ABC), LLC P.O. Box 9		
Grandville, MI 49468	☐ Payment should be sent to different address. Indicate name and address:	CLAIM NO.:
Contact email: YNO-info@rockcreekfa.com		
1. Amount of Claim (as of assignment date): \$	2. Basis for Claim: (check one) Goods sold Equipment leased Taxes Other (Describe briefly): If Court Judgment, date Judgment obtained:	
Date dept was incurred.	ii Court Judgment, date Judgmentobtamed.	
3. Last four digits of any number by which creditor identifies assignor:	3a. Assignor may have scheduled account as:	
4. Secured Claim: Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach all documents that support the contention that the claim is secured. Nature of property or right to setoff: Real Estate Personal Property Motor Vehicle Other Describe: Basis for perfection:		
Value of Property: \$	Amount of Secured Claim: \$	
5. Priority Claim: Amount of Claim entitled to priority and the basis on which such priority is claimed.		
Amount entitled to priority: \$ Basis for priority (describe):		
6. Equity Interest: Number of Shares Held: Basis/Value Per Share: \$Type: \Boxed{Type:} \Deciron Common \Deciron Preferred; attach documentation		
7. Documents: Attach 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. If the claim is secured, and box 4 has been completed, attach copies of documents providing evidence of perfection of a security interest. DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
8. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
9. Signature: Check the appropriate box: \square I am the creditor. \square I am the creditor's authorized agent. \square I am a guarantor, surety, endorser, or other co-debtor.		
BY MY SIGNATURE BELOW, I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE INFORMATION PROVIDED HEREIN AND ATTACHED HERETO IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.		
Print Name:Title:	Company:	
Signature:Dated:		
Telephone Number: ()Email Address:		