Fill in this information to identify the case:	
Name of Debtor & Case Number:  □ SIW Holding Company, Inc. (f/k/a WIS Holding Company, Inc.) (18-11579)  □ WIS Holdings Corp.(18-11580)  □ Washington Inventory Service (18-11581)  □ Western Inventory Service, Inc. (18-11582)	<ul> <li>□ WIS International, Inc. (18-11583)</li> <li>□ Service Support International, Inc. (18-11584)</li> <li>□ Labor Support International, Inc. (18-11585)</li> </ul>
United States Bankruptcy Court for the District Delaware	

## Official Form 410

Proof of Claim 04/16

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.

## Part 1: **Identify the Claim** Who is the current creditor? Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Has this claim been acquired from ☐ Yes. From whom? \_ someone else? 3. Where should notices Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if and payments to the different) creditor be sent? Federal Rule of Name Name Bankruptcy Procedure (FRBP) 2002(g) Number Street Number Street City State ZIP Code City State ZIP Code Contact phone Contact phone Contact email Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use one): 4. Does this claim amend ☐ No one already filed? ☐ Yes. Claim number on court claims registry (if known)\_\_\_\_\_ MM / DD / YYYY Do you know if anyone ☐ No else has filed a proof ☐ Yes. Who made the earlier filing? of claim for this 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?	<ul> <li>\$ Does this amount include interest or other charges?</li> <li>□ No</li> <li>□ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</li> </ul>					
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.					
9. Is all or part of the claim secured?							
		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	□ No					
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.					
11	. Is this claim subject to a	□ No					
	right of setoff?						

12. Is all or part of the claim	☐ No							
entitled to priority under 11 U.S.C. § 507(a)?	☐ Yes. Check	Amount entitled to priority						
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 \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).						
entitled to priority.	☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. \$							
	☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).							
	☐ Contribu	itions to an employee benefit	olan. 11 U.S.C. § 507(a)	(5).	\$			
	Other. S	\$						
		re subject to adjustment on 4/01/1			on or after the date of adjustment.			
Part 3: Sign Below								
The person completing	Check the appro	priate box:						
this proof of claim must sign and date it.	☐ I am the cre	ditor.						
FRBP 9011(b).	☐ I am the creditor's attorney or authorized agent.							
If you file this claim	☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.							
electronically, FRBP 5005(a)(2) authorizes courts	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.							
to establish local rules								
specifying what a signature is.					dgment that when calculating the			
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.							
fraudulent claim could be fined up to \$500,000,	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.							
imprisoned for up to 5 years, or both.	and correct.							
18 U.S.C. §§ 152, 157, and								
3571. Executed on date								
MM / DD / YYYY								
Signature								
	Print the name of	of the nerson who is comple	ting and signing this cl	aim·				
Print the name of the person who is completing and signing this claim:								
	Name	First name	Middle name	Loc	t nama			
		riistriame	Middle Hame	Las	t name			
	Title							
Company  Identify the corporate servicer as the company if the authorized agent is a servicer.								
		Number Street						
		City		State ZIP	Code			
	Contact -b	- ··· <i>y</i>						
	Contact phone			Email				