

**UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re Sorenson Communications, Inc. et al  
Debtor

Case No. 14-10454-BLS

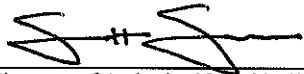
**INITIAL MONTHLY OPERATING REPORT**

File report and attachments with Court and submit copy to United States Trustee within 15 days after order for relief.

Certificates of insurance must name United States Trustee as a party to be notified in the event of policy cancellation. Bank accounts and checks must bear the name of the debtor, the case number, and the designation "Debtor in Possession." Examples of acceptable evidence of Debtor in Possession Bank accounts include voided checks, copy of bank deposit agreement/certificate of authority, signature card, and/or corporate checking resolution.

REQUIRED DOCUMENTS	Document Attached	Explanation Attached
<b>12-Month Cash Flow Projection (Form IR-1)</b>	Yes	A three month cash flow projection is provided due to the accelerated nature of the pre-packaged case.
<b>Certificates of Insurance:</b>		
Workers Compensation	Yes	Evidence of Coverage Certificates
Property	Yes	Evidence of Coverage Certificates
General Liability	Yes	Evidence of Coverage Certificates
Vehicle	Yes	Evidence of Coverage Certificates
Umbrella Liability	Yes	Evidence of Coverage Certificates
Flood & Earthquake	Yes	Evidence of Coverage Certificates
Identify areas of self-insurance w/liability caps	No	No self-insurance
<b>Evidence of Debtor in Possession Bank Accounts</b>		
Tax Escrow Account	No	Per the Cash Management Motion filed with the court on March 3, 2014 and approved by order on March 4, 2014, the Company is allowed to continue use of its current cash management system and is therefore not required to establish new Debtor in Possession Bank Accounts.
General Operating Account	No	
Money Market Account pursuant to Local Rule 4001-3. Refer to <a href="http://www.deb.uscourts.gov">http://www.deb.uscourts.gov</a>	No	
	No	
Other:	No	
<b>Retainers Paid (Form IR-2)</b>	Yes	

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the documents attached are true and correct to the best of my knowledge and belief.

  
Signature of Authorized Individual\*

March 17, 2014  
Date

Scott Sorensen  
Printed Name of Authorized Individual

Chief Financial Officer  
Title of Authorized Individual

\*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.



Sorenson Communications, Inc.  
 13-Week Cash Forecast - Consolidated  
 (\$000's)

	Forecast													Total 2-Mar-14 30-Mar-14
	Week 1 7-Mar-14	Week 2 14-Mar-14	Week 3 21-Mar-14	Week 4 28-Mar-14	Week 5 4-Apr-14	Week 6 11-Apr-14	Week 7 18-Apr-14	Week 8 25-Apr-14	Week 9 2-May-14	Week 10 9-May-14	Week 11 16-May-14	Week 12 23-May-14	Week 13 30-May-14	
<b>Beginning Cash (Unrestricted)</b>	\$ 104,479	\$ 136,274	\$ 125,612	\$ 114,458	\$ 113,143	\$ 141,846	\$ 127,357	\$ 123,085	\$ 111,247	\$ 142,617	\$ 131,986	\$ 128,492	\$ 117,861	\$ 104,479
<b>Receipts</b>	45,642	-	-	-	47,813	-	-	-	41,376	-	-	-	-	134,831
TRS Receipts	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Receipts	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Receipts</b>	45,642	-	-	-	47,813	-	-	-	41,376	-	-	-	-	134,831
<b>Operating Disbursements</b>	45,642	-	-	-	47,813	-	-	-	41,376	-	-	-	-	134,831
Payroll & Benefits	(10,610)	-	(9,340)	-	(1,240)	(9,299)	-	(10,649)	(1,240)	(9,376)	-	(9,376)	-	(61,131)
Rent	(1,252)	-	-	-	(1,263)	-	-	-	(1,263)	-	-	-	-	(3,779)
Telecom / Utilities	(987)	(607)	(217)	-	(285)	(150)	(643)	(150)	(285)	(219)	(613)	(219)	-	(4,748)
Travel & Expense	(138)	(387)	(138)	(138)	(181)	(95)	(345)	(95)	(181)	(142)	(396)	(142)	(229)	(2,607)
Non-Payroll Tax	(10)	(7,010)	(510)	(10)	(8)	(4,008)	(8)	(8)	(8)	(10)	(10)	(10)	(10)	(11,618)
Ordinary Course Professional Fees	(186)	(521)	(186)	(186)	(255)	(135)	(487)	(135)	(255)	(155)	(434)	(155)	(251)	(3,541)
Capital Expenditures	(382)	(1,069)	(382)	(382)	(500)	(537)	(1,398)	(537)	(1,017)	(350)	(979)	(350)	(565)	(9,503)
Other Disbursements	(382)	(1,069)	(382)	(382)	(500)	(537)	(1,398)	(537)	(1,017)	(350)	(979)	(350)	(565)	(9,503)
<b>Total Operating Disbursements</b>	(13,847)	(10,662)	(11,154)	(11,315)	(4,750)	(14,488)	(4,272)	(11,838)	(10,005)	(10,631)	(3,494)	(10,631)	(2,023)	(109,112)
<b>Subtotal Operating Cash Flow</b>	31,795	(10,662)	(11,154)	(1,315)	43,063	(14,488)	(4,272)	(11,838)	31,370	(10,631)	(3,494)	(10,631)	(2,023)	25,719
<b>Non-Operating Disbursements</b>	-	-	-	-	(12,995)	-	-	-	-	-	-	-	-	(12,995)
Interest Expense	-	-	-	-	(12,995)	-	-	-	-	-	-	-	-	(12,995)
Net Borrowings	-	-	-	-	(1,365)	-	-	-	-	-	-	-	-	(1,365)
<b>Total Non-Operating Disbursements</b>	-	-	-	-	(14,360)	-	-	-	-	-	-	-	-	(14,360)
<b>Total Net Cash Flow</b>	31,795	(10,662)	(11,154)	(1,315)	28,702	(14,488)	(4,272)	(11,838)	31,370	(10,631)	(3,494)	(10,631)	(2,023)	11,359
<b>Ending Cash (Unrestricted)</b>	\$ 136,274	\$ 128,612	\$ 114,458	\$ 113,143	\$ 141,846	\$ 127,357	\$ 123,085	\$ 111,247	\$ 142,617	\$ 131,986	\$ 128,492	\$ 117,861	\$ 115,835	\$ 115,835



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/13/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh USA Risk & Insurance Services 15 West South Temple, Suite 700 Salt Lake City, UT 84101 Attn: Chris Brimhall (801) 533-3627	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Phoenix Insurance Company</td> <td>25623</td> </tr> <tr> <td>INSURER B : Travelers Indemnity Co Of America</td> <td>25666</td> </tr> <tr> <td>INSURER C : Travelers Property Casualty Co. Of America</td> <td>25674</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Phoenix Insurance Company	25623	INSURER B : Travelers Indemnity Co Of America	25666	INSURER C : Travelers Property Casualty Co. Of America	25674	INSURER D :		INSURER E :		INSURER F :
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<b>INSURED</b> SORENSON COMMUNICATIONS INC. 4192 SOUTH RIVERBOAT ROAD SALT LAKE CITY, UT 84123	INSURER A : Phoenix Insurance Company 25623 INSURER B : Travelers Indemnity Co Of America 25666 INSURER C : Travelers Property Casualty Co. Of America 25674 INSURER D : INSURER E : INSURER F :														

**COVERAGES**                      **CERTIFICATE NUMBER:** SEA-002457116-01                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR   WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		630-4D887488-PHX-13	11/15/2013	11/15/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
X	COMMERCIAL GENERAL LIABILITY					MED EXP (Any one person) \$ 10,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
C	FOREIGN		ZPP-15R1150913	11/15/2013	11/15/2014	
	GENL AGGREGATE LIMIT APPLIES PER:					
X	POLICY					
	PRO-JECT					
	LOC					
B	AUTOMOBILE LIABILITY		BA-4D887488-13-TEC	11/15/2013	11/15/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
C	ANY AUTO		ZPP-15R1150913	11/15/2013	11/15/2014	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ALL OWNED AUTOS					
X	HIRED AUTOS					
	SCHEDULED AUTOS					
	NON-OWNED AUTOS					
C	UMBRELLA LIAB		CUP-4D887488-TIL-13	11/15/2013	11/15/2014	EACH OCCURRENCE \$ 10,000,000
	EXCESS LIAB					AGGREGATE \$ 10,000,000
	CLAIMS-MADE					
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		UB-4D887488-13	11/15/2013	11/15/2014	X WC STATU-TORY LIMITS OTH-ER
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)		ZPP-15R1150913	11/15/2013	11/15/2014	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					
A	Business Personal Property		630-4D887488-PHX-13	11/15/2013	11/15/2014	Undescribed Locations 300,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 DIC Coverage - Carrier: The International Insurance Company of Hanover  
 Policy Number: GEP9857; Policy Effective: 11/15/2013; Policy Expiration: 11/15/2014  
 Limit: DIC Coverage \$ 5,000,000 Earthquake / Flood. Deductible: 5% EQ ded. / or a \$25,000 minimum per occurrence.  
 Other deductibles may apply per policy terms and conditions.

<b>CERTIFICATE HOLDER</b> Office of the United States Trustee 844 King Street, Suite 2207 Wilmington, DE 19801	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE of Marsh USA Risk & Insurance Services Chris Brimhall <i>Chris Brimhall</i>
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POLICY NUMBER: BA-4D887488-13-TEC

ISSUE DATE: 03-12-14

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**DESIGNATED ENTITY – EARLIER NOTICE OF CANCELLATION/NONRENEWAL PROVIDED BY US**

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS INCLUDED IN THIS POLICY

**SCHEDULE**

**CANCELLATION:**

Number of Days Notice: 30

**WHEN WE DO NOT RENEW (Nonrenewal):**

Number of Days Notice: 0

**NAME:** OFFICE OF THE UNITED STATES TRUSTEE

**ADDRESS:** 844 KING STREET

SUITE 2207

WILMINGTON

DE 19801

- A. For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation, as provided in the CONDITIONS Section of this insurance, or as amended by any applicable state cancellation endorsement applicable to this insurance, is increased to the number of days shown in the SCHEDULE above.
- B. For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of When We Do Not Renew (Nonrenewal), as provided in the CONDITIONS Section of this insurance, or as amended by any applicable state When We Do Not Renew (Nonrenewal) endorsement applicable to this insurance, is increased to the number of days shown in the SCHEDULE above.
- C. We will mail notice of cancellation or nonrenewal or material limitation of those coverage forms to the person or organization shown in the schedule above. We will mail the notice at least the Number of Days indicated above before the effective date to our action.

**ENDORSEMENT NO. 1**

Named Insured: Sorenson Communications Inc.

Policy Effective Date: 11/15/2013

Policy Expiration Date: 11/15/2014

This endorsement effective: 12:01 A.M. 03/06/2014 forms a part of

Policy No: GEP 9857 Underwriters at Lloyds, London

**Amendatory Endorsement**

In consideration of the premium shown below, it is hereby understood and agreed this endorsement is attached to and forms part of the above policy and is effective as shown above. This endorsement amends only the changes which are indicated by check in the box immediately preceding such change:

- 1.  Policy is
- 2.  Item(s) listed below are the policy schedule.
- 3.  Name of Insured is amended as shown below.
- 4.  Insured mailing address is amended as shown below.
- 5.  Policy term is amended to:
- 6.  Endorsement No is null and void
- 7.  Description of item(s) is amended as shown below.
- 8.  Limit of Liability is as shown below.
- 9.  Policy Reinstated
- 10.  Other, as shown below

It is hereby understood and agreed that loss, if any shall be payable to the Insured and the following Lender's Loss Payee as their respective interests appear:

- Office of the United States Trustee  
844 King Street  
Suite 2207  
Wilmington, DE 19801

It is further understood and agreed that the Company, whenever possible, will endeavor to give

- Richard L. Schepacarter, Esq. ; Office of the United States Trustee; 844 King Street; Suite 2207; Wilmington, DE 19801

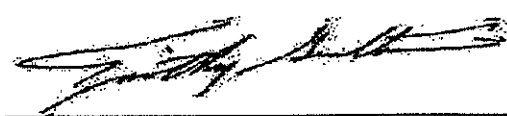
30 day prior written notice of cancellation when cancelled by the Company. This does not apply to cancellation for non-payment of premium nor notice of non-renewal.

All other terms and conditions remain unchanged.

**Breakdown:**

\$	0.00 Premium
\$	0.00 Terrorism Premium
\$	<u>0.00 Grand Total</u>

Issue Date: 03/07/2014



\_\_\_\_\_  
Authorized Representative

POLICY NUMBER: ZPP-15R11509-13-I3

ISSUE DATE: 03/12/14

**DESIGNATED ENTITY - EARLIER NOTICE OF CANCELLATION/NONRENEWAL PROVIDED BY US**

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS INCLUDED IN THIS POLICY

**SCHEDULE**

**CANCELLATION:**

**Number of Days Notice: 30**

**WHEN WE DO NOT RENEW (Nonrenewal):**

**Number of Days Notice:**

**NAME:**

Office of the United States Trustee

**ADDRESS:**

844 King Street  
Suite 2207  
Wilmington, DE 19801

- A. For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation, as provided in the CONDITIONS Section of this insurance, or as amended by any applicable state cancellation endorsement applicable to this insurance, is increased to the number of days shown in the SCHEDULE above.
- B. For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of When We Do Not Renew (Nonrenewal), as provided in the CONDITIONS Section of this insurance, or as amended by any

applicable state When We Do Not Renew (Nonrenewal) endorsement applicable to this insurance, is increased to the number of days shown in the SCHEDULE above.

- C. We will mail notice of cancellation or nonrenewal or material limitation of those coverage forms to the person or organization shown in the schedule above. We will mail the notice at least the Number of Days indicated above before the effective date to our action.

CHANGE EFFECTIVE DATE: 11-15-13  
CHANGE ENDORSEMENT NUMBER: 0004

POLICY NUMBER: H-630-4D887488-PHX-13

ISSUE DATE: 03-12-14

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**DESIGNATED ENTITY – EARLIER NOTICE OF  
CANCELLATION/NONRENEWAL PROVIDED BY US**

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS INCLUDED IN THIS POLICY

**SCHEDULE**

**CANCELLATION:**

**Number of Days Notice: 30**

**WHEN WE DO NOT RENEW (Nonrenewal):**

**Number of Days Notice:**

**NAME: OFFICE OF THE UNITED STATES TRUSTEE**

**ADDRESS: 844 KING STREET**

**SUITE 2207**

**WILMINGTON**

**DE 19801**

- A. For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation, as provided in the CONDITIONS Section of this insurance, or as amended by any applicable state cancellation endorsement applicable to this insurance, is increased to the number of days shown in the SCHEDULE above.
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- C. We will mail notice of cancellation or nonrenewal or material limitation of those coverage forms to the person or organization shown in the schedule above. We will mail the notice at least the Number of Days indicated above before the effective date to our action.

POLICY NUMBER: HSM-CUP-4D887488-TIL-13

ISSUE DATE: 03-12-14

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## DESIGNATED ENTITY – EARLIER NOTICE OF CANCELLATION/NONRENEWAL PROVIDED BY US

This endorsement modifies insurance provided under the following:

ALL COVERAGE PARTS INCLUDED IN THIS POLICY

### SCHEDULE

**CANCELLATION:**

Number of Days Notice: 30

**WHEN WE DO NOT RENEW (Nonrenewal):**

Number of Days Notice:

**NAME:** OFFICE OF THE UNITED STATES TRUSTEE

**ADDRESS:** 844 KING STREET

SUITE 2207

WILMINGTON

DE 19801

- A. For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation, as provided in the CONDITIONS Section of this insurance, or as amended by any applicable state cancellation endorsement applicable to this insurance, is increased to the number of days shown in the SCHEDULE above.
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WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 99 06 F4(00)

POLICY NUMBER: {EJUB-4D88748-8-13}

**MANAGED CARE PROGRAM  
ENDORSEMENT**

This endorsement applies only to the insurance provided by this policy for the states listed in the schedule below. This endorsement provides for the payment of benefits under the Workers' Compensation law for medical services and health care to injured workers for compensable injuries and diseases by means of a MANAGED CARE PROGRAM which meets the requirements established by the state. Managed Care Programs are approved on a county by county basis in most states. As an employer you have a responsibility to your employees to comply with the requirements of each county as applicable.

**SCHEDULE**

Item #1 (STATES)

KY WV

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective  
Insured

Policy No.

Endorsement No.  
Premium \$

Insurance Company

Countersigned by \_\_\_\_\_



WORKERS COMPENSATION  
AND  
EMPLOYERS LIABILITY POLICY  
ENDORSEMENT WC 99 06 11 ( A)

POLICY NUMBER: (HJUB-4D88748-8-13)

**NOTICE OF CANCELLATION**

Except for non-payment of premium by you, we agree that no cancellation or limitation of this policy shall become effective until the number of day's written notice specified in item 2 of the Schedule has been mailed to you and to the person or organization designated in item 1 of the Schedule at the address indicated.

**SCHEDULE**

1. Name: OFFICE OF THE UNITED STATES TRUSTEE

Address: 844 KING STREET  
SUITE 2207  
WILMINGTON, DE 19801

2. Number of Days Written Notice: 30 Additional Days

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned by \_\_\_\_\_

ENDORSEMENT NO. 1

Named Insured: Sorenson Communications Inc.

Policy Effective Date: 11/15/2013

Policy Expiration Date: 11/15/2014

This endorsement effective: 12:01 A.M. 03/06/2014 forms a part of

Policy No: GEP 9857 Underwriters at Lloyds, London

Amendatory Endorsement

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- 8.  Limit of Liability is as shown below.
- 9.  Policy Reinstated
- 10.  Other, as shown below

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Wilmington, DE 19801

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- Richard L. Schepacarter, Esq. ; Office of the United States Trustee; 844 King Street; Suite 2207; Wilmington, DE 19801

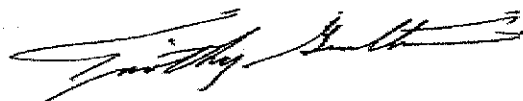
30 day prior written notice of cancellation when cancelled by the Company. This does not apply to cancellation for non-payment of premium nor notice of non-renewal.

All other terms and conditions remain unchanged.

Breakdown:

\$	0.00 Premium
\$	0.00 Terrorism Premium
\$	0.00 Grand Total

Issue Date: 03/07/2014



\_\_\_\_\_  
Authorized Representative

## Schedule of Retainers Paid to Professionals

Payee	Payor	Date	Amount	Amount Applied to Date	Balance
Akin Gump Strauss Hauer & Feld LLP	Sorenson Communications, Inc.	Dec-13	\$ 250,000	\$ -	\$ 250,000
AlixPartners LLP	Sorenson Communications, Inc.	Jan-14	\$ 250,000	\$ -	\$ 250,000
Baker Botts LLP	CaptionCall, LLC	Feb-14	\$ 800,000	\$ -	\$ 800,000
Kirkland & Ellis LLP	Sorenson Communications, Inc.	Feb-14	\$ 750,000	\$ -	\$ 750,000
Kurtzman Carson Consultants LLC	Sorenson Communications, Inc.	Jan-14	\$ 25,000	\$ -	\$ 25,000
Moelis & Company	Sorenson Communications, Inc.	Feb-14	\$ 25,000	\$ -	\$ 25,000
Pachulski Stang Ziehl & Jones LLP	Sorenson Communications, Inc.	Feb-14	\$ 50,000	\$ -	\$ 50,000
Pricewaterhouse Coopers LLP	Sorenson Communications, Inc.	Feb-14	\$ 100,000	\$ -	\$ 100,000
QGA Public Affairs	Sorenson Communications, Inc.	Feb-14	\$ 100,000	\$ -	\$ 100,000
Stroz Friedberg LLC	Sorenson Communications, Inc.	Mar-14	\$ 200,000	\$ -	\$ 200,000