

Fill in this information to identify the case:

United States Bankruptcy Court for the:  
**Eastern** District of **North Carolina**  
(State)

Case number (if known): \_\_\_\_\_ Chapter **11**

Check if this is an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name CloudWyze, Incorporated

2. All other names debtor used in the last 8 years None.

Include any assumed names, trade names, and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 3 6 - 4 7 4 8 2 5 0

4. Debtor's address

<p><b>Principal place of business</b></p> <p><u>503 Olde Waterford Way</u>  <small>Number Street</small></p> <p><u>Ste 203</u></p> <p><u>Leland NC 28451</u>  <small>City State ZIP Code</small></p> <p><u>Brunswick</u>  <small>County</small></p>	<p><b>Mailing address, if different from principal place of business</b></p> <p>_____  <small>Number Street</small></p> <p>_____  <small>P.O. Box</small></p> <p>_____  <small>City State ZIP Code</small></p> <p><b>Location of principal assets, if different from principal place of business</b></p> <p>_____  <small>Number Street</small></p> <p>_____  <small>City State ZIP Code</small></p>
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5. Debtor's website (URL) None.

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: \_\_\_\_\_

Debtor CloudWyze, Incorporated  
Name

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business**

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply:

- Tax-exempt entity (as described in 26 U.S.C. § 501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5 1 8 2

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply.

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

No

- Yes. District N/A When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District N/A When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

No

- Yes. Debtor N/A Relationship \_\_\_\_\_
- District N/A When \_\_\_\_\_  
MM / DD / YYYY
- Case number, if known N/A

List all cases. If more than 1, attach a separate list.

Debtor CloudWyze, Incorporated  
Name

Case number (if known) \_\_\_\_\_

**11. Why is the case filed in this district?**

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
 What is the hazard? N/A
- It needs to be physically secured or protected from the weather.
- It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- Other N/A

**Where is the property?** N/A

Number \_\_\_\_\_ Street \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**

No

Yes. Insurance agency N/A

Contact name \_\_\_\_\_  
 Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

- |                                          |                                        |                                            |
|------------------------------------------|----------------------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |                                        |                                            |

**15. Estimated assets**

- |                                                  |                                                      |                                                        |
|--------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

Debtor CloudWyze, Incorporated  
Name

Case number (if known) \_\_\_\_\_

16. Estimated liabilities
- |                                                         |                                                      |                                                        |
|---------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor
- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
  - I have been authorized to file this petition on behalf of the debtor.
  - I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/09/17  
MM / DD / YYYY


  
Signature of authorized representative of debtor

Shaun Olsen

Printed name

Title President

18. Signature of attorney

  
Signature of attorney for debtor

Date 8/7/2017  
MM / DD / YYYY

David Paul Ennis, Esq.

Printed name

Ennis and Associates, P.A.

Firm name

1319 Military Cutoff Road, CC199

Number Street

Wilmington

City

NC 28405  
State ZIP Code

910-681-0711

Contact phone

david.ennis@ennisandassociates.com  
Email address

34792

Bar number

NC  
State

Official Form 201A (12/15)

*[If debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.]*

*[Caption as in Form 416B]*

**Attachment to Voluntary Petition for Non-Individuals Filing for  
Bankruptcy under Chapter 11**

1. If any of the debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is N/A.

2. The following financial data is the latest available information and refers to the debtor's condition on August 7, 2017.

a. Total assets \$ 0.00

b. Total debts (including debts listed in 2.c., below) \$ 484,290.08

c. Debt securities held by more than 500 holders

Approximate  
number of  
holders:

secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>	\$ _____	_____
secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>	\$ _____	_____
secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>	\$ _____	_____
secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>	\$ _____	_____
secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>	\$ _____	_____

d. Number of shares of preferred stock 0

e. Number of shares common stock 100,000

Comments, if any: \_\_\_\_\_

3. Brief description of debtor's business: Data Processing, Hosting and related services

4. List the names of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:

Shaun Olsen

Fill in this information to identify the case:

Debtor name CloudWyze, Incorporated

United States Bankruptcy Court for the: Eastern District of North Carolina  
(State)

Case number (If known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

<p>1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i>.....</p>	\$ <u>0.00</u>
<p>1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i>.....</p>	\$ <u>0.00</u>
<p>1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i>.....</p>	\$ <u>0.00</u>

**Part 2: Summary of Liabilities**

<p>2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i>, from line 3 of <i>Schedule D</i>.....</p>	\$ <u>0.00</u>
<p>3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)</p> <p>3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>.....</p>	\$ <u>0.00</u>
<p>3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>.....</p>	+ \$ <u>484,290.08</u>
<p>4. <b>Total liabilities</b>..... Lines 2 + 3a + 3b</p>	\$ <u>484,290.08</u>

Fill in this information to identify the case:

Debtor name CloudWyze, Incorporated  
 United States Bankruptcy Court for the: Eastern District of North Carolina  
(State)  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)*.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ 0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. N/A	N/A	_____	\$ 0.00
3.2. N/A	N/A	_____	\$ _____

4. Other cash equivalents (Identify all)

4.1. _____	\$ 0.00
4.2. _____	\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 0.00

**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	
7.1. N/A	\$ N/A
7.2. _____	\$ _____

Debtor

**CloudWVze, Incorporated**  
Name

Case number (if known)

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. N/A \$ 0.00  
 8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ 0.00

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

- No. Go to Part 4.  
 Yes. Fill in the information below.

**Current value of debtor's interest**

**11. Accounts receivable**

11a. 90 days old or less: \$0.00 - \$0.00 = ..... → \$ 0.00  
face amount                      doubtful or uncollectible accounts

11b. Over 90 days old: \$0.00 - \$0.00 = ..... → \$ 0.00  
face amount                      doubtful or uncollectible accounts

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 0.00

**Part 4: Investments**

**13. Does the debtor own any investments?**

- No. Go to Part 5.  
 Yes. Fill in the information below.

**Valuation method used for current value**

**Current value of debtor's interest**

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. N/A N/A \$ 0.00  
 14.2. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. N/A 0.00 % N/A \$ 0.00  
 15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. N/A N/A \$ 0.00  
 16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ 0.00



Debtor CloudWyz, Incorporated Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.  
 Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials <u>N/A</u>	_____ MM / DD / YYYY	\$ _____	_____	\$ 0.00
20. Work in progress <u>N/A</u>	_____ MM / DD / YYYY	\$ _____	_____	\$ 0.00
21. Finished goods, including goods held for resale <u>N/A</u>	_____ MM / DD / YYYY	\$ _____	_____	\$ 0.00
22. Other inventory or supplies <u>N/A</u>	_____ MM / DD / YYYY	\$ _____	_____	\$ 0.00

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$ 0.00
---------

24. Is any of the property listed in Part 5 perishable?

- No  
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No  
 Yes. Book value N/A Valuation method N/A Current value N/A

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No  
 Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested <u>N/A</u>	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish <u>N/A</u>	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles) <u>N/A</u>	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed <u>N/A</u>	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6 <u>N/A</u>	\$ _____	_____	\$ _____

Debtor CloudWyzze, Incorporated Name CloudWyzze, Incorporated Case number (if known) \_\_\_\_\_

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ 0.00

34. **Is the debtor a member of an agricultural cooperative?**

- No  
 Yes. Is any of the debtor's property stored at the cooperative?  
 No  
 Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- No  
 Yes. Book value \$ 0.00 Valuation method N/A Current value \$ 0.00

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- No  
 Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- No  
 Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- No. Go to Part 8.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture <u>N/A</u>	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>
40. Office fixtures <u>N/A</u>	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>
41. Office equipment, including all computer equipment and communication systems equipment and software <u>N/A</u>	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>
42. <b>Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 <u>N/A</u>	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>
42.2 <u>N/A</u>	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>
42.3 <u>N/A</u>	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- No  
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- No  
 Yes

Debtor CloudWyzze, Incorporated  
Name

Case number (if known)

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.  
 Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
------------------------------------------------------------------------------------------------------------	----------------------------------------------------------	-----------------------------------------	------------------------------------

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 <u>N/A</u>	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>
47.2 <u>N/A</u>	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>
47.3 <u>N/A</u>	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>
47.4 <u>N/A</u>	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 <u>N/A</u>	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>
48.2 <u>N/A</u>	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>

49. Aircraft and accessories

49.1 <u>N/A</u>	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>
49.2 <u>N/A</u>	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

<u>N/A</u>	<u>\$ 0.00</u>		<u>\$ 0.00</u>
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

<u>\$ 0.00</u>
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52. Is a depreciation schedule available for any of the property listed in Part 8?

- No  
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No  
 Yes

Debtor CloudWyze, Incorporated  
Name

Case number (if known) \_\_\_\_\_

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- No. Go to Part 10.  
 Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 <u>N/A</u>	<u>N/A</u>	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>
55.2 _____	_____	<u>\$ _____</u>	_____	<u>\$ _____</u>
55.3 _____	_____	<u>\$ _____</u>	_____	<u>\$ _____</u>
55.4 _____	_____	<u>\$ _____</u>	_____	<u>\$ _____</u>
55.5 _____	_____	<u>\$ _____</u>	_____	<u>\$ _____</u>
55.6 _____	_____	<u>\$ _____</u>	_____	<u>\$ _____</u>

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

<u>\$ 0.00</u>
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57. Is a depreciation schedule available for any of the property listed in Part 9?

- No  
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No  
 Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>
61. Internet domain names and websites	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>
62. Licenses, franchises, and royalties	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>
63. Customer lists, mailing lists, or other compilations	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>
64. Other intangibles, or intellectual property	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>
65. Goodwill	<u>\$ 0.00</u>	<u>N/A</u>	<u>\$ 0.00</u>

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

<u>\$ 0.00</u>
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Debtor

CloudWYze, Incorporated

Case number (if known)

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
- Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
- Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
- Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
- Yes. Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)

N/A

0.00 - 0.00 = →

Total face amount      doubtful or uncollectible amount

\$ 0.00

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

N/A

Tax year N/A

Tax year

Tax year

\$ 0.00

\$

\$

73. Interests in insurance policies or annuities

N/A

\$ 0.00

74. Causes of action against third parties (whether or not a lawsuit has been filed)

N/A

\$ 0.00

Nature of claim

N/A

Amount requested

\$ 0.00

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

N/A

\$ 0.00

Nature of claim

N/A

Amount requested

\$ 0.00

76. Trusts, equitable or future interests in property

N/A

\$ 0.00

77. Other property of any kind not already listed Examples: Season tickets, country club membership

N/A

\$ 0.00

\$

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
- Yes

Debtor CloudWyz, Incorporated  
Name

Case number (if known) \_\_\_\_\_

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.</i> .....	→ \$ 0.00	\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column..... 91a.	\$ 0.00	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....	N/A	\$ 0.00

Fill in this information to identify the case:

Debtor name CloudWvze, Incorporated  
 United States Bankruptcy Court for the: Eastern District of North Carolina  
 (State)  
 Case number (If known): \_\_\_\_\_

Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

<i>Column A</i>	<i>Column B</i>
<b>Amount of claim</b>	<b>Value of collateral that supports this claim</b>
Do not deduct the value of collateral.	

<p><b>2.1 Creditor's name</b> <u>N/A</u></p> <p><b>Creditor's mailing address</b> <u>N/A</u> <u>N/A</u></p> <p><b>Creditor's email address, if known</b> <u>N/A</u></p> <p><b>Date debt was incurred</b> <u>N/A</u></p> <p><b>Last 4 digits of account number</b> _____</p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.  <u>N/A</u></p>	<p><b>Describe debtor's property that is subject to a lien</b> <u>N/A</u></p> <p><b>Describe the lien</b> _____</p> <p><b>Is the creditor an insider or related party?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b>                  Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p style="text-align: center;">\$ <u>0.00</u></p>	<p style="text-align: center;">\$ <u>0.00</u></p>
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<p><b>2.2 Creditor's name</b> _____</p> <p><b>Creditor's mailing address</b> _____ _____</p> <p><b>Creditor's email address, if known</b> _____</p> <p><b>Date debt was incurred</b> _____</p> <p><b>Last 4 digits of account number</b> _____</p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.                  _____  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p><b>Describe debtor's property that is subject to a lien</b> _____</p> <p><b>Describe the lien</b> _____</p> <p><b>Is the creditor an insider or related party?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b>                  Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p style="text-align: center;">\$ _____</p>	<p style="text-align: center;">\$ _____</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------	---------------------------------------------

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$ 0.00

Fill in this information to identify the case:

Debtor CloudWyze, Incorporated  
 United States Bankruptcy Court for the: Eastern District of North Carolina  
 (State)  
 Case number \_\_\_\_\_  
 (if known)

Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
<p><b>2.1</b> Priority creditor's name and mailing address  <u>N/A</u>                      _____                      _____</p> <p>Date or dates debt was incurred  <u>N/A</u></p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: \$ <u>0.00</u>  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:  <u>N/A</u></p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$ <u>0.00</u>	\$ <u>0.00</u>
<p><b>2.2</b> Priority creditor's name and mailing address                      _____                      _____                      _____</p> <p>Date or dates debt was incurred                      _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: \$ _____  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:                      _____</p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$ _____	\$ _____
<p><b>2.3</b> Priority creditor's name and mailing address                      _____                      _____                      _____</p> <p>Date or dates debt was incurred                      _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: \$ _____  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim:                      _____</p> <p>Is the claim subject to offset?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	\$ _____	\$ _____



**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Phillip Everhart</u> <u>c/o Grady Richardson, Esq.</u> <u>1213 Culbreth Drive Wilmington, North Carolina 28405</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>State civil Judgment</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred <u>2017</u> Last 4 digits of account number _____	\$ <u>484,290.08</u>
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ _____
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ _____
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ _____
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ _____
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ _____

**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. <u>N/A</u>	Line <u>N/A</u> <input type="checkbox"/> Not listed. Explain <u>N/A</u>	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts	
5a. Total claims from Part 1	5a.	\$ <u>0.00</u>	
5b. Total claims from Part 2	5b. +	\$ <u>484,290.08</u>	
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	<table border="1" style="margin-left: auto; margin-right: auto;"><tr><td style="text-align: right;">\$ <u>484,290.08</u></td></tr></table>	\$ <u>484,290.08</u>
\$ <u>484,290.08</u>			

Fill in this information to identify the case:

Debtor name CloudWyze, Incorporated

United States Bankruptcy Court for the: Eastern District of North Carolina  
(State)

Case number (if known): \_\_\_\_\_ Chapter 11

Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	N/A  _____  _____  _____	N/A  _____  _____  _____
2.2	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	_____  _____  _____	_____  _____  _____
2.3	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	_____  _____  _____	_____  _____  _____
2.4	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	_____  _____  _____	_____  _____  _____
2.5	State what the contract or lease is for and the nature of the debtor's interest  State the term remaining  List the contract number of any government contract	_____  _____  _____	_____  _____  _____

Fill in this information to identify the case:

Debtor name CloudWyze, Incorporated  
 United States Bankruptcy Court for the: Eastern District of North Carolina  
(State)  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing address	Name	Check all schedules that apply:
2.1	<u>N/A</u>	<u>N/A</u> Street _____ City State ZIP Code	<u>N/A</u>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	_____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	_____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name CloudWyze, Incorporated  
 United States Bankruptcy Court for the: Eastern District of North Carolina  
(State)  
 Case number (If known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

<p>1a. <b>Real property:</b>                  Copy line 88 from <i>Schedule A/B</i>.....</p>	\$ <u>0.00</u>
<p>1b. <b>Total personal property:</b>                  Copy line 91A from <i>Schedule A/B</i>.....</p>	\$ <u>0.00</u>
<p>1c. <b>Total of all property:</b>                  Copy line 92 from <i>Schedule A/B</i>.....</p>	\$ <u>0.00</u>

**Part 2: Summary of Liabilities**

<p>2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D)                  Copy the total dollar amount listed in Column A, <i>Amount of claim</i>, from line 3 of <i>Schedule D</i>.....</p>	\$ <u>0.00</u>
<p>3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)</p> <p>3a. <b>Total claim amounts of priority unsecured claims:</b>                  Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>.....</p>	\$ <u>0.00</u>
<p>3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b>                  Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>.....</p>	+ \$ <u>484,290.08</u>
<p>4. <b>Total liabilities</b>.....                  Lines 2 + 3a + 3b</p>	\$ <u>484,290.08</u>

Fill in this information to identify the case:

Debtor name CloudWyze, Incorporated

United States Bankruptcy Court for the: Eastern District of North Carolina  
(State)

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 207**  
**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year		Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>1/1/2017</u> to Filing date <small>MM / DD / YYYY</small>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>282,802</u>
For prior year:	From <u>1/1/2016</u> to <u>12/31/2016</u> <small>MM / DD / YYYY</small>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>453,029</u>
For the year before that:	From <u>1/1/2015</u> to <u>12/31/2015</u> <small>MM / DD / YYYY</small>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>431,488</u>

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

		Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>N/A</u> to Filing date <small>MM / DD / YYYY</small>	<u>N/A</u>	\$ <u>0.00</u>
For prior year:	From _____ to _____ <small>MM / DD / YYYY</small>	_____	\$ _____
For the year before that:	From _____ to _____ <small>MM / DD / YYYY</small>	_____	\$ _____

Debtor CloudWvze. Incorporated  
Name

Case number (if known) \_\_\_\_\_

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>N/A</u> <small>Creditor's name</small> <hr/> <small>Street</small> <hr/> <small>City State ZIP Code</small>	<u>N/A</u>	<u>\$ 0.00</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. <hr/> <small>Creditor's name</small> <hr/> <small>Street</small> <hr/> <small>City State ZIP Code</small>	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. <u>N/A</u> <small>Insider's name</small> <hr/> <small>Street</small> <hr/> <small>City State ZIP Code</small>  <small>Relationship to debtor</small> <u>N/A</u>	<u>N/A</u>	<u>\$ 0.00</u>	<u>N/A</u>
4.2. <hr/> <small>Insider's name</small> <hr/> <small>Street</small> <hr/> <small>City State ZIP Code</small>  <small>Relationship to debtor</small> <hr/>	_____	\$ _____	_____



Debtor CloudWvze. Incorporated  
Name

Case number (if known) \_\_\_\_\_

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	<u>N/A</u> <small>Creditor's name</small> <u>N/A</u> <small>Street</small> _____ <small>City State ZIP Code</small>	<u>N/A</u> _____ _____	<u>N/A</u> _____	<u>\$ 0.00</u> _____
5.2.	_____ <small>Creditor's name</small> _____ <small>Street</small> _____ <small>City State ZIP Code</small>	_____ _____ _____	_____ _____	<u>\$</u> _____

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

	Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
	<u>N/A</u> <small>Creditor's name</small> _____ <small>Street</small> _____ <small>City State ZIP Code</small>	<u>N/A</u> _____	<u>N/A</u> _____	<u>\$ 0.00</u> _____
		Last 4 digits of account number: XXXX- _____		

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	<u>CloudWyze, Inc. v. Everhart</u>  <small>Case number</small> _____	<u>Employment wages/contract</u> _____	<u>The Superior Court for New Hanover County</u> <small>Name</small> <u>316 Princess Street</u> <small>Street</small> _____ <u>Wilmington North Carolina 28401</u> <small>City State ZIP Code</small>	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	_____  <small>Case title</small>  <small>Case number</small> _____	_____	_____ <small>Court or agency's name and address</small> <small>Name</small> _____ <small>Street</small> _____ <small>City State ZIP Code</small>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor CloudWvze. Incorporated  
Name

Case number (if known) \_\_\_\_\_

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address	Description of the property	Value
N/A <small>Custodian's name</small>	N/A	\$ 0.00
_____ <small>Street</small>	_____ <small>Case title</small>	_____ <small>Court name and address</small>
_____ <small>City State ZIP Code</small>	_____ <small>Case number</small>	_____ <small>Name</small>
	_____ <small>Date of order or assignment</small>	_____ <small>Street</small>
		_____ <small>City State ZIP Code</small>

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. N/A <small>Recipient's name</small> N/A <small>Street</small>	N/A	N/A	\$ 0.00
_____ <small>City State ZIP Code</small>	_____	_____	
_____ <small>Recipient's relationship to debtor</small>			
9.2. _____ <small>Recipient's name</small>	_____	_____	\$ _____
_____ <small>Street</small>	_____		
_____ <small>City State ZIP Code</small>			
_____ <small>Recipient's relationship to debtor</small>			

**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets - Real and Personal Property).</small>	Date of loss	Value of property lost
N/A	N/A	N/A	\$ 0.00
_____	_____	_____	

Debtor CloudWyze, Incorporated  
Name

Case number (if known) \_\_\_\_\_

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>\$ 0.00</u>
	<b>Address</b>			
	Street			
	City State ZIP Code			
	<b>Email or website address</b>			
	<u>N/A</u>			
	<b>Who made the payment, if not debtor?</b>			
	<u>N/A</u>			

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	_____	_____	_____	\$ _____
	<b>Address</b>			
	Street			
	City State ZIP Code			
	<b>Email or website address</b>			
	_____			
	<b>Who made the payment, if not debtor?</b>			
	_____			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>\$ 0.00</u>
<b>Trustee</b>			
<u>N/A</u>			

Debtor CloudWvze. Incorporated  
Name

Case number (if known) \_\_\_\_\_

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. <u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>\$ 0.00</u>
<b>Address</b>			
Street _____			
City _____ State _____ ZIP Code _____			
<b>Relationship to debtor</b>			
_____			

13.2. _____	_____	_____	\$ _____
<b>Address</b>			
Street _____			
City _____ State _____ ZIP Code _____			
<b>Relationship to debtor</b>			
_____			

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy	
	From	To
14.1. <u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Street _____		
City _____ State _____ ZIP Code _____		
14.2. _____	From _____	To _____
Street _____		
City _____ State _____ ZIP Code _____		

Debtor CloudWyze, Incorporated  
Name

Case number (if known) \_\_\_\_\_

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
 — diagnosing or treating injury, deformity, or disease, or  
 — providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.  
 Yes. Fill in the information below.

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	<p><u>N/A</u>  <small>Facility name</small></p> <p>_____  <small>Street</small></p> <p>_____  <small>City State ZIP Code</small></p>	<p><u>N/A</u></p> <p>_____  <small>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.</small></p> <p>_____  <small>City State ZIP Code</small></p>	<p><u>N/A</u></p> <p>_____  <small>How are records kept?</small></p> <p><i>Check all that apply:</i>  <input type="checkbox"/> Electronically  <input type="checkbox"/> Paper</p>
15.2.	<p>_____  <small>Facility name</small></p> <p>_____  <small>Street</small></p> <p>_____  <small>City State ZIP Code</small></p>	<p>_____  <small>Nature of the business operation, including type of services the debtor provides</small></p> <p>_____  <small>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.</small></p> <p>_____  <small>City State ZIP Code</small></p>	<p>_____  <small>If debtor provides meals and housing, number of patients in debtor's care</small></p> <p>_____  <small>How are records kept?</small></p> <p><i>Check all that apply:</i>  <input type="checkbox"/> Electronically  <input type="checkbox"/> Paper</p>

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- No.  
 Yes. State the nature of the information collected and retained. N/A  
 Does the debtor have a privacy policy about that information?  
 No  
 Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- No. Go to Part 10.  
 Yes. Does the debtor serve as plan administrator?  
 No. Go to Part 10.  
 Yes. Fill in below:  
 Name of plan N/A Employer identification number of the plan  
 EIN: \_\_\_\_\_  
 Has the plan been terminated?  
 No  
 Yes

Debtor CloudWvze. Incorporated  
Name

Case number (if known) \_\_\_\_\_

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

	Financial Institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<u>N/A</u> <small>Name</small> _____ <small>Street</small> _____ <small>City</small> <small>State</small> <small>ZIP Code</small>	XXXX-____-____-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>N/A</u>	<u>\$ 0.00</u>
18.2.	_____ <small>Name</small> _____ <small>Street</small> _____ <small>City</small> <small>State</small> <small>ZIP Code</small>	XXXX-____-____-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<u>N/A</u> <small>Name</small> _____ <small>Street</small> _____ <small>City</small> <small>State</small> <small>ZIP Code</small>	<u>N/A</u> _____ _____ <b>Address</b> _____ _____	<u>N/A</u> _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<u>N/A</u> <small>Name</small> _____ <small>Street</small> _____ <small>City</small> <small>State</small> <small>ZIP Code</small>	<u>N/A</u> _____ _____ <b>Address</b> _____ _____	<u>N/A</u> _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor CloudWvze, Incorporated  
Name

Case number (if known) \_\_\_\_\_

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
<u>None.</u> <small>Name</small> <hr/> <small>Street</small> <hr/> <small>City State ZIP Code</small>	<u>N/A</u> <hr/> <hr/>	<u>N/A</u> <hr/> <hr/>	<u>\$ 0.00</u>

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No  
 Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
<u>N/A</u> <small>Case number</small> <hr/>	<u>N/A</u> <small>Name</small> <hr/> <small>Street</small> <hr/> <small>City State ZIP Code</small>	<u>N/A</u> <hr/> <hr/>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

No  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
<u>N/A</u> <small>Name</small> <hr/> <small>Street</small> <hr/> <small>City State ZIP Code</small>	<u>N/A</u> <small>Name</small> <hr/> <small>Street</small> <hr/> <small>City State ZIP Code</small>	<u>N/A</u> <hr/> <hr/>	<u>N/A</u>

Debtor CloudWvze. Incorporated  
Name

Case number (if known) \_\_\_\_\_

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- No  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
<u>N/A</u> <small>Name</small>	<u>N/A</u> <small>Name</small>	<u>N/A</u>	<u>N/A</u>
_____ <small>Street</small>	_____ <small>Street</small>	_____	_____
_____ <small>City State ZIP Code</small>	_____ <small>City State ZIP Code</small>	_____	_____

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1.	<u>N/A</u> <small>Name</small>	<u>N/A</u>	EIN: _____
	_____ <small>Street</small>	_____	<b>Dates business existed</b>
	_____ <small>City State ZIP Code</small>	_____	From _____ To _____
25.2.	<b>Business name and address</b>	<b>Describe the nature of the business</b>	<b>Employer Identification number</b> Do not include Social Security number or ITIN.
	_____ <small>Name</small>	_____	EIN: _____
	_____ <small>Street</small>	_____	<b>Dates business existed</b>
	_____ <small>City State ZIP Code</small>	_____	From _____ To _____
25.3.	<b>Business name and address</b>	<b>Describe the nature of the business</b>	<b>Employer Identification number</b> Do not include Social Security number or ITIN.
	_____ <small>Name</small>	_____	EIN: _____
	_____ <small>Street</small>	_____	<b>Dates business existed</b>
	_____ <small>City State ZIP Code</small>	_____	From _____ To _____



Debtor CloudWvze, Incorporated  
Name

Case number (if known) \_\_\_\_\_

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

**Name and address**

**Dates of service**

26a.1. Adam Shay, CPA, PLLC  
Name  
1721 Allens Lane #210  
Street  


---

Wilmington North Carolina 28403  
City State ZIP Code

From 2011 To 2017

**Name and address**

**Dates of service**

26a.2. \_\_\_\_\_  
Name  
 \_\_\_\_\_  
Street  
 \_\_\_\_\_  


---

 \_\_\_\_\_ State \_\_\_\_\_  
City ZIP Code

From \_\_\_\_\_ To \_\_\_\_\_

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

**Name and address**

**Dates of service**

26b.1. Adam Shay, CPA PLLC  
Name  
1721 Allens Lane #210  
Street  


---

Wilmington North Carolina 28403  
City State ZIP Code

From 2011 To 2017

**Name and address**

**Dates of service**

26b.2. \_\_\_\_\_  
Name  
 \_\_\_\_\_  
Street  
 \_\_\_\_\_  


---

 \_\_\_\_\_ State \_\_\_\_\_  
City ZIP Code

From \_\_\_\_\_ To \_\_\_\_\_

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

**Name and address**

**If any books of account and records are unavailable, explain why**

26c.1. Adam Shay, CPA PLLC  
Name  
1721 Allens Lane #210  
Street  


---

Wilmington North Carolina 28403  
City State ZIP Code

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Debtor CloudWvze. Incorporated  
Name

Case number (if known) \_\_\_\_\_

**Name and address**

**If any books of account and records are unavailable, explain why**

26c.2. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

**Name and address**

26d.1. N/A  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

**Name and address**

26d.2. N/A  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of inventory**

**The dollar amount and basis (cost, market, or other basis) of each inventory**

N/A

N/A

\$ 0.00

**Name and address of the person who has possession of inventory records**

27.1. N/A  
Name  
\_\_\_\_\_  
Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

Debtor CloudWyze, Inc.  
Name

Case number (if known) \_\_\_\_\_

Name of the person who supervised the taking of the inventory

N/A

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$ \_\_\_\_\_

Name and address of the person who has possession of inventory records

27.2

N/A

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No  
 Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No  
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. _____ Name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	_____
Relationship to debtor _____	_____	_____	_____

Debtor CloudWyze, Inc.  
Name

Case number (if known) \_\_\_\_\_

**Name and address of recipient**

30.2

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Relationship to debtor**

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
- Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

N/A

EIN: \_\_\_\_\_ - \_\_\_\_\_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

N/A

EIN: \_\_\_\_\_ - \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/07/17  
MM / DD / YYYY



Printed name Shaun Olsen

Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
- Yes

Fill in this information to identify the case:

Debtor name CloudWyze, Inc.  
 United States Bankruptcy Court for the: Eastern District of North Carolina  
(State)  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Phillip Everhart c/o Grady Richardson, Esq. 1213 Culbreth Drive Wilmington, North Carolina 28405	Grady Richardson, Esq. 1213 Culbreth Drive Wilmington, North Carolina 28405 Telephone: 910.509.7166 grady@ggrlawoffice.com	Employment wages	Disputed	\$0.00	\$0.00	\$484,290.08
2							
3							
4							
5							
6							
7							
8							

Debtor CloudWyze, Incorporated  
Name

Case number *(if known)* \_\_\_\_\_

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Fill in this information to identify the case and this filing:

Debtor Name CloudWyze, Incorporated  
United States Bankruptcy Court for the: Eastern District of North Carolina  
(State)  
Case number (if known): \_\_\_\_\_

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

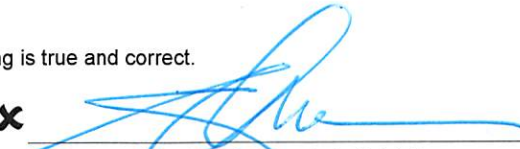
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration Tax return for year 2016

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/07/17  
MM / DD / YYYY

  
x \_\_\_\_\_  
Signature of individual signing on behalf of debtor

Shaun Olsen  
Printed name

President  
Position or relationship to debtor

PHILLIP EVERHART  
C/O GRADY RICHARDSON, ESQ  
1213 CULBRETH DRIVE  
WILMINGTON, NC 28405



**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NORTH CAROLINA  
Wilmington Division**

IN RE: CloudWyze, Inc.


CASE NO.:

Debtor(s) CloudWyze, Incorporated

**CERTIFICATION OF MAILING MATRIX  
REQUIRED BY E.D.N.C. LBR 1007-2**

I hereby certify under penalty of perjury that the attached list of creditors which has been prepared in the format required by the clerk is true and accurate to the best of my knowledge and includes all creditors scheduled in the petition.

Dated: Aug 9, 2017

  
Debtor or Attorney for Debtor

# ATTACHMENT A

Form **1120** U.S. Corporation Income Tax Return OMB No. 1545-0123  
 Department of the Treasury For calendar year 2016 or tax year beginning \_\_\_\_\_, 2016, ending \_\_\_\_\_, 2016  
 Internal Revenue Service **2016**  
 Information about Form 1120 and its separate instructions is at [www.irs.gov/form1120](http://www.irs.gov/form1120).

**A** Check if:  
**1a** Consolidated return (attach Form 851)   
**b** Life/nonlife consolidated return   
**2** Personal holding co. (attach Sch. PH)   
**3** Personal service corp. (see instructions)   
**4** Schedule M-3 attached

**B** Employer identification number **36-4748250**  
**C** Date incorporated **11-12-2012**  
**D** Total assets (see instructions) \$

**E** Check if: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change

Name  
**Cloudwyze Incorporated**  
 TYPE OR PRINT  
 Number, street, and room or suite no. If a P.O. box, see instructions. **STE 203**  
**503 Olde Waterford Way**  
 City or town, state, or province, country and ZIP or foreign postal code  
**Leland NC 28451**

Income	1a	Gross receipts or sales	1a	453,029	1c	453,029
	b	Returns and allowances	1b			
	c	Balance. Subtract line 1b from line 1a				
	2	Cost of goods sold (attach Form 1125-A)			2	
	3	Gross profit. Subtract line 2 from line 1c			3	453,029
	4	Dividends (Schedule C, line 19)			4	
	5	Interest			5	
	6	Gross rents			6	
	7	Gross royalties			7	
	8	Capital gain net income (attach Schedule D (Form 1120))			8	
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)			9	
10	Other income (see instructions - attach statement)	Statement #1		10	(453,029)	
11	<b>Total income.</b> Add lines 3 through 10			11		

Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see instructions - attach Form 1125-E)	12	
	13	Salaries and wages (less employment credits)	13	
	14	Repairs and maintenance	14	
	15	Bad debts	15	
	16	Rents	16	
	17	Taxes and licenses	17	
	18	Interest	18	
	19	Charitable contributions	19	
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	
	21	Depletion	21	
	22	Advertising	22	
	23	Pension, profit-sharing, etc., plans	23	
	24	Employee benefit programs	24	
	25	Domestic production activities deduction (attach Form 8903)	25	
	26	Other deductions (attach statement)	26	
	27	<b>Total deductions.</b> Add lines 12 through 26	27	
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	0
	29a	Net operating loss deduction (see instructions)	29a	
b	Special deductions (Schedule C, line 20)	29b		
c	Add lines 29a and 29b	29c		

Tax, Refundable Credits, & Payments	30	<b>Taxable income.</b> Subtract line 29c from line 28. See instructions	30	0
	31	Total tax (Schedule J, Part I, line 11)	31	0
	32	Total payments and refundable credits (Schedule J, Part II, line 21)	32	
	33	Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	33	
	34	<b>Amount owed.</b> If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34	
	35	<b>Overpayment.</b> If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35	
36	Enter amount from line 35 you want: <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input checked="" type="checkbox"/>	36		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Shaun Olsen 04-05-2017 President  
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below? See instructions.  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name <b>Adam Shay</b>	Preparer's signature <b>Adam Shay</b>	Date <b>04-05-2017</b>	Check <input type="checkbox"/> if self-employed <input checked="" type="checkbox"/>	PTIN <b>P00544263</b>
Firm's name <b>Adam Shay CPA PLLC</b>	Firm's EIN <b>27-1452027</b>	Phone no. <b>(910)256-3456</b>		
Firm's address <b>1721 Allens Ln Suite 210 Wilmington NC 28403</b>				

<b>Schedule C Dividends and Special Deductions</b> (see instructions)		(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock) . . . . .		70	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock) . . . . .		80	
3	Dividends on debt-financed stock of domestic and foreign corporations . . . . .		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities . . . . .		42	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities . . . . .		48	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs . . . . .		70	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs . . . . .		80	
8	Dividends from wholly owned foreign subsidiaries . . . . .		100	
9	<b>Total.</b> Add lines 1 through 8. See instructions for limitation . . . . .			
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958 . . . . .		100	
11	Dividends from affiliated group members . . . . .		100	
12	Dividends from certain FSCs . . . . .		100	
13	Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12 . . . . .			
14	Income from controlled foreign corporations under subpart F (attach Form(s) 5471) . . . . .			
15	Foreign dividend gross-up . . . . .			
16	IC-DISC and former DISC dividends not included on lines 1, 2, or 3 . . . . .			
17	Other dividends . . . . .			
18	Deduction for dividends paid on certain preferred stock of public utilities . . . . .			
19	<b>Total dividends.</b> Add lines 1 through 17. Enter here and on page 1, line 4 . . . . . ▶			
20	<b>Total special deductions.</b> Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b . . . . . ▶			

**Schedule J Tax Computation and Payment** (see instructions)

**Part I - Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions ▶ <input type="checkbox"/>		
2	Income tax. Check if a qualified personal service corporation. See instructions ▶ <input type="checkbox"/>	2	0
3	Alternative minimum tax (attach Form 4626)	3	
4	Add lines 2 and 3	4	0
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	<b>Total credits.</b> Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	0
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	0
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions - attach statement)	9f	
10	<b>Total.</b> Add lines 9a through 9f	10	
11	<b>Total tax.</b> Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	0

**Part II - Payments and Refundable Credits**

12	2015 overpayment credited to 2016	12	
13	2016 estimated tax payments	13	
14	2016 refund applied for on Form 4466	14	( )
15	Combine lines 12, 13, and 14	15	
16	Tax deposited with Form 7004	16	
17	Withholding (see instructions)	17	
18	<b>Total payments.</b> Add lines 15, 16, and 17	18	
19	Refundable credits from:		
a	Form 2439	19a	
b	Form 4136	19b	
c	Form 8827, line 8c	19c	
d	Other (attach statement - see instructions)	19d	
20	<b>Total credits.</b> Add lines 19a through 19d	20	
21	<b>Total payments and credits.</b> Add lines 18 and 20. Enter here and on page 1, line 32	21	

**Schedule K Other Information** (see instructions)

1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ <u>517000</u>		
b	Business activity ▶ <u>Telecommunications</u>		
c	Product or service ▶ <u>Service</u>		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . If "Yes," enter name and EIN of the parent corporation ▶ _____		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) . . . . .		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) . . . . .		X

**Schedule K** Other Information (continued from page 3)

Yes	No
	X

**5** At the end of the tax year, did the corporation:  
**a** Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions . . . . .  
 If "Yes," complete (i) through (iv) below.

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

	X
--	---

**b** Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions . . . . .  
 If "Yes," complete (i) through (iv) below.

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

	X
--	---

**6** During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 . . . . .  
 If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.  
 If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.

	X
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**7** At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock? . . . . .  
 For rules of attribution, see section 318. If "Yes," enter:

	X
--	---

(i) Percentage owned ▶ \_\_\_\_\_ and (ii) Owner's country ▶ \_\_\_\_\_  
 (c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ 0

**8** Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . .   
 If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

**9** Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ \_\_\_\_\_

**10** Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ 2

**11** If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here . . . . .   
 If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election won't be valid.

	X
--	---

**12** Enter the available NOL carryover from prior tax years (don't reduce it by any deduction on line 29a.) ▶ \$ \_\_\_\_\_

**13** Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000? . . . . .  
 If "Yes," the corporation isn't required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ▶ \$ \_\_\_\_\_

	X
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**14** Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions . . . . .  
 If "Yes," complete and attach Schedule UTP.

	X
--	---

**15a** Did the corporation make any payments in 2016 that would require it to file Form(s) 1099? . . . . .  
**b** If "Yes," did or will the corporation file required Forms 1099? . . . . .

	X
--	---

**16** During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock? . . . . .

	X
--	---

**17** During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction? . . . . .

	X
--	---

**18** Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million? . . . . .

	X
--	---

**19** During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code? . . . . .

	X
--	---

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash				
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	( )	( )		
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation	( )	( )		
11a	Depletable assets				
b	Less accumulated depletion	( )	( )		
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	( )	( )		
14	Other assets (attach statement)				
15	<b>Total assets</b>				
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings-Appropriated (attach statement)				
25	Retained earnings-Unappropriated				
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock	( )	( )		
28	<b>Total liabilities and shareholders' equity</b>				

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return**  
 Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books		7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____
2	Federal income tax per books			
3	Excess of capital losses over capital gains			
4	Income subject to tax not recorded on books this year (itemize): _____			
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____ c Travel and entertainment \$ _____		8	Deductions on this return not charged against book income this year (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____
6	Add lines 1 through 5		9	Add lines 7 and 8
			10	Income (page 1, line 28)-line 6 less line 9

Schedule M-2	Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)		
1	Balance at beginning of year	5	Distributions: a Cash
2	Net income (loss) per books		b Stock
3	Other increases (itemize): _____		c Property
		6	Other decreases (itemize): _____
		7	Add lines 5 and 6
4	Add lines 1, 2, and 3	8	Balance at end of year (line 4 less line 7)

**Form 7004**  
 (Rev. December 2016)  
 Department of the Treasury  
 Internal Revenue Service

**Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns**

► File a separate application for each return.

OMB No. 1545-0233

► Information about Form 7004 and its separate instructions is at [www.irs.gov/form7004](http://www.irs.gov/form7004).

**Print  
or  
Type**

Name <b>Cloudwyze Incorporated</b>	Identifying number <b>36-4748250</b>
Number, street, and room or suite no. (If P.O. box, see instructions.) <b>STE 203</b> <b>503 Olde Waterford Way</b>	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)). <b>Leland NC 28451</b>	

**Note:** File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.

**Part I Automatic Extension for C Corporations With Tax Years Ending December 31.** See instructions.

**1a** Enter the form code for the return listed below that this application is for . . . . . **1** **2**

Application Is For:	Form Code	Application Is For:	Code
Form 1120	<b>12</b>	Form 1120-ND (section 4951 taxes)	<b>20</b>
Form 1120-C	<b>34</b>	Form 1120-PC	<b>21</b>
Form 1120-F	<b>15</b>	Form 1120-POL	<b>22</b>
Form 1120-FSC	<b>16</b>	Form 1120-REIT	<b>23</b>
Form 1120-H	<b>17</b>	Form 1120-RIC	<b>24</b>
Form 1120-L	<b>18</b>	Form 1120-SF	<b>26</b>
Form 1120-ND	<b>19</b>		

**Part II Automatic Extension for Certain Estates and Trusts.** See instructions.

**b** Enter the form code for the return listed below that this application is for . . . . .

Application Is For:	Form Code	Application Is For:	Form Code
Form 1041 (estate other than a bankruptcy estate)	<b>04</b>	Form 1041 (trust)	<b>05</b>

**Part III Automatic Extension for Entities Not Using Part I, II, or IV.** See instructions.

**c** Enter the form code for the return listed below that this application is for . . . . .

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	<b>01</b>	Form 1120-ND (section 4951 taxes)	<b>20</b>
Form 706-GS(T)	<b>02</b>	Form 1120-PC	<b>21</b>
Form 1041 (bankruptcy estate only)	<b>03</b>	Form 1120-POL	<b>22</b>
Form 1041-N	<b>06</b>	Form 1120-REIT	<b>23</b>
Form 1041-QFT	<b>07</b>	Form 1120-RIC	<b>24</b>
Form 1042	<b>08</b>	Form 1120S	<b>25</b>
Form 1065	<b>09</b>	Form 1120-SF	<b>26</b>
Form 1065-B	<b>10</b>	Form 3520-A	<b>27</b>
Form 1066	<b>11</b>	Form 8612	<b>28</b>
Form 1120	<b>12</b>	Form 8613	<b>29</b>
Form 1120-C	<b>34</b>	Form 8725	<b>30</b>
Form 1120-F	<b>15</b>	Form 8804	<b>31</b>
Form 1120-FSC	<b>16</b>	Form 8831	<b>32</b>
Form 1120-H	<b>17</b>	Form 8876	<b>33</b>
Form 1120-L	<b>18</b>	Form 8924	<b>35</b>
Form 1120-ND	<b>19</b>	Form 8928	<b>36</b>

**Part IV Automatic Extension for C Corporations With Tax Years Ending June 30.** See instructions.

**d** Enter the form code for the return listed below that this application is for . . . . .

Application Is For:	Form Code	Application Is For:	Form Code
Form 1120	<b>12</b>	Form 1120-ND (section 4951 taxes)	<b>20</b>
Form 1120-C	<b>34</b>	Form 1120-PC	<b>21</b>
Form 1120-F	<b>15</b>	Form 1120-POL	<b>22</b>
Form 1120-FSC	<b>16</b>	Form 1120-REIT	<b>23</b>
Form 1120-H	<b>17</b>	Form 1120-RIC	<b>24</b>
Form 1120-L	<b>18</b>	Form 1120-SF	<b>26</b>
Form 1120-ND	<b>19</b>		

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2016)



**Part V All Filers Must Complete This Part**

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here   
If checked, attach a statement listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here
- 5 a The application is for calendar year 20 16, or tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_
- b Short tax year. If this tax year is less than 12 months, check the reason:  Initial return  Final return  
 Change in accounting period  Consolidated return to be filed  Other (see instructions-attach explanation)

6	Tentative total tax	6	0
7	Total payments and credits (see instructions)	7	0
8	Balance due. Subtract line 7 from line 6 (see instructions)	8	0

Form **8879-C**

**IRS e-file Signature Authorization for Form 1120**

OMB No. 1545-0123

For calendar year 2016, or tax year beginning \_\_\_\_\_, 2016, ending \_\_\_\_\_

**2016**

Department of the Treasury  
Internal Revenue Service

► **Do not send to the IRS. Keep for your records.**

► **Information about Form 8879-C and its instructions is at [www.irs.gov/form8879c](http://www.irs.gov/form8879c).**

Name of corporation

Employer identification number

**Cloudwyze Incorporated**

**36-4748250**

**Part I Tax Return Information** (Whole dollars only)

1	Total income (Form 1120, line 11)	1	
2	Taxable income (Form 1120, line 30)	2	
3	Total tax (Form 1120, line 31)	3	
4	Amount owed (Form 1120, line 34)	4	
5	Overpayment (Form 1120, line 35)	5	

**Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.**

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2016 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Adam Shay CPA PLLC to enter my PIN 92807 as my signature  
ERO firm name do not enter all zeros  
 on the corporation's 2016 electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2016 electronically filed income tax return.

Officer's signature ► \_\_\_\_\_ Date ► 04-17-2017 Title ► President

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

569467 98187  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► Adam Shay Date ► 04-05-2017

**ERO Must Retain This Form - See Instructions  
 Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form 8879-C (2016)

EEA

## **ATTACHMENT B**

8:04 AM  
08/05/17

Accrual Basis, Management Estimate

**CloudWyze, Inc.**

**Balance Sheet**

As of August 5, 2017

Aug 5, 17

**ASSETS**

**Current Assets**

**Checking/Savings**

0.00

**Total Checking/Savings**

0.00

**Accounts Receivable**

**Accounts Receivable**

0.00

**Total Accounts Receivable**

0.00

**Other Current Assets**

**Inventory for Resale**

0.00

**Total Inventory for Resale**

0.00

**Total Other Current Assets**

0.00

**Total Current Assets**

0.00

**Fixed Assets**

**Total Fixed Assets**

0.00

**TOTAL ASSETS**

**0.00**

**LIABILITIES & EQUITY**

**Liabilities**

**Current Liabilities**

**Legal Judgement**

484,290.08

**NC Sales Tax Payable**

0.00

**Total Other Current Liabilities**

484,290.08

**Total Current Liabilities**

484,290.08

**Total Liabilities**

484,290.08

**Equity**

**Capital Stock**

0.00

0.00

**Total Capital Stock**

0.00

**Retained Earnings**

0.00

**Net Income**

-484,290.08

**Total Equity**

-484,290.08

**TOTAL LIABILITIES & EQUITY**

**0.00**

8:06 AM  
08/05/17

Management Estimate

**CloudWyze, Inc.**

**Statement of Cash Flows**

January 1 through August 5, 2017

Jan 1 - Aug 5, 17

<b>OPERATING ACTIVITIES</b>	
Net Income	-\$484,290.08
Adjustments to reconcile Net Income to net cash provided by operations:	
Accounts Receivable	\$0.00
Judgement Payable	\$484,290.08
Net cash provided by Operating Activities	\$0.00
<b>INVESTING ACTIVITIES</b>	
Net cash provided by Investing Activities	\$0.00
<b>FINANCING ACTIVITIES</b>	
Net cash provided by Financing Activities	\$0.00
Net cash increase for period	\$0.00
Cash at beginning of period	
Cash at end of period	\$0.00

8:02 AM  
08/05/17

**CloudWyze, Inc.**

Accrual Basis, Management Estimate

**Profit & Loss**

January 1 through August 5, 2017

Jan 1 - Aug 5, 17

<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Cloud Services	282,801.80
Sales - SaaS	
<b>Total Income</b>	<u>282,801.80</u>
<b>Cost of Goods Sold</b>	
<b>Total COGS</b>	<u>0.00</u>
<b>Gross Profit</b>	<u>282,801.80</u>
<b>Expense</b>	
Compensation of Officers	41,932.53
Salaries and Wages and Taxes	<u>240,869.27</u>
<b>Total Personnel Fees</b>	282,801.80
Legal Judgement Award	484,290.08
Rent Expense	
Supplies	
<b>Total Expense</b>	<u>767,091.88</u>
<b>Net Ordinary Income</b>	<u>-484,290.08</u>
<b>Net Income</b>	<u><u>-484,290.08</u></u>