UNITED STATES BANKRUPTCY C		PROOF OF CLAIM				
Indicate Debtor against which you assert a claim by checking the appropriate box below (Check only one Debtor per claim form):						
☐ RadioShack Corporation (Case No. 1.	,		s Incorporated (15-10			
☐ Atlantic Retail Ventures, Inc. (Case N	Io. 15-10199)		RSIgnite, LLC (Case No. 15-10209)			
☐ Ignition L.P. (Case No. 15-10200) ☐ ITC Services, Inc. (Case No. 15-1020	11)		se No. 15-10210) e Corporation (Case N	0. 15 10211)		
☐ Merchandising Support Services, Inc.			gs, Inc. (Case No. 15-			
☐ RadioShack Customer Service LLC (tional Corporation (Ca			
☐ RadioShack Global Sourcing Corpora			s LP (Case No. 15-102			
□ RadioShack Global Sourcing Limited	* '		e LLC (Case No. 15-1			
	ise No. 15-1020/) claim for an administrative expense that a nent of an administrative expense accordi	rises after the bankr		COURT USE ONLY		
Name and Address of Creditor (the person or other entity to whom the debtor owes money or property):						
David Verderame as Class Re	presentative on Behalf of Hims	self,				
the Certified Class of 569 Indiv	viduals Listed in the Attached 1	Table,				
and the Court-Appointed Class	s Counsel.					
c/o Christopher D. Loizides, E.	squire			neck this box if this claim amends a		
LOIZIDES, P.A., 1225 King Street, Ste. 800, Wilmington, DE 19801			previ	ously filed claim.		
20121220, 1 17 11, 1220 111119 01	100t, 0to. 000, William gton, DE	10001	Cour	rt Claim Number: 7528		
				known)		
Telephone number: (302) 654-0248 email: loizides@loizides.com				on: July 10, 2015		
Name and address where payment should	be sent (if different from above):		Filed	on		
				neck this box if you are aware that		
				ne else has filed a proof of claim relating		
				s claim. Attach copy of statement giving culars.		
			F			
Telephone number:	email:					
	7,369,517.44					
1. Amount of Claim as of Date Case Fil	led: \$					
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5.						
Charlashia harrif sha alainnin da da ins		:	1-: A4414-4-			
**Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.						
2. Basis for Claim: Pennsylvani	a Minimum Wage Act of 1968					
(See instruction #2)	a william vvago not or root					
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account	nt as: 3b. Unifor	as: 3b. Uniform Claim Identifier (optional):			
	(See instruction #3a)					
	(See Instruction #3a)	(See instru		charges, as of the time case was filed,		
4. Secured Claim (See instruction #4)			n secured claim, if an			
Check the appropriate box if the claim is a setoff, attach required redacted documents	secured by a lien on property or a right of		\$			
setori, attach required reducted documents	s, and provide the requested information.			\$		
Nature of property or right of setoff:						
Value of Property: \$		Amount of	Secured Claim:	\$		
Annual Interest Rate% ☐Fixed	d or □Variable	Amount U	nsecured:	\$		
(when case was filed)						
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.						
☐ Domestic support obligations under 11	☐ Wages, salaries, or commissions	(up to \$12 475*)	☐ Contributions to	an		
U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	earned within 180 days before the case		employee benefit p			
	debtor's business ceased, whichever		11 U.S.C. § 507 (a)	(5).		
	11 U.S.C. § 507 (a)(4).			Amount entitled to priority:		
☐ Up to \$2,775* of deposits toward	☐ Taxes or penalties owed to govern	nmental units –	☐ Other – Specify	\$		
purchase, lease, or rental of property or	11 U.S.C. § 507 (a)(8).		applicable paragrap			
services for personal, family, or household	d		11 U.S.C. § 507 (a)	().		
use – 11 U.S.C. § 507 (a)(7).						
*Amounts are subject to adjustment on 4/.	1/16 and every 3 years thereafter with resp	pect to cases comme	nced on or after the do	te of adjustment.		

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)							
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, or security agreements. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #8, and the definition of " redacted ".)							
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.							
If the documents are not available, please explain:							
8. Signature: (See instruction #8)							
Check the appropriate box.							
🛚 I am the creditor.	☐ I am the creditor's authorized agent.	☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)		☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.							
Time rame.	Verderame Representative						
Address and telephone 301 Clifford Ro	number (if different from notice address aboved, Selingsgrove, PA 17870	/e):	(Signature)	(Date)			
Telephone number: (5	70) 415-5837 email: davidiverde	rama@am	nail com				

Telephone number: (570) 415-5837 email: davidjverderame@gmail.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §\$ 152 and 3571.