Fill in this information to identify the case:

Debtor 1: Elizabeth Ann Naylor

Debtor 2 (Spouse, if filing): Ronald Stephen Owens

U.S. BANKRUPTCY COURT FOR THE MAIN DISTRICT OF ARIZONA

Case number: 25-07596

Official Form 410

Proof of Claim

04/25

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) **that you received.**

Part 1: Identify the Claim

1. **Who is the current creditor?**

   Bank of America, N.A.
   Name of the current creditor (the person or entity to be paid for this claim)

   Other names the creditor used with the debtor: _____

2. **Has this claim been acquired from someone else?**

   ☐ No
   ☐ Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**

   Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent?** (if different)
Bank of America, N.A. Name	Bank of America, N.A. Name
PO Box 673033 Number Street	PO Box 15102 Number Street
Dallas, TX 75267-3033 City State ZIP Code	Wilmington, DE 19886-5102 City State ZIP Code
Contact phone 888-702-1161	Contact phone 888-702-1161
Contact email card_bankruptcy_poc@bofa.com	Contact email card_bankruptcy_poc@bofa.com

Uniform claim identifier (if you use one):

_ _

4. **Does this claim amend one already filed?**

   ☐ No
   ☐ Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**

   ☐ No
   ☐ Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. **Do you have any number you use to identify the debtor?**
   - ☐ No
   - ■ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 5 9 8 8

7. **How much is the claim?** $ 27,119.60 . **Does this amount include interest or other charges?**
   - ☐ No
   - ■ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. **What is the basis of the claim?**

   Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

   Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

   Limit disclosing information that is entitled to privacy, such as health care information.

   Business Lending Credit Card

9. **Is all or part of the claim secured?**
   - ■ No
   - ☐ Yes. The claim is secured by a lien on property.

   Nature of property:
   - ☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim.*
   - ☐ Motor vehicle
   - ☐ Other. Describe: _____

   Basis for perfection: _____

   Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

   Value of property: $_____

   Amount of the claim that is secured: $_____

   Amount of the claim that is unsecured: $_____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

   Amount necessary to cure any default as of the date of the petition: $_____

   Annual Interest Rate (when case was filed)_____%
   - ☐ Fixed
   - ☐ Variable

10. **Is this claim based on a lease?**
    - ■ No
    - ☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $_____

11. **Is this claim subject to a right of setoff?**
    - ■ No
    - ☐ Yes. Identify the property: _____

12. **Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. *Check one:*

	Amount entitled to priority
☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$_____
☐ Up to $3,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$_____
☐ Wages, salaries, or commissions (up to $17,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$_____
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$_____
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$_____
☐ Other. Specify subsection of 11 U.S.C. § 507(a)(__) that applies.	$_____

* Amounts are subject to adjustment on 4/01/28 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.
☐ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* 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 date 10/14/2025
MM / DD / YYYY

/S/ Harold E. Kyle Jr.
Signature

Print the name of the person who is completing and signing this claim:

Name: Harold E. Kyle Jr.
First name Middle name Last name

Title: Assistant Vice President

Company: Bank of America, N. A.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: P O Box 673033
Number Street

Dallas, TX 75267-3033
City State ZIP Code

Contact phone: 888 702 1161 Email: card_bankruptcy_POC@bofa.com

BANK OF AMERICA

Bank of America **Business Advantage**
Customized Cash Rewards

LIZMAX INVESTMENTS LLC
[redacted] **5988**
July 10, 2025 - August 09, 2025

Company Statement

Account Information:
www.bankofamerica.com

Mail Billing Inquiries to:
BANK OF AMERICA
PO BOX 660441
DALLAS, TX 75266-0441

Mail Payments to:
BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

Customer Service:
1.800.673.1044, 24 Hours

Outside the U.S.:
1.509.353.6656, 24 Hours

For Lost or Stolen Card:
1.800.673.1044, 24 Hours

Business Offers:
www.bankofamerica.com/mybusinesscenter

Payment Information

New Balance Total	$27,119.60
Past Due Amount	$1,662.00
Minimum Payment Due	**$2,216.00**
Payment Due Date	**09/04/25**

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance.

Account Summary

Previous Balance	$26,975.97
Payments and Other Credits	$0.00
Balance Transfer Activity	$0.00
Cash Advance Activity	$0.00
Purchases and Other Charges	$0.00
Fees Charged	**$0.00**
Finance Charge	**$143.63**
New Balance Total	$27,119.60
Credit Limit	$0
Credit Available	$0.00
Statement Closing Date	08/09/25
Days in Billing Cycle	31

Transactions

Posting Date	*Transaction Date*	*Description*	*Reference Number*	*Amount*
LIZMAX INVESTMENTS LLC				
Account Number: 5988				
		Finance Charge		
08/08	08/08	PURCHASE *FINANCE CHARGE*		137.56
08/08	08/08	CASH * FINANCE CHARGE *		6.07
		TOTAL FINANCE CHARGE FOR THIS PERIOD		**$143.63**

[redacted] 5988

Account Number: [redacted] **5988**
July 10, 2025 - August 09, 2025

New Balance Total $27,119.60
Minimum Payment Due $2,216.00
Payment Due Date 09/04/25

BUSINESS CARD
PO BOX 15796
WILMINGTON, DE 19886-5796

Enter payment amount

$ [ ]

LIZMAX INVESTMENTS LLC
11440 N 69TH ST
SCOTTSDALE, AZ 85254-5101

For change of address/phone number, see reverse side.

Mail this coupon along with your check payable to:
BUSINESS CARD,
or make your payment online at
www.bankofamerica.com

This is an electronic reproduction of your statement and may not contain all of the disclosures included with your original statement.

CUSTOMER STATEMENT OF DISPUTED ITEM (You must use a separate form for each dispute. Please print.)

If you believe a transaction on your statement is an error, complete and sign a copy of this form using blue or black ink, or write a detailed letter on a separate sheet of paper. Then return it to: **PO BOX 53101, PHOENIX, AZ 85072-3101** no later than 60 days after we sent you the first bill on which the transaction or error appeared. If you prefer to speak with a representative about your dispute, please call **1.866.601.4410, 8am-8pm Est**. You do not have to pay any amount in question while we are investigating, but you are obligated to pay the parts of your bill that are not in question.

PLEASE DO NOT ALTER WORDING ON THIS FORM OR MAIL YOUR LETTER WITH YOUR PAYMENT. Provide copies of all documentation that will help us investigate your dispute (e.g. contracts, invoices, detailed letter, sales slips, return receipts, or second opinions).

Your Name: _____ Account Number: _____
Posting Date: _____ Transaction Date: _____ Reference Number: _____
Amount: _____ Disputed Amount: _____ Merchant Name: _____

Below tell us why you think the item noted above is in error. **Check one box only.**

☐ 1. I certify that I do not recognize the transaction. I have attempted to contact the merchant to verify this transaction.
☐ 2. I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or authorized by me.
☐ 3. Although I did engage in a transaction with this merchant, I was billed for _____ transaction(s) totaling $ _____ that I did not engage in. I have my card in my possession. If available, enclose a copy of the sales slip for the valid charge.
☐ 4. I have not received the merchandise that was to be shipped to me on ____/____/____ (MM/DD/YY). I have asked the merchant to credit my account.
☐ 5. Merchandise shipped to me was not as described. Please explain in detail and if applicable provide proof of return.

_____
_____
_____
_____

☐ 6. Merchandise shipped to me arrived damaged and/or defective.
I returned it on ___/____/____(MM/DD/YY) and asked the merchant to credit my account. Please provide proof of return and describe how the merchandise was damaged and/or defective.

_____
_____

☐ 7. Although I did engage in the above transaction, I dispute the entire charge or a portion in the amount of $_____. I have contacted the merchant, returned the merchandise on ___/___/___ (MM/DD/YY) and requested a credit adjustment. I am disputing this charge because

_____
Please supply proof of return or if unable to return merchandise please explain.
_____

☐ 8. I notified the merchant on ___/___/___ (MM/DD/YY) to cancel the preauthorized order or reservation. Please note cancellation # and if available, enclose a copy of your telephone bill showing date and time of cancellation. Reason for cancellation: _____

_____
_____

☐ 9. Although I did engage in the above transaction, I have contacted the merchant for credit. The services to be provided on ___/___/___ (MM/DD/YY) were not received. Please describe the services to be received and explain the merchants failure to provide the services.

_____

☐ 10. I was issued a credit slip that was not shown on my statement. **A copy of my credit slip is enclosed.** If the merchant has agreed to issue a credit, be advised the merchant has up to 30 days to supply this credit to your account.
☐ 11. The amount of the charge was increased from $ _____ to $_____ or my sales slip was added incorrectly. **Enclosed is a copy of the sales slip that shows the correct amount.**
☐ 12. Other: **Please explain** _____

_____
_____

Merchants often provide telephone numbers with their names on your billing statement. If you do not recognize a transaction, attempt first to contact the merchant for transaction information.

Cardholder Signature (required): _____ **Date:** _____

Home Telephone: (___)_____ **Business Telephone:** (___)_____

PLEASE KEEP A COPY OF BOTH SIDES OF THIS STATEMENT FOR YOUR RECORDS

PAYMENTS

We credit a payment as of the date we receive it if the payment is: 1) received by 5:00 p.m. (Eastern Time) Monday through Friday (except legal holidays). 2) received at the payment address indicated on the front of this statement. 3) paid with a check drawn in U.S. dollars on a U.S. financial Institution or a U.S. dollar money order, and 4) sent in the return envelope with only the bottom portion of your statement accompanying it. Payments received after 5:00 p.m. (Eastern Time) Friday, but that otherwise meet the above requirements, will be processed on the next business day, which is usually the following Monday. Saturdays, Sundays, and holidays are not business days. Credit for payments received in any other manner may be delayed up to five business days, during which time finance charges, if applicable will continue to accrue. We will reject any payments that are not drawn in U.S. dollars and those drawn on a financial institution located outside of the United States. Please do not send cash, credit cards, correspondence, staples or paper clips with your payment. Mail your payment at least 7 days in advance of the payment due date to ensure timely delivery.

CUSTOMER CORRESPONDENCE

If you prefer to send a written inquiry regarding your account, please send the request to: **BANK OF AMERICA, PO BOX 660441, DALLAS, TX, 75266-0441, USA.** This address should not be utilized to dispute merchant transactions appearing on your billing statement. Please see the paragraph above for instructions regarding dispute procedures.

For address/phone number changes on all accounts in your program, have the authorized contact make a request at WWW.BANKOFAMERICA.COM

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Finance Charge Calculation

Your **Annual Percentage Rate (APR)** is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Finance Charges by Transaction Type
PURCHASES	6.25%	$25,902.76	$137.56
CASH	6.25%	$1,142.79	$6.07

V = Variable Rate (rate may vary), Promotional Balance = APR for limited time on specified transactions.

STATEMENT OF ACCOUNTS

DATE: 10/14/2025

CASE NUMBER: 25-07596

CREDITOR: Bank of America, N.A. as successor by
merger to FIA Card Services, N.A.
P O Box 673033
Dallas, TX 75267-3033

ACCOUNT: XXXXXXXXXXXX5988

BALANCE: 27,119.60

PRINCIPAL OWED:	26,551.34
INTEREST:	568.26
FEES:	0.00
EXPENSES:	0.00
OTHER CHARGES:	0.00
	27,119.60

DOCUMENT ID: 1761716

** NOTE: The debt referenced in this Proof of Claim is based on a Business Lending relationship, not an open-end or revolving Consumer Credit relationship, and the requirements of Bankruptcy Rule 3001(c)(3) therefore do not apply to the Proof of Claim.