Fill in this information to identify the case:	
Debtor 1	RONALD STEPHEN OWENS
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	District of ARIZONA (State)
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, judgements, 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?**

Synchrony Bank by AIS InfoSource LP as agent
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Amazon Store Card

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)
Synchrony Bank by AIS InfoSource LP as agent Name	Synchrony Bank by AIS InfoSource LP as agent Name
4515 N Santa Fe Ave Number Street	PO Box 4457 Number Street
Oklahoma City OK 73118 City State ZIP Code	Houston TX 77210-4457 City State ZIP Code
Contact phone (877) 893-8820	Contact phone (877)893-8820
Contact email POC_AIS@aisinfo.com	Contact email POC_AIS@aisinfo.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: 0 9 7 8

7. **How much is the claim?** $ 158.88 . **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.

Money Loaned Revolving Credit

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 that 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 10/21/2025
MM / DD / YYYY

/s/ Unnati Ranpara
Signature

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

Name: Unnati Ranpara
First Name | Middle Name | Last Name

Title: Bankruptcy Specialist

Company: AIS InfoSource, LP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 4515 N Santa Fe Ave
Number Street

Oklahoma City | OK | 73118
City | State | Zip Code

Contact Phone: (877) 893-8820 Email: POC_AIS@aisinfo.com

LIMITED POWER OF ATTORNEY

In accordance with the MASTER SERVICES AGREEMENT dated August 1, 2020 (the "Agreement") by and between RETAIL FINANCE INTERNATIONAL HOLDINGS, INC., a wholly owned subsidiary of Synchrony Financial and an affiliate of Synchrony Bank, on behalf of itself and for the benefit of its affiliates ("RFIH"), and AIS INFOSOURCE, LP, an affiliate of AIS PORTFOLIO SERVICES, LLC, on behalf of itself and for the benefit of its affiliates, RFIH and Synchrony Bank hereby name, constitute, and appoint AIS INFOSOURCE, LP ("AIS"), or any of its authorized agents including AIS Portfolio Services, LLC, employees or representatives, its duly authorized attorney and agent with limited power and authority to file, maintain and defend proofs of claim for Accounts, as that term is defined in the Agreement, serviced on behalf of Synchrony Bank, and otherwise service the Accounts.

RFIH and Synchrony Bank hereby appoint AIS, its successors and assigns, as the true and lawful attorney respectively, with full power of substitution, and give and grant to AIS, and its successors, full power and authority, at any time and from time to time, to file proofs of claim for the Accounts in the name of Synchrony Bank, and to take any other such action as may be required to effect the filing of such proofs of claim and to receive notices and payments relating thereto and to otherwise service the Accounts in accordance with the Agreement.

This Limited Power of Attorney shall be effective upon the date of execution below and the authority shall expire upon June 30, 2026.

IN WITNESS WHEREOF, RFIH and Synchrony Bank have caused this instrument to be duly executed this 16 day of June, 2025, by its duly authorized officers.

RETAIL FINANCE INTERNATIONAL HOLDINGS, INC.

By: _____

Title: Vice President, CFO & Treasurer

STATE OF: Connecticut

COUNTY OF: Fairfield

On this 16 day of June, 2025, before me personally appeared Brian Wenzel who acknowledged himself to be the Vice President, CFO & Treasurer of RETAIL FINANCE INTERNATIONAL HOLDINGS, INC., and that he, as such officer, being authorized to do so, executed the foregoing instrument for the same purposes herein contained, by signing the name of RETAIL FINANCE INTERNATIONAL HOLDINGS, INC. by himself as Vice President, CFO & Treasurer.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal this 16 of June, 2025.

NICOLE L. INTRIERI
Notary Stamp& Signature

My commission expires: 6/30/2029

Synchrony Bank

By: _____

Title: EVP & Chief Financial Officer

STATE OF: Connecticut

COUNTY OF: Fairfield

On this 16 day of June, 2025, before me personally appeared Brian Wenzel who acknowledged himself to be the EVP & Chief Financial Officer of Synchrony Bank, and that he, as such officer, being authorized to do so, executed the foregoing instrument for the same purposes herein contained, by signing the name of Synchrony Bank by himself as EVP & Chief Financial Officer.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal this 16 of June, 2025.

NICOLE L. INTRIERI
Notary Stamp& Signature

My commission expires: 6/30/2029

Statement of Accounts

Account Information

Account Holder(s)		Account Number(s)		Creditor Reference
RONALD STEPHEN OWENS (XXX-XX-6688)		XXXXXXXXXXXX0978		
Total Claim Amount (pre-petition balance)	**Secured Amount**	**Unsecured Amount**	**Interest**	**Fees**
$158.88		$158.88	$5.17	$29.00
Account Open Date	**Last Transaction Date**	**Last Payment Date**	**Charge-off Date**	
02/23/2020	08/03/2025	08/01/2025	08/19/2025	

Creditor Information

Claimant	Current Creditor
Synchrony Bank by AIS InfoSource LP as agent	Synchrony Bank
Previous Creditor	**Creditor at Last Account Transaction**
	Synchrony Bank and its predecessors

The individual whose signature appears on this claims form has relied in part on information provided by an employee at Synchrony Bank who has personal knowledge as to the calculation of the claim amount and a summary of that process. This information will be provided upon request.

Case Information

Debtor(s)			
ELIZABETH ANN NAYLOR AND RONALD STEPHEN OWENS			
Street	**City**	**State**	**Zip**
11440 NORTH 69TH STREET	SCOTTSDALE	AZ	85254
Case Number	**Court**	**Chapter**	**Filing Date**
25-07596	District of Arizona	13	08/14/2025

Contact Information (for questions regarding this claim)

Phone	Email	Address	Reference Number
(877) 893-8820	POC_AIS@aisinfo.com	4515 N Santa Fe Ave Oklahoma City, OK 73118	8831379

Special Notice

The information provided on this proof of claim was the best available information at the time of filing. For additional information please contact us using the information listed above.

Synchrony Bank has to the best of our ability, made every effort to provide all required data.