

Fill in this information to identify the case:

Name of Debtor & Case Number:

In re Peer Street, Inc., et al. (Case No. 23-10815)

United States Bankruptcy Court for the District of Delaware

Official Form 410

Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case or to assert an interest in Peer Street Opportunity Investors II, LP ("OppFund"). With the exception of administrative expenses arising under 11 U.S.C. §503(b)(9), 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 or OppFund interest, 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 Claimant or Interest Holder

1. Who is the current creditor or interest holder?

Name of the current creditor or interest holder (the person or entity to be paid for this claim or who holds the limited partnership interest in OppFund)

Other names the creditor used with the debtor (i.e., username)

Account number used with the debtors

2. Has this claim been acquired from someone else?

No

Yes. From whom?

3. Where should notices and payments to the creditor or OppFund interest holder be sent?

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

Where should notices to the creditor or holder be sent?

Where should payments to the creditor or holder be sent? (if different)

Name

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Contact phone

Contact phone

Contact email

Contact email

Uniform claim identifier for electronic payments in chapter 13 (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 or OppFund Interest 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: _____

7. Against which debtor do you assert a claim? If you are asserting a claim against more than one debtor, please indicate here and attach a statement supporting your claims against each Debtor.

- | | |
|--|---|
| <input type="checkbox"/> Peer Street, Inc. (Case No. 23-10815) | <input type="checkbox"/> PS Warehouse II, LLC (Case No. 23-10823) |
| <input type="checkbox"/> Peer Street Opportunity Fund, GP, LLC (Case No. 23-10816) | <input type="checkbox"/> Peer Street Opportunity Investors II, LP (Case No. 23-10824) |
| <input type="checkbox"/> PS Funding, Inc. (Case No. 23-10817) | <input type="checkbox"/> PS Portfolio-STI, LLC (Case No. 23-10825) |
| <input type="checkbox"/> Peer Street Funding LLC (Case No. 23-10818) | <input type="checkbox"/> PSF Ohio, LLC (Case No. 23-10826) |
| <input type="checkbox"/> PeerStreet Licensing, Inc. (Case No. 23-10819) | <input type="checkbox"/> PSF TX 1, LLC (Case No. 23-10827) |
| <input type="checkbox"/> PSF REO LLC (Case No. 23-10820) | <input type="checkbox"/> PSF TX 2, LLC (Case No. 23-10828) |
| <input type="checkbox"/> PS Options LLC (Case No. 23-10821) | <input type="checkbox"/> PSF TX 4 LLC (Case No. 23-10829) |
| <input type="checkbox"/> PS Warehouse, LLC (Case No. 23-10822) | |

8. How much is the claim? \$ _____ 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).

9. 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. If you are asserting a claim (a) pursuant to (i) a mortgage payment dependent note issued by debtor Peer Street Funding LLC, (ii) a redeemable warehouse note issued by Peer Street Funding LLC, or a payment dependent note issued by PS Portfolio-ST1, LLC, or (ii) a claim for uninvested cash held for you on a "for the benefit of" ("FBO") basis, please use the charts appended to this form to assert such claims.

10. 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 8.)

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

Annual Interest Rate (when case was filed) _____%

Fixed

Variable

11. Is this claim based on a lease?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____														
12. Is this claim subject to a right of setoff?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____														
13. 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.	<input type="checkbox"/> No <input type="checkbox"/> Yes. Check one: <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: right; background-color: #f2f2f2;">Amount entitled to priority</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) 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).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 10px;">* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.</p>		Amount entitled to priority	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____	<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____	<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) 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).	\$ _____	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____
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14. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within twenty (20) days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____														
15. Do you assert that you hold a limited partnership interest in OppFund?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Indicate the aggregate value of your investment in OppFund as of June 26, 2023. \$ _____														

Part 5: 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)(2) 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 Form* 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 Form* 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 _____
MM / DD / YYYY

Signature

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

Name _____
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City State ZIP Code

Contact phone _____ Email _____

Peer Street Product Addendum

Please use the following space to describe your claims (i) arising from a mortgage payment dependent note (MPDN, the Debtors' "Fractional" product), a redeemable warehouse note (RWN, the Debtors' "Pocket" product), a payment dependent note (PDN, the Debtors' "Portfolio" product) or related to uninvested cash held on the Peer Street platform. Claimants must leave out or redact information that is entitled to privacy, however, the serial numbers assigned to notes are not considered information entitled to privacy.

1. Do you own any MPDNs issued by PSFLLC?	<input type="checkbox"/> No <input type="checkbox"/> Yes. (please fill in the information below. If you need additional space, please use additional pages).
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I agree that the MPDNs and associated amounts identified in Exhibit A to the Bar Date Notice I received reflect all of my MPDN holdings.

Description of MPDN (underlying property address, series, etc.)	Serial Number Assigned to MPDN	Amount of Investment as of 6/26/2023	Against which Debtor do you assert a claim for each MPDNs?
			<input type="checkbox"/> PSFLLC <input type="checkbox"/> Other: _____
			<input type="checkbox"/> PSFLLC <input type="checkbox"/> Other: _____
			<input type="checkbox"/> PSFLLC <input type="checkbox"/> Other: _____
			<input type="checkbox"/> PSFLLC <input type="checkbox"/> Other: _____
			<input type="checkbox"/> PSFLLC <input type="checkbox"/> Other: _____
			<input type="checkbox"/> PSFLLC <input type="checkbox"/> Other: _____
			<input type="checkbox"/> PSFLLC <input type="checkbox"/> Other: _____

2. Do you own any RWNs issued by PSFLLC?	<input type="checkbox"/> No <input type="checkbox"/> Yes. (please fill in the information below. If you need additional space, please use additional pages).
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I agree that the RWNs and associated amounts identified Exhibit A to the Bar Date Notice I received reflect all of my RWN holdings.

Description of RWN	Serial Number Assigned to RWN	Amount of Investment as of 6/26/2023	Against which Debtor do you assert a claim for each RWN?
			<input type="checkbox"/> PSFLLC <input type="checkbox"/> Other: _____
			<input type="checkbox"/> PSFLLC <input type="checkbox"/> Other: _____
			<input type="checkbox"/> PSFLLC <input type="checkbox"/> Other: _____
			<input type="checkbox"/> PSFLLC <input type="checkbox"/> Other: _____
			<input type="checkbox"/> PSFLLC <input type="checkbox"/> Other: _____

3. Do you own any PDNs issued by Portfolio?	<input type="checkbox"/> No <input type="checkbox"/> Yes. (please fill in the information below. If you need additional space, please use additional pages).
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I agree that the PDNs and associated amounts identified in Exhibit A to the Bar Date Notice I received reflect all of my PDN holdings.

Description of PDN	Serial Number Assigned to PDN	Amount of Investment as of 6/26/2023	Against which Debtor do you assert a claim for each PDN?
			<input type="checkbox"/> Portfolio <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Portfolio <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Portfolio <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Portfolio <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Portfolio <input type="checkbox"/> Other: _____
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			<input type="checkbox"/> Portfolio <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Portfolio <input type="checkbox"/> Other: _____

4. Do you claim any Uninvested Cash in PSFLLC's FBO Retail Customer Account?	<input type="checkbox"/> No <input type="checkbox"/> Yes.	If yes, the value of the Uninvested Cash as of the date of this Claim is: _____
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