

**Fill in this information to identify the case:**

Debtor 1 \_\_\_\_\_  
 Debtor 2 \_\_\_\_\_  
 (Spouse, if filing)  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
 Case number \_\_\_\_\_

**FILED**

**FEB 01 2018**

**U.S. BANKRUPTCY COURT  
 MIDDLE DISTRICT OF TN**

*8:14am*

**Official Form 410**

**Proof of Claim**

04/16

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**

*FEIN 46-5307782*

<p>1. Who is the current creditor?</p>	<p><u>Symspire</u>                  Name of the current creditor (the person or entity to be paid for this claim)                  Other names the creditor used with the debtor <u>Interactive Systems, Inc.</u></p>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?                   Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?   <u>Symspire</u>                  Name  <u>539 Mainstream Drive</u>                  Number Street  <u>Nashville TN 37228</u>                  City State ZIP Code                  Contact phone <u>(615) 627-3538</u>                  Contact email <u>adaniels@symspire.com</u></p>	<p>Where should payments to the creditor be sent? (if different)                   Name _____                  Number Street _____                  City State ZIP Code _____                  Contact phone _____                  Contact email _____</p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one):                  _____</p>
<p>4. Does this claim amend one already filed?</p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____                  MM / DD / YYYY</p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	

**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 3 5 7

7. How much is the claim? \$ 288.00 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.  
Monitoring services (Alarm System)

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)?

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

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

Up to \$2,850\* 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 \$12,850\*) 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 4/01/19 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)(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.

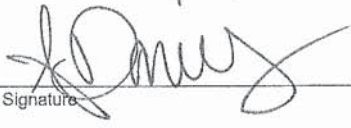
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* 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 01/29/2018  
MM / DD / YYYY

  
Signature

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

Name Ashley C Daniels  
First name Middle name Last name

Title office manager

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

Address 539 mainstream Drive  
Number Street

Nashville TN 37228  
City State ZIP Code

Contact phone 615-627-3538 Email adaniels@symspire.com



INSPIRING INTELLIGENT LIVING  
 539 MAINSTREAM DRIVE • NASHVILLE, TN 37228  
 615 332 0093 PH • 615 332 0415 FX  
 TN LIC. #C-0842  
 TN LIC. DC #45935

<b>Invoice</b>	
Invoice Number <b>625037</b>	Date <b>11/1/2017</b>
Customer Number <b>10357</b>	Due Date <b>11/1/2017</b>

To: Auto Masters  
 4601 Nolensville Rd  
 Nashville, TN 37211

Remit To: Symspire  
 539 Mainstream Dr  
 Nashville, TN 37228

Amount Enclosed: \_\_\_\_\_ **Net Due: \$96.00** *Detach And Return Top Portion With Your Payment*

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Auto Masters	10357		11/1/2017	11/1/2017

Quantity	Description	Rate	Amount
<i>Auto Masters, 3920 Nolensville Rd, Nashville, TN</i>			
3.00	Monitoring	32.00	96.00
	Tax		0.00
	Payments/Credits Applied		0.00
<b>Invoice Balance Due:</b>			<b>\$96.00</b>

Date	Invoice #	Description	Amount	Balance Due
11/1/2017	625037	Contracted Services	\$96.00	\$96.00

**Symspire**

539 Mainstream Dr  
 Nashville, TN 37228  
 (615) 332-0093  
 Fax: (615) 332-0415

*FEIN 465307782*



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TN LIC. DC #45935

# Invoice

Invoice Number 629295	Date 12/1/2017
Customer Number 10357	Due Date 12/1/2017

To: Auto Masters  
4601 Nolensville Rd  
Nashville, TN 37211

Remit To: Symspire  
539 Mainstream Dr  
Nashville, TN 37228

Amount Enclosed: \_\_\_\_\_

**Net Due: \$96.00**

*Detach And Return Top Portion With Your Payment*

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Auto Masters	10357		12/1/2017	12/1/2017

Quantity	Description	Rate	Amount
<i>Auto Masters - Balero Group, 3101 Nolensville Rd, Nashville, TN</i>			
3.00	Monitoring	32.00	96.00
	Tax		0.00
	Payments/Credits Applied		0.00
<b>Invoice Balance Due:</b>			<b>\$96.00</b>

Date	Invoice #	Description	Amount	Balance Due
12/1/2017	629295	Contracted Services	\$96.00	\$96.00

**Symspire**

539 Mainstream Dr  
Nashville, TN 37228  
(615) 332-0093  
Fax: (615) 332-0415

Please remember to test your system monthly!

*Fe IN 46-5307782*



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 TN LIC. #C-0842  
 TN LIC. DC #45935

# Invoice

Invoice Number 638954	Date 2/1/2018
Customer Number 10357	Due Date 2/1/2018

To: **Auto Masters**  
 4601 Nolensville Rd  
 Nashville, TN 37211

Remit To: **Symspire**  
 539 Mainstream Dr  
 Nashville, TN 37228

Amount Enclosed: \_\_\_\_\_

**Net Due: \$96.00**

*Detach And Return Top Portion With Your Payment*

Customer Name	Customer Number	PO Number	Invoice Date	Due Date
Auto Masters	10357		2/1/2018	2/1/2018

Quantity	Description	Rate	Amount
3.00	Monitoring	32.00	96.00
	Tax		0.00
	Payments/Credits Applied		0.00
<b>Invoice Balance Due:</b>			<b>\$96.00</b>

Date	Invoice #	Description	Amount	Balance Due
2/1/2018	638954	Contracted Services	\$96.00	\$96.00

**Symspire**

Test your system monthly!

539 Mainstream Dr  
 Nashville, TN 37228  
 (615) 332-0093  
 Fax: (615) 332-0415

*FEIN 46-5307782*

# MIDDLE DISTRICT OF TENNESSEE Claims Register

## [3:17-bk-07036 Auto Masters, LLC](#)

**Judge:** Charles M Walker      **Chapter:** 11  
**Office:** Nashville              **Last Date to file claims:** 02/15/2018  
**Trustee:**                              **Last Date to file (Govt):**

<i>Creditor:</i> (6503754) Symspire 539 Mainstream Drive Nashville, TN 37228	<b>Claim No:</b> 17 <i>Original Filed</i> Date: 02/01/2018 <i>Original Entered</i> Date: 02/01/2018	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Intake1 <i>Modified:</i>
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Amount claimed: \$288.00

*History:*

[Details](#)    [17-1](#)    02/01/2018 Claim #17 filed by Symspire, Amount claimed: \$288.00 (Intake1)

*Description:* (17-1) Monitoring services (Alarm System)

*Remarks:*

## Claims Register Summary

**Case Name:** Auto Masters, LLC  
**Case Number:** 3:17-bk-07036  
**Chapter:** 11  
**Date Filed:** 10/17/2017  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$288.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		