Fill in this ir	formation to identify the case:
Debtor 1	Auto Masters of Franklin, LLC
Debtor 2 (Spouse, if filing)	
United States	Bankruptcy Court for the: Middle District of Tennessee
Case number	3:17-bk-07047

# FILED

JAN 23 2018

U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN

B:0.5a

# 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.

	Who is the current creditor?	Koorsen Fire & Se Name of the current credit Other names the creditor	tor (the person or		SECRETAR				
	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom	?						
3.	Where should notices and payments to the creditor be sent?	Where should notice Koorsen Fire & Se		r be sent?	Where should podifferent)	ayments to the creditor	be sent? (if		
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 2719 N Arlington		<del>1-00-6-1010000=1-1-3</del>	Name				
	(11\D1) 2002(g)	Number Street			Number Stre	eet			
		Indianapolis	IN	46218					
		City	State	ZIP Code	City	State	ZIP Code		
		Contact phone 317-28	5-0898		Contact phone		. 1135		
		Contact email kyle.ric	h@koorsen.d	com	Contact email				
		Uniform claim identifier fo		ents in chapter 13 (if you u	1970 1200 1200 1				
	Does this claim amend one already filed?	☑ No ☐ Yes. Claim numb	er on court clain	ns registry (if known) _		Filed on	D / YYYY		
	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made t	he earlier filing?						

ŀ	art 2 Give Information	on 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: 1 9 0 0
7.	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).
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.
		Services Performed
9.	Is all or part of the claim secured?	<ul> <li>✓ No</li> <li>✓ Yes. The claim is secured by a lien on property.</li> <li>Nature of property:</li> <li>☐ 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.</li> <li>☐ Motor vehicle</li> <li>☐ Other. Describe:</li> </ul>
		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: \$
	à	Annual Interest Rate (when case was filed)%  Fixed Variable
10	. Is this claim based on a	☑ No
	lease?	☐ Yes. Amount necessary to cure any default as of the date of the petition. \$
11	. Is this claim subject to a	☑ No
	right of setoff?	☐ Yes. Identify the property:

12. Is all or part of the claim entitled to priority under	☑ No ☐ Yes. Check	cone.				Amount entitled to priority					
11 U.S.C. § 507(a)?  A claim may be partly priority and partly	☐ Domes	tic support obligations (includ C. § 507(a)(1)(A) or (a)(1)(B		upport) und	er	\$					
nonpriority. For example, in some categories, the law limits the amount	Up to \$	2,850* of deposits toward pu al, family, or household use.	\$								
entitled to priority.	bankrup	salaries, or commissions (untry petition is filed or the de C. § 507(a)(4).	p to \$12,850*) earned w btor's business ends, wh	ithin 180 d	ays before the earlier.	\$					
	☐ Taxes o	or penalties owed to governm	nental units. 11 U.S.C. §	507(a)(8).		\$					
	☐ Contrib	utions to an employee benef	it plan. 11 U.S.C. § 507	a)(5).		\$					
	Other.	Specify subsection of 11 U.S	.C. § 507(a)() that ap	plies.		\$					
		are subject to adjustment on 4/0			es begun on or aft	er the date of adjustment.					
Part 3: Sign Below											
The person completing	Check the appro	opriate box:									
this proof of claim must sign and date it.	I am the cre	editor.									
FRBP 9011(b).	☐ 1 am the cre	1 am the creditor's attorney or authorized agent.									
If you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.										
5005(a)(2) authorizes courts to establish local rules	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.										
specifying what a signature is.	I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the										
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.										
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.										
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under	penalty of perjury that the fo	regoing is true and corre	ect.							
3571.	Executed on da	te 1/10/2018									
	1	11 1 W	7								
		1.11/1/									
	Signature	99//00			<u></u> 8						
		,									
	Print the hame	of the person who is com	pleting and signing thi	s claim:							
	Name	Kyle	Todd	-14/14	Rich						
		First name	Middle name		Last name						
	Title	Corporate Credit Ma	nager								
	Company	Koorsen Fire & Sec									
		Identify the corporate service	er as the company if the aut	horized ager	nt is a servicer.						
	Addross	2719 N Arlington Av	e								
	Address	Number Street									
		Indianapolis		IN	46218						
		City		State	ZIP Code						
	Contact phone	317-285-0898		Email	kyle.rich@ko	orsen.com					

REMIT TO: Koorsen Fire & Security 2719 N Arlington Avenue Indianapolis, IN 46218-3322 1-888-KOORSEN Include Involce # on check,

No.: Involce Date: 4278248

INVOICE 10/05/2017 Gust.

10/06/2017 SO#: 3663423

Date Due: 10/31/2017

Cust ID 10AUT1900

1900 COLUMBIA AVE

FRANKLIN, IN 37064

AUTO MASTERS

IOB#

SERVICE1,0

/ 0

Location:

AUTO MASTERS 1900 COLUMBIA AVE FRANKLIN, TN 37064

10-HOUSE / 10-372182 / TK10-02

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# FIRE EXTINGUISHER WORK ORDER 851 FESSLÉRS PKWY NASHVILLE, TN 37210 615/248-2837



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## FIRE EXTINGUISHER WORK ORDER 851 FESSLERS PKWY NASHVILLE, TN 37210 615/248-2837



i.	N25
	MYZ

Sales Tax = 9.25%

803663423

10AUT1900 INVOICE TO

AUTO MASTERS

1900 COLUMBIA AVE

SERVICE LOCATION AUTO MASTERS 1900 COLUMBIA AVE

> FRANKLIN, TN 37064

FRANKLIN, TN. 37064

CHARGE NORMAL KOORSEN PRICING ON ANY SERVICE DUE

1002 PO = OCTOBER FIRE	・	THE CEUT		07/31/20	)18 £	15/79	9171	71-			
This report is made strict	ly for general con r jurisdictional aut	nmunication and thorities,	does not or Is not		he place of any inc	spection b					म्बर्ड की
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2. Are all extinguishers	securely mounted	at the proper his	lght?				V/_				
3. Are extinguishers acc	essible in case of	emergency?						-	1		
4. Are extinguisher local	or signs recomm	ended?						-	1	-	
5. Did ouslomer provide	an escort?	Escort 1						-	11		
6. Are protective covers	or cabinets recon	nmended for any	or all extinguishe	ersy				$\neg$	1		
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SECTION II - EMERGER		юнтві		WIEDO-NAMES	ovij nijedililijes	ALEPSES.	SEX YES	经证	A SOUND OF	met.	W V2 1-48
1. Do emergency and e											
2. Are exit lights illumina	ated?	1.1.0		<del></del>							
3. Do exit & emergency	lights have batter	ту раскир?									
4. Was e-light Inspection			er eres estatistis	e managemente	PARAMINA	DE GEES	VE	SE	NO A	444	A Sile
SECTION III - FIRE HO	The state of the s		THURSDAY	Same I have been	harach debaracter the	(1151-7)	1				
1. Has fire hose been p	rolessionally insp	ected?									
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SECTION IV. FIRE TH	AINING	TO A TOTAL OF THE PARTY OF THE	Uve Burn	☐.Simulator	☐ Olass Roo	om Only					
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SECTION V - OTHER O	N-SITE PROTEC	TION EQUIPME	THE PARTY OF THE P	CONTRACTOR OF THE PERSON OF TH		<u>(1, 13,71,4);</u> 111, 125,411;	1 500-00-00-00-00-00-00-00-00-00-00-00-00-		Conservation of	1. 30 1	7.945
	Fire Alarm	Fire Sprinkler System	I-Clean AgenV∴ Industrial System	Inergen FM 200 or Co2 System	'Alarm Monitoring	Aope Cont	ss rol	9	ecurity system	Surve Equi	olliance pment
Please mark all boxes that apply to your facility											
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# MIDDLE DISTRICT OF TENNESSEE Claims Register

## 3:17-bk-07047 AUTO MASTERS OF FRANKLIN, LLC

**Judge:** Charles M Walker Chapter: 11

Office: Nashville Last Date to file claims: Trustee: Last Date to file (Govt):

Creditor:(6551590)Claim No: 4Status:KOORSEN FIRE & SECURITYOriginal FiledFiled by: CRINCDate: 01/23/2018Entered by: jjk2719 N ARLINGTON AVEOriginal EnteredModified:

Amount claimed: \$75.33

History:

Details 4-1 01/23/2018 Claim #4 filed by KOORSEN FIRE & SECURITY INC, Amount claimed: \$75.33 (jjk)

Description: (4-1) Services Performed

Remarks:

# **Claims Register Summary**

Case Name: AUTO MASTERS OF FRANKLIN, LLC

Case Number: 3:17-bk-07047

Chapter: 11

**Date Filed:** 10/17/2017 **Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$75.33
<b>Total Amount Allowed*</b>	

<sup>\*</sup>Includes general unsecured claims

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

	Claimed	Allowed
Secured		
Priority		
Administrative		