


**Fill in this information 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.O.Sa

## 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**

1. Who is the current creditor?	<u>Koorsen Fire &amp; Security, Inc.</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?  <u>Koorsen Fire &amp; Security, Inc.</u> Name <u>2719 N Arlington Ave</u> Number Street <u>Indianapolis</u> <u>IN</u> <u>46218</u> City State ZIP Code  Contact phone <u>317-285-0898</u> Contact email <u>kyle.rich@koorsen.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different)  _____ Name _____ Number Street _____ City State ZIP Code  Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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: 1 9 0 0

7. How much is the claim? \$ 75.33. 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? ☒ 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:

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

☐ 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.

Amount entitled to priority

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

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

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

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

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

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

\* 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

1/10/2018  
MM / DD / YYYY

Signature

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

Name                      Kyle                      Todd                      Rich  
First name                      Middle name                      Last name

Title                      Corporate Credit Manager

Company                      Koorsen Fire & Security, Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address                      2719 N Arlington Ave  
Number                      Street  
Indianapolis                      IN                      46218  
City                      State                      ZIP Code

Contact phone                      317-285-0898                      Email                      kyle.rich@koorsen.com

# Koorsen<sup>®</sup>

## FIRE & SECURITY

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

No.: 4278248

Date of Work:

10/05/2017 Cust. Order #:

Invoice Date:

10/06/2017

SO#: 3663423

Date Due:

10/31/2017

Cust ID 10AUT1900

JOB#

SERVICE10

/ 0

Sold To:

AUTO MASTERS  
1900 COLUMBIA AVE  
FRANKLIN, TN 37064

Location:

AUTO MASTERS  
1900 COLUMBIA AVE  
FRANKLIN, TN 37064

10-HOUSE / 10-372182 / TK10-02

QUANTITY	DESCRIPTION	UNIT	PRICE	AMOUNT
	OCTOBER FIRE EXTINGUISHER SERV Annual. KFS TECH PERFORMED THE INSPECTION AND SERVICE OF THE FIRE EXTINGUISHERS SIGNED BY : SEE WORK ORDER			
1.00	FE2 ALL INCLUSIVE SERVICE 2 EXTINGUISHER PACKAGE		59.00	59.00
2.00	CIKT077-10 TAG, INSPECTION F/E, TENNESSEE	P	N/C	.00
2.00	BRKSW SEAL, TAMPER KOORSEN LOGO YEAR 2017 WHITE P1000		N/C	.00
1.00	99FUELS C FUEL CHARGE	T	9.95	9.95
TOTAL SALES/SERVICES				68.95
9.25% TN WILLIAMSON COUNTY on				6.38
TOTAL				75.33

Pay online @ [www.koorsen.com](http://www.koorsen.com). To pay by credit card, please phone or return to us:

Circle: VISA MC AMEX Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Sales

68.95

Taxable Sales

68.95

Tax Amount

6.38

Shipping Charge

Invoice Total ➡

75.33



# Koorsen®

## FIRE & SECURITY

Tech # 10-372182

503663423

FRANKLIN, TN 37064

EXP  
DATE

OCTOBER FIRE EXTINGUISHER SERV Annual

Please read carefully. We are not an insurer. Our maximum liability is limited to \$250.00. Vendor shall not be responsible for the improper operation on any inspected equipment that, after serviceman has left premises, has been discharged, vandalized, tampered with or damaged. User acknowledges receipt of copy and that he has read and understands terms and conditions of agreement.

TAXABLE AMOUNT

TAX

TOTAL \$

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

**Koorsen**  
FIRE & SECURITY

N25

Tech # = 10-372182

10AUT1900

Sales Tax = 9.25%

WORK ORDER # 803663423

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 =

Renewal 07/31/2018

615/791-7171-

OCTOBER FIRE EXTINGUISHER SERV Annual

This report is made strictly for general communication and does not or is not intended to take the place of any inspection by your qualified personnel,  
insuring interests or other jurisdictional authorities.

	YES	NO	NA
<b>SECTION I - FIRE EXTINGUISHERS</b>			
1. Does customer have proper size and type of extinguishers?	✓		
2. Are all extinguishers securely mounted at the proper height?	✓		
3. Are extinguishers accessible in case of emergency?		✓	
4. Are extinguisher locator signs recommended?		✓	
5. Did customer provide an escort? Escort name		✓	
6. Are protective covers or cabinets recommended for any or all extinguishers?		✓	
7. Are wheeled extinguishers recommended?			
<b>SECTION II - EMERGENCY AND EXIT LIGHTS</b>			
1. Do emergency and exit lights exist?			
2. Are exit lights illuminated?			
3. Do exit & emergency lights have battery backup?			
4. Was e-light inspection label applied?			
<b>SECTION III - FIRE HOSE STATIONS</b>			
1. Has fire hose been professionally inspected?			
2. If fire hose does not exist has the standpipe been properly capped off?			
<b>SECTION IV - FIRE TRAINING</b>			
1. Does customer request hands on fire training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Live Burn	Simulator	Class Room Only
<b>SECTION V - OTHER ON-SITE PROTECTION EQUIPMENT</b>			

	Fire Alarm	Fire Sprinkler System	Clean Agent Industrial System	Inergen, FM 200 or Co2 System	Alarm Monitoring	Access Control	Security System	Video Surveillance Equipment
Please mark all boxes that apply to your facility								
Name the company who provided the service (if known)		N/A						
Date last serviced								

Recommendations:

CUSTOMER

PRINT CUSTOMER NAME

TRUCK # 02

SPECIALIST: BL

DATE 10/5/17

PRINTING DEPARTMENT

# 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)  
KOORSEN FIRE & SECURITY  
INC  
2719 N ARLINGTON AVE  
INDIANAPOLIS IN 46218

**Claim No:** 4  
*Original Filed*  
*Date:* 01/23/2018  
*Original Entered*  
*Date:* 01/23/2018

*Status:*  
*Filed by:* CR  
*Entered by:* jjk  
*Modified:*

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>	

\*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>		