

B 10 (Official Form 10) (04/07)

UNITED STATES BANKRUPTCY COURT <u>SOUTHERN</u> DISTRICT OF <u>NEW YORK</u>		PROOF OF CLAIM
Name of Debtor AIRFASTTICKETS, INC		Case Number 15-11951-SHL
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): KONICA MINOLTA		THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent: SUSAN KELLY-KONICA MINOLTA 101 WILLIAMS DR RAMSEY, NJ 07446 Telephone number: (201) 825-4000		
Last four digits of account or other number by which creditor identifies debtor: ALL COVERED		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned		<input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Other _____ <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed From <u>03/02/2015</u> to <u>07/06/2015</u> (date) (date)
2. Date debt was incurred: 03/02/2015		3. If court judgment, date obtained:
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations.		
Unsecured Nonpriority Claim \$ <u>16,510.90</u> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.		Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Other _____ <input type="checkbox"/> Motor Vehicle Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ <u>16,510.90</u> Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		
*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
5. Total Amount of Claim at Time Case Filed: \$ <u>16,510.90</u> <u>16,510.90</u>		
		(unsecured) (secured) (priority) (total)
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date 09/24/2015	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): SUE KELLY, NATIONAL CREDIT MANAGER	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

AirFastTickets, Inc. POC





Account Statement

Air Fast Tickets
875 3rd Ave
New York, NY 10022

All Covered
Dept. 33163
P.O.Box 39000
San Francisco, CA 94139 - 3163

All Open Invoices, with associated payments, as of the start of business 09/24/2015.

Payment is due within 30 days of Invoice Date.

INVOICE DATE	INVOICE NUMBER	PAYMENT DATE	DESCRIPTION	INVOICE AMOUNT	PAYMENT AMOUNT	INVOICE BALANCE
03/02/2015	L659475			9,374.14		9,374.14
03/09/2015	L660899			1,638.57		1,638.57
04/06/2015	L665405			1,115.97		1,115.97
05/04/2015	L668673			1,115.97		1,115.97
05/05/2015	L669000			1,034.31		1,034.31
06/08/2015	L674233			1,115.97		1,115.97
07/06/2015	L677507			1,115.97		1,115.97

CURRENT	1-30 DAYS	31-60 DAYS	61-90 DAYS	91-180 DAYS	181+ DAYS	TOTAL DUE
0.00	0.00	1,115.97	1,115.97	14,278.96	0.00	16,510.90

We accept MasterCard, Visa, and American Express.

To make a payment by phone or to set up automated payments, please call the
Credit Department at (800) 896-2590 ext 5384.

United States Bankruptcy Court
Southern District of New York

Notice of Involuntary Bankruptcy Case Filing

An involuntary bankruptcy case concerning the debtor(s) listed below was filed under Chapter 7 of the United States Bankruptcy Code, entered on 07/27/2015 at 4:33 PM and filed on 07/27/2015.

Airfasttickets, Inc.
875 Third Avenue
3rd Floor
New York, NY 10022



The case was filed by the following petitioning creditor(s):

KAYAK Software Corporation

William Heuer
Duane Morris LLP
1540 Broadway
New York, NY 10036-4086
(212) 692-1000

TripAdvisor, LLC

Smarter Travel Media, LLC

Air Fast Tickets Limited (In Administration)

William Heuer
Duane Morris LLP
1540 Broadway
New York, NY 10036-4086
(212) 692-1000

The case was assigned case number 15-11951-shl to Judge Sean H. Lane.

If you would like to view the bankruptcy petition and other documents filed by the petitioning creditor(s) and the debtor, they are available at our *Internet* home page <http://ecf.nysb.uscourts.gov> or at the Clerk's Office, One Bowling Green, New York, NY 10004-1408.

You may be a creditor of the debtor. If so, you will receive an additional notice from the court setting forth important deadlines.

Vito Genna
Clerk, U.S. Bankruptcy Court

PACER Service Center			
Transaction Receipt			
09/23/2015 15:00:46			
PACER Login:	km1689:3019794:0	Client Code:	
Description:	Notice of Filing	Search Criteria:	15-11951-shl
Billable Pages:	1	Cost:	0.10

Southern District of New York Claims Register

[15-11951-shl Airfasttickets, Inc.](#) **Converted** 10/27/2015

Judge: Sean H. Lane **Chapter:** 11
Office: Manhattan **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (6772319) KONICA MINOLTA SUSAN KELLY 101 WILLIAMS DR RAMSEY, NJ 07446	Claim No: 2 <i>Original Filed</i> Date: 09/28/2015 <i>Original Entered</i> Date: 10/02/2015	<i>Status:</i> Filed by: CR Entered by: Frances Ferguson Modified:
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Amount claimed: \$16510.90		
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History:

Details	2-1	09/28/2015	Claim #2 filed by KONICA MINOLTA, Amount claimed: \$16510.90 (Ferguson, Frances)
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Description:

<i>Remarks:</i>		
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Claims Register Summary

Case Name: Airfasttickets, Inc.
Case Number: 15-11951-shl
Chapter: 11
Date Filed: 07/27/2015
Total Number Of Claims: 1

Total Amount Claimed*	\$16510.90
Total Amount Allowed*	

*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		