

Fill in this information to identify the case:

Debtor 1	Gold's Gym Rockies, LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	Northern District of Texas
Case number:	20-31325

FILED
 U.S. Bankruptcy Court
 Northern District of Texas
 5/13/2020
 Robert . Colwell, Clerk

RECEIVED
 MAY 15 2020

BMC GROUP

04/19

**Official Form 410
 Proof of Claim**

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?	El Paso County Treasurer	
	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?	Where should payments to the creditor be sent? (if different)
	El Paso County Treasurer	
	Name	Name
	PO Box 2018 Colorado Springs, CO 80901-2018	
	Contact phone <u>719-520-7900</u>	Contact phone _____
Contact email <u>trsweb@elpasoco.com</u>	Contact email _____	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes.</p>	<p>Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>3152</u></p>	
<p>7. How much is the claim?</p>	<p>\$ <u>31439.59</u></p>	<p>Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>	
<p>8. What is the basis of the claim?</p>	<p>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 healthcare information.</p> <p><u>2019 & Estimated 2020 Business Personal Property Taxes</u></p>		
<p>9. Is all or part of the claim secured?</p>	<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property.</p>	<p>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input checked="" type="checkbox"/> Other. Describe: <u>2019 & Est. 2020 Business Property Tax</u></p> <p>Basis for perfection: <u>2019 & Est. 2020 Prop Tx</u></p> <p>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.)</p> <p>Value of property: \$ <u>793593.00</u></p> <p>Amount of the claim that is secured: \$ <u>31439.59</u></p> <p>Amount of the claim that is unsecured: \$ <u>0.00</u> (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ <u>31439.59</u></p> <p>Annual Interest Rate (when case was filed) <u>12.00</u> %</p> <p><input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>	
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>		
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>		

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply:</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><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="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Up to \$3,025* 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 \$13,650*) 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 checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</td> <td style="text-align: right;">\$ 31439.59</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> </table> <p style="font-size: small;">* Amounts are subject to adjustment on 4/1/22 and every 3 years after that for cases begun on or after the date of adjustment.</p>	<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 \$3,025* 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 \$13,650*) 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 checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 31439.59	<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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<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	\$ _____													

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(b).</p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's attorney or authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. <input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.</p> <p>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.</p> <p>I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date <u>5/13/2020</u> MM / DD / YYYY</p> <p><u>/s/ Gina G. Trivelli</u> Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Gina G. Trivelli</u> First name Middle name Last name</p> <p>Title <u>Deputy Treasurer</u></p> <p>Company <u>El Paso County Treasurer</u></p> <p>Address <u>PO Box 2018</u> <u>Number Street</u> <u>Colorado Springs, CO 80901-2018</u> City State ZIP Code</p> <p>Contact phone <u>719-520-7900</u> Email <u>trsweb@elpasoco.com</u></p>
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Fill in this information to identify the case:

Debtor 1 Gold's Gym Rockies LLC

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: Northern District of Texas

Case number 20-31325-hdh11

Official Form 410

Proof of Claim

12/15

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?
 El Paso County Treasurer
 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?
 No
 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? El Paso County Treasurer Name PO Box 2018 Number Street Colorado Springs CO 80901 City State ZIP Code Contact phone 719-520-7900 Contact email sheilaschoenberger2@elpasoco.co	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone Contact email
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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 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: 3 1 5 2

7. How much is the claim? \$ 31,439.59 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.
2019 & Estimated 2020 Business Personal Property Tax

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: 2019 & Estimated 2020 Business Personal Property Tax
Basis for perfection: 2019 & Estimated 2020 Business Personal Property Tax
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: \$ 793,593.00
Amount of the claim that is secured: \$ 31,439.59
Amount of the claim that is unsecured: \$ 0.00 (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: \$ 31,439.59
Annual Interest Rate (when case was filed) 12.00 %
 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 \$2,775* 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 \$12,475*) 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). \$ 31,439.59
 - 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 4/01/16 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 05/13/2020
MM / DD / YYYY

Gina G. Trivelli
Signature

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

Name Gina G. Trivelli
First name Middle name Last name

Title Deputy Treasurer

Company El Paso County Treasurer
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO Box 2018
Number Street

Colorado Springs CO 80901
City State ZIP Code

Contact phone 719-520-7900 Email sheilaschoenberger2@elpasoco.com

123152
 E1 Paso County Treasurer's Tax Status Report TAXYEAR 2019 12-MAY-2020 SMS Page 1

123,152
 302 MAIN ST STE 180
 DDM PP 78530 land: 0
 value: 80.616 impr: 78530
 levy: 6330.77 growth: 0
 tax: 5795.10 as of 05/12/2020
 balance:

YEAR	DIST	TAX	PAYMENT	DATE	M	RCT	OID	MEDIA	BALANCE
2019	1	1	tax	CDM	5737.72				5737.72
	2	pin	DDM	57.38					57.38

MULTI ACCOUNT

Form: trf_hist
 Date: 12-may-2020 09:41:50
 N79 HE7 ^LK
 Schedule: 123152
 Other: 6511415039
 Tax Year: 2019 Txd: DDM
 Value: 78530 x 80.616
 Original tax: 6330.77
 2019 balance: 5737.72
 Data: Current
 Due: 5795.10 loc: 302 MAIN ST STE 180

Owner name
GOLDS GYM ROCKIES D/B/A GOLDS GYM EXPRESS
4001 MAPLE AVE STE 200 DALLAS, TX 75219 3249

Alerts
TRINformation * BANKRUPTCY *

Schd:	123152	Estimated Tax			User: TRSSCHOENBER
Tax Year:	2017	2018	2019	2020	
Land:	0	0	0	0	
Imp:	95970	84900	78530	78530	
HE/DV:	0	0	0	0	
Total:	95970	84900	78530	78530	
Levy:	86.792 DDM	85.841 DDM	80.616 DDM	80.616 DDM	
Tax:	8329.43	7287.90	6330.77	6330.77 (EST.)	
Form: TRF_ESTAX					Proc: TRS_ESTAX

Help(Help) End(PF3) :

123411 El Paso County Treasurer's Tax Status Report TAXYEAR 2019 12-MAY-2020 SMS Page 2

123,411
 1409 ACADEMY BLVD N
 PP
 FBV
 value: 136510 land: 0
 levy: 68.022 impr: 136510
 tax: 9285.68 growth: 0
 balance: 7747.34 as of 05/12/2020

GOLDS GYM ROCKLES
 4001 MAPLE AVE STE 200
 DALLAS, TX

YEAR	DIST	TAX	PAYMENT	DATE	M	RCT	OID	MEDIA	BALANCE
2019	1	1 tax FBV	7670.63						7670.63
	2	pin FBV	76.71						76.71

MULTI ACCOUNT

Form: trf_hist

Date: 12-may-2020 09:41:50
N79 3J7 WR^

Schedule: 123411

Other: 6411211007

Tax Year: 2019 Txd: FBY

Value: 136510 x 68.022

Original tax: 9285.68

2019 balance: 7670.63

Data: Current

Due: 7747.34 loc:

Owner name
GOLDS GYM ROCKIES
4001 MAPLE AVE STE 200 DALLAS, TX 75219 3249
1409 ACADEMY BLVD N

Alerts
TRINFormation * BANKRUPTCY *

Schd:	123411	Estimated Tax			User: TRSSCHOENBER
Tax Year:	2017	2018	2019	2020	
Land:	0	0	0	0	
Imp:	165860	147240	136510	136510	
HE/DV:	0	0	0	0	
Total:	165860	147240	136510	136510	
Levy:	69.494 FBY	73.375 FBY	68.022 FBY	68.022 FBY	
Tax:	11526.27	10803.74	9285.68	9285.68 (EST.)	
Form: TRF_ESTAX					Proc: TRS_ESTAX

Help(Help) End(PF3) :

7655 UNION BLVD N
 PP
 JDE
 value: 15100 land: 0
 levy: 81.089 impr: 15100
 tax: 1224.44 growth: 0
 balance: 1056.26 as of 05/12/2020

GOLDS GYM ROCKIES LLC
 4001 MAPLE AVE STE 200
 DALLAS, TX

YEAR	DIST	TAX	PAYMENT	DATE	M	RCT	OID	MEDIA	BALANCE
2019	1	1	ta.	JDE					1045.80
	2	pin	JDE						10.46

MULTI ACCOUNT

Form: trf_hist
 Date: 12-may-2020 09:41:50
 N79 L56 D\5
 Schedule: 119124
 Other: 6303303020
 Tax Year: 2019 Txd: JDE
 Value: 15100 x 81.089
 Original tax: 1224.44
 2019 balance: 1045.80
 Data: Current
 Due: 1056.26 loc: 7655 UNION BLVD N

Owner name
GOLDS GYM ROCKIES LLC
4001 MAPLE AVE STE 200 DALLAS, TX 75219 3249

Alerts
TRINFormation * BANKRUPTCY *

Schd:	119124	Estimated Tax			User: TRSSCHOENBER
Tax Year:	2017	2018	2019	2020	
Land:	0	0	0	0	
Imp:	9590	13430	15100	15100	
HE/DV:	0	0	0	0	
Total:	9590	13430	15100	15100	
Levy:	81.620 JDE	81.916 JDE	81.089 JDE	81.089 JDE	
Tax:	782.74	1100.13	1224.44	1224.44 (EST.)	
Form: TRF_ESTAX					Proc: TRS_ESTAX

Help(Help) End(PF3) :

Northern District of Texas Claims Register

20-31325-hdh11 Gold's Gym Rockies, LLC

Judge: Harlin DeWayne Hale **Chapter:** 11
Office: Dallas **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<p><i>Creditor:</i> (18987605) El Paso County Treasurer PO Box 2018 Colorado Springs, CO 80901-2018</p>	<p>Claim No: 1 <i>Original Filed</i> Date: 05/13/2020 <i>Original Entered</i> Date: 05/13/2020</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Admin <i>Modified:</i></p>
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Amount claimed: \$31439.59
Secured claimed: \$31439.59
Priority claimed: \$31439.59

History:

Details 1-1 05/13/2020 Claim #1 filed by El Paso County Treasurer, Amount claimed: \$31439.59 (Admin)

Description:

Remarks: (1-1) Account Number (last 4 digits):3152

Claims Register Summary

Case Name: Gold's Gym Rockies, LLC
Case Number: 20-31325-hdh11
Chapter: 11
Date Filed: 05/04/2020
Total Number Of Claims: 1

Total Amount Claimed*	\$31439.59
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	\$31439.59	
Priority	\$31439.59	
Administrative		