

Fill in this information to identify the case:

Debtor 1 GGI Holdings, LLC
Debtor 2 (Spouse, if filing) _____
United States Bankruptcy Court for the: Northern District of Texas
Case number 20-31318-hdh11

RECEIVED
JUN 16 2020
BMC GROUP

Official Form 410
Proof of Claim

04/19

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? Ab Coaster LLC dba The Abs Company
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?
The Abs Company c/o Eleni Gagnon
Name _____
PO Box 9
Number Street _____
Chester NJ 07930
City State ZIP Code
Contact phone 908-955-0449
Contact email eleni@theabscompany.com
Where should payments to the creditor be sent? (if different)
Name _____
Number Street _____
City State ZIP Code
Contact phone _____
Contact email _____

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? _____

GGI HOLDINGS POC
00085

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: _____

7. How much is the claim? \$ 1142.66. 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.
Goods Sold (Fitness Equipment)

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).

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).

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).

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 4/01/22 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 06/01/2020
MM / DD / YYYY

Eleni Gagnon

Signature

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

Name Eleni Gagnon
First name Middle name Last name

Title Director of Operations

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

Address PO Box 9
Number Street
Chester NJ 07930
City State ZIP Code

Contact phone 908-955-0449 Email eleni@theabscompany.com

The Abs Company

360 State Route 24
Chester, NJ 07930 US
ContactUs@TheAbsCompany.com



We Change Lives from the Core

INVOICE

BILL TO
Gold's Gym
Attn: Accounts Payable
4001 Maple Avenue
Ste 200
Dallas, TX 75219 USA

SHIP TO
Gold's Gym
250 N New Road
Waco, TX 76710 USA

SHIP DATE 01/16/2020

INVOICE 46111
DATE 01/15/2020
TERMS Net 30
DUE DATE 02/14/2020

P.O. NUMBER
8017489

SALES REP
MRK

CUSTOMER TYPE
Health Club: Gold's

SKU	PRODUCT	QTY	RATE	AMOUNT
ABS1003S	Equipment:Ab Coaster CS3000 Ab Coaster CS3000	1	1,099.00	1,099.00 T
	Shipping:Freight Shipping and Handling	1	235.00	235.00T

Thank you for your business!

SUBTOTAL	1,334.00
TAX	0.00
TOTAL	1,334.00
PAYMENT	191.34
BALANCE DUE	\$1,142.66



We Change Lives from the Core

Sales Quote

1/13/20

Rep: MIKE-KEY (MRK)

BILL TO:		SHIP TO:	
Company:	Gold's Gym International	Company:	Gold's Gym - Waco
Contact:	Att: Accounts Payable	Contact:	Dave Webber
Address:	4001 Maple Ave	Address:	250 N. New Road
	Ste 200		Waco, TX 76710
Phone:	Dallas, TX 75212	Phone:	254-399-9393
Email:		Email:	DWebber@goldsgym.com

AR Contact		Logistics Shipping Contact	
Name	-	Name	-
Title:	-	Title:	-
Phone:	-	Phone:	-
Email:	-	Email:	-
PO #	Type of Customer:	Lead Source:	Loyal Customer
-	Gold's Gym	NEW Club / Dealer?	

Quantity	Item - Description	Price	Total
1	ABS1003S - AbCoaster CS3000 (Silver)	\$1,099.00	\$1,099.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
LIFTGATE STATUS:		Carrier:	Sub Total: \$1,099.00
LIFTGATE NEEDED			Shipping: \$235.00
Inside Delivery:		Tax:	<Select Here> N/A
Installation:			TOTAL \$1,334.00

Payment Method: Net 30

Signature: _____

If paying via credit card, a signed authorization form is required in order to process payment.

Comments:

This order includes Curbside delivery without a lift gate. Driver may require assistance unloading your items from the truck and is not responsible for bringing the unit into your facility or for installation. For additional services such as a lift-gate, inside delivery or installation, please speak to your Sales Rep for a quote. Additional services requested at time of delivery will result in additional charges to the receiver. All Freight quotes are ESTIMATES and any additional charges incurred will be charged to the customer. Quotes are valid for 30 days.

Sean Gagnon Phone: 908-879-2713 Fax: 908-879-5717	Fax: 254-399-3312 Waco TX 76710	Date: 01/13/2020
		Is Capex? Yes Capex:
Ship Via: BESTWAY	PO Contact: Dave Webber	Cost Center: Gold's Gym - Waco
Need By Date: 01/20/2020	Phone: 214-296-5865	Revision Number: Original

INCLUDE PO NUMBER ON ALL CORRESPONDENCE INCLUDING INVOICES, BILL OF LADING AND PACKING SLIPS.
NOTIFY PO CONTACT IF YOU CANNOT MEET ANY OF THESE CONTRACT TERMS.

ITEM#	ITEM DESCRIPTION	UOM	MFG#	QTY	PRICE	EXT PRICE
E0003	Ab Coaster CS3000, PK 1	EA		1	1,099.00	1,099.00

Special Instructions
This will replace a 13 year old Ab Coaster that has a rusted frame. this will ship directly to the gym for our FM to assemble

ACCEPTANCE IMPLIES CONSENT OF
GOLD'S GYM'S
TERMS AND CONDITIONS: GGI-001

Subtotal 1,099.00
Is Taxable? Yes 235.00
Shipping 110.06
Tax Rate: 8.25% Tax 110.06
Total 1,444.06

Attach .PDF Files GG Waco .pdf



View Transaction

The Abs Co.

Transaction ID 458083

Creation Date 1/15/2020 2:34:28 PM

Confirm Date Not Shipped

Handling
AutoHandling
Materials
Storage
AutoStorage
Special
FreightPP
Freight3
 Cost Total \$0.00
 Ship To

ASN #
 Reference # 46111
 Vendor
 PO # 8017489
 Expected Date
 Earliest Ship Date 1/16/2020 11:00:00 AM
 ShipCancel Date

Cartons
 Pallets
 Total Volume
 Total Weight

Carrier LTL
 Service LTL
 Billing Prepaid
 Account#
 Bill Of Lading
 Tracking #
 Trailer #
 Seal #
 Pickup Date
 Door #
 Load #
 Authorizer
 Created By Kim Healey

Gold's Gym
 250 N New Road
 WACO TX 76710

Warehouse Instructions : Please ship on a pallet.

Carrier Instructions :

Order Items

SKU	Description	Inv Qty	Inv UOM	Var Qty	Var UOM	Packed	Dim Qty	Dim UOM	Cu Ft
ABS1003S	Ab Coaster CS3000 Silver	1	Each			1.0000	1	Carton	12.7083
	Details: Loc: West Wall Pallet: 109024	1	Each	NA	NA	1.0000	1	Carton	12.7083
	Totals:	1					1		12.7083

Billing Details

SHIPPER NAME:
 Name: Christopher Morgan Fullfilment Services
 Address: 16595 West Stratton Dr.
 City/St/Zip/Country: New Berlin, WI 53151
 Contact/Phone #: Beth Lietz, 262-901-3062

CARRIER INFORMATION:
 Name: FedEx Freight Economy
 Pro #:
Freight charges are: Third Party

CONSIGNEE NAME:
 Name: Golds Gym
 Address: 250 North New Rd.
 City/St/Zip/Country: Waco, TX 76710
 Contact/Phone #: Dave Webber, 254-399-9393

SEND FREIGHT BILL TO:
 Name: Packship Logistics % Jarrett Logistics
 Address: 1347 N. Main Street
 City/St/Zip: Orrville, OH 44667

ORDER INFORMATION:
 Ship Date: 01/16/2020 Req. Del Date:
 Order #: 46111
 Other: ref#Q16255/C23500
 PO: 8017489

COMMODITY INFORMATION:

Units	Handling Type	Pieces	PKGS	HM	Commodity Description	NMFC	Weight (lbs)	Class
1	Pallet	1	Cartons		Fitness Equipment, 6 but less than 8 pc (61" x 40" x 21")	15520-05	204	125
1		1					204	

Carrier Notes: ***Carrier Must Contact Consignee To Schedule Delivery Appointment
 **Liftgate Is Required For Delivery To Consignee
 Carrier Must Contact PackShip Logistics at 888-744-7002 To Receive Approval Before Any Additional Services Are Performed

NOTE (1) Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$_____ per_____
 NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable, See 49 U.S.C § 14706(c)(1)(A) and (B).
 NOTE (3) Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(e) of NMFC item 360

CARRIER CERTIFICATION:
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or the Department of Transportation emergency response guidebook or equivalent document was in the vehicle.
 Per _____
 Date _____ No. of Packages _____

SHIPPER CERTIFICATION:
 This is to certify that the above named materials are properly classified, marked, described, packaged and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.
 Per _____
 Date _____

For Freight Collect Shipments:
 If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign with the following statement:
 The carrier may decline to make delivery of this shipment without payment of the freight and all other lawful charges.

 (Signature of Consignor)

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the shipper and Jarrett Logistics and between the carrier and Jarrett Logistics, or, if such contracts do not exist, the motor carriers terms and conditions, which are available from the motor carrier upon request, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above.

Shipper, per _____ Carrier, per _____

Place Pro Label Here