UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF MISSOURI

PROOF OF CLAIM

Name of Debtor:
Gas-Mart USA, Inc.

Case Number:
15-41915-ABF

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID s391
Amount/Classification
$131.58 Unsecured Unliquidated

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Name and address where notices should be sent:
37460320000392
OTTAWA HERALD
214 S HICKORY ST
OTTAWA, KS 66067-2392

Creditor Telephone Number ( ) email:

Name and address where **payment** should be sent (if different from above):
OTTAWA HERALD
214 S HICKORY
OTTAWA KS 66067

Payment Telephone Number 785-242-4700 email: kmiller@ottawaherald.com

☐ 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.

☐ Check this box to indicate that this claim amends a previously filed claim.
Court Claim Number (if known):
Filed on:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED $ 131.58

If all or part of your claim is secured, complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. BASIS FOR CLAIM: NEWSPAPERS SOLD
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 5112

3a. Debtor may have scheduled account as:
(See instruction #3a)

3b. Uniform Claim Identifier (optional):
(See instruction #3b)

4. SECURED CLAIM: (See instruction #4)

Check the appropriate box if your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff:
Describe:

☐ Real Estate ☐ Motor Vehicle ☐ Other _____

Value of Property: $ _____

Annual Interest Rate: _____ % ☐ Fixed or ☐ Variable
(when case was filed)

Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: $ _____

Basis for Perfection: _____

Amount of Secured Claim: $ _____

Amount Unsecured: $ _____

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OCT 13 2015
BMC GROUP

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

Amount entitled to priority: $ _____

You MUST specify the priority of the claim:

☐ Domestic support obligations 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 filing of the bankruptcy petition or cessation of the debtor's business, 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 applicable paragraph of 11 U.S.C. § 507(a) (____).

** Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

Gas-Mart USA, Inc. POC
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7. DOCUMENTS: *Attached are redacted copies of documents that support the claim,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and definition of "redacted").

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

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.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES AND EMAILS NOT ACCEPTED) so that it is actually received on or before 5:00 pm, Prevailing Central Time on December 29, 2015 for all Governmental Units and Non-Governmental Claimants.

BY MAIL TO:
BMC Group, Inc
Attn: Gas-Mart, USA Inc. Claims Processing
PO Box 90100
Los Angeles, CA 90009

BY MESSENGER OR OVERNIGHT DELIVERY TO:
BMC Group, Inc
Attn: Gas-Mart, USA Inc. Claims Processing
300 N. Continental Blvd, Suite 570
El Segundo, CA 90245-5072

8. SIGNATURE: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information providedin this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: KATHY MILLER
Title: OFFICE MGR
Company: OTTAWA HERALD INC

Address and telephone number (if different from notice address above):
214 S HICKORY
OTTAWA KS 66067

Kathy Miller (Signature) 10/9/15 (Date)

Telephone number: 785 242-4700 email: Kmiller@ottawaherald.com

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.

LIST OF DEBTORS:

Debtor Name	Case Number
Gas-Mart USA, Inc.	15-41915-ABF
Aving-Rice, LLC	15-41917-ABF
Fran Transport & Oil Co.	15-41918-ABF
G&G Enterprises, LLC	15-41919-ABF

Ottawa Herald
214 S. HICKORY STREET
Ottawa, KS 66067

May 31/15
$131.58 C

S112 32 36502

CONOCO GASMART USA
2243 S PRINCETON ST
OTTAWA KS 66067-4005

	BALANCE BROUGHT FORWARD		$135.66	
May 31	Daily/OTTAWA HERALD	12 @ 0.5100	$6.12	
May 31	Ret/Daily/OTTAWA HERALD	-20 @ 0.5100		($10.20)
			$141.78	($10.20)

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Week Of	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Apr 26			/7				12/2
May 3			/6		/2		/3

Please pay upon receipt $131.58