



YOUR CLAIM IS SCHEDULED AS:  
Schedule/Claim ID s1309

Name of Debtor:  
G&G Enterprises, LLC

Case Number:  
15-41919-ABF

Amount/Classification  
\$6,592.12 Unsecured Disputed, Unliquidated

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.

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

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.

Name and address where notices should be sent:



37460320001310

SANTA FE GLASS  
145 E LEXINGTON AVE  
INDEPENDENCE, MO 64050-3065

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.

Creditor Telephone Number (P) 254-5511 email: info@santafeglass.net

THIS SPACE IS FOR COURT USE ONLY

Name and address where payment should be sent (if different from above):

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:

Payment Telephone Number ( ) email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 7713.48

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: Repairs/building improvements  
(See instruction #2)

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

3a. Debtor may have scheduled account as:

GasMart

(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.

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

Nature of property or right of setoff:

Describe:

Real Estate  Motor Vehicle  Other

Basis for Perfection:

Amount of Secured Claim: \$

Value of Property: \$

Amount Unsecured: \$

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

RECEIVED

OCT 16 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).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

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).

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

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).

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  
00100

**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.       I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

(See Bankruptcy Rule 3004.)

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

Print Name: Susan Wishon  
 Title: Accounting Manager  
 Company: Santa Fe Glass Co. Inc  
 Address and telephone number (if different from notice address above): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Signature) Susan Wishon (Date) 10/12/2015

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

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

SANTA FE GLASS  
110 W. MASON  
Odessa, MO 64076

Copy 1

PH:(816) 230-7731 FAX:816-230-7790

WO# OD22812

Federal Tax ID: 43-1428548

P/O#: Taken By: AMBER Installer: Ryan W	Cust State Tax ID: Cust Fed Tax ID: Ship Via:	<b>Invoice: OD22812</b> Date: 4/16/2015 Time: 10:16 AM Reprint # 2
SalesRep: Dan D	Adv. Code:	

**Bill To: GasMart**

**Sold To: GasMart**

GasMart USA  
10777 Barkley  
LEAWOOD, KS 66211

GasMart USA  
250 E COOPER  
WARRENSBURG, MO 64093

(913) 599-5800 FAX: (913) 322-7598

Qty	Part Number	Description	List	Disc%	Sell	Total
1	Temp Ins Clear-1"	(45" x 116 1/8") 1" Tempered Insul Unit Clear	\$564.25	0	\$564.25	\$564.25
1	Labor	Board up	\$85.00	0	\$85.00	\$85.00
5	Labor	Installation	\$85.00	0	\$85.00	\$425.00

I HAVE TEXT RYAN ALREADY WITH DETAILS BUT HERE IS THE QUOTE - A COFFMAN  
4 X 8 STOREFRONT WINDOW NEEDS BOARDED UP  
CALLED IN BY LEROY STOCKS 913-940-5511  
NEXT TO CONOCO

Sub Total: \$1,074.25

Tax: \$47.11

Customer's Signature: \_\_\_\_\_ Due

On Account: \$1,121.36

**SANTA FE GLASS - COMMERCIAL DIVISION**  
**145 E LEXINGTON AVENUE**  
**INDEPENDENCE, MO 64050**

Copy 1

WO # COM03552

PH:(816) 254-5516 FAX:(816) 254-5568

Federal Tax ID: 43-1428548

P/O#: Taken By: Ed Installer: Glenn H	Cust State Tax ID: Cust Fed Tax ID: Ship Via:	<b>Invoice: COM03552</b> Date: 3/13/2015 Time: 02:03 PM Reprint # 2
SalesRep: Dan D	Adv. Code:	

**Bill To: GasMart**

**Sold To: GasMart**

GasMart USA - Corp Office  
 10777 Barkley  
 LEAWOOD, KS 66211

GasMart USA - Corp Office  
 10777 Barkley  
 LEAWOOD, KS 66211

(913) 599-5800 FAX: (913) 322-7598

Qty	Part Number	Description	List	Sell	Total
1	Flat Misc	One 174" x 94" opening consisting of one 36" door and three equal sidelites, overhead concealed  Note: closer, 1" diameter back to back 10" straight pulls (bottom patch lock with keyed cylinder and thumbturn) 1-3/4" x 4" Door header full width of opening, 1" x 1" Sill u channel Brushed Stainless finish 1/2" Clear safety tempered glass with all exposed edges polished	\$4,779.80	\$4,779.80	\$4,779.80
1	Labor	Lead time on material is 15 - 20 working days Installation	\$1,501.63	\$1,501.63	\$1,501.63

Contact is Leroy Stocks 913-940-5511

Sub Total: \$6,281.43  
 Tax: \$310.69

Customer's Signature: \_\_\_\_\_ Due

On Account: \$6,592.12