

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID s3172

Name of Debtor:
Aving-Rice, LLC

Case Number:
15-41917-ABF

Amount/Classification
\$9,648.20 Unsecured Disputed, Unliquidated
UNKNOWN Priority 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):

Name and address where notices should be sent:

37460319900111
CLINTON COUNTY TREASURER
850 FAIRFAX ST
PO BOX 174
CARLYLE, IL 62231-0174

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

Creditor Telephone Number (618) 394-3413 email:

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 \$ **9,867.07**

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: **2014 Real Estate Tax owed**
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: **5022**

3a. Debtor may have scheduled account as: **Aving-Rice LLC**
(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: \$

RECEIVED

OCT 20 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: \$ **9,867.07**

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) \$ **0**



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 provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: John Hudspeth
 Title: State Attorney
 Company: Clinton County
 Address and telephone number (if different from notice address above):


 (Signature) 10-16-15
 (Date)
State Attorney
Clinton Co., TX

Telephone number: (214) 594-6645 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

CLINTON COUNTY
 DENISE TRAME
 850 FAIRFAX STREET P.O. BOX 174
 CARLYLE, IL 62231

PROPERTY NUMBER	CLASS	CODE	NUMBER	TAX
15-14-13-255-022	0060	15002	871748	NOTICE
Subdivision PULLEN & HAMM BLVD ADD Block 2 Lot 15 & 16				

TOWNSHIP	LENDING CODE	LAND/LOT ACRES	FARM LAND ACRES	FORFEITED TAX
15 - BROOKSIDE		0.00		

LAND/LOT ASSESSED	FARM LAND ASSESSED	FARM BLDG. ASSESSED	BUILDING ASSESSED	TOTAL ASSESSED
19,200		0	74,899	94,099
LAND/LOT B.O.R. MULT.	FARM LAND B.O.R. MULT.	FARM BLDG. B.O.R. MULT.	BUILDING B.O.R. MULT.	DEPARTMENT MULTIPLIER
				0.98060
DEPARTMENT EQUALIZED	IMPROVEMENT EXEMPTION	OWNER OCCUPIED	HOMESTEAD/ VETERAN	SCAFHE
92,272				
RETURN VETERAN	DISABLED	DISABLED VETERAN	TAXABLE VALUE	
			92,272	

MAIL TO
 AVING-RICE LLC
 10777 BARKLEY ST STE 200
 OVERLAND PARK KS 66211

PROPERTY OWNER IF OTHER THAN ABOVE

2014 Real Estate Tax

1ST INSTALLMENT	2ND INSTALLMENT
07/29/2015	09/29/2015
5,007.28	4,859.79
0.00	0.00
5,007.28	4,859.79
TOTAL	TOTAL

FAIR CASH VALUE IS 282,325

TOTAL TAX: 9,867.07

PROPERTY NUMBER		CLASS	NUMBER	TOWNSHIP		
15-14-13-255-022		0060	871748	15 - BROOKSIDE		
2013 RATE	2013 TAX	TAXING DISTRICT	2014 RATE	PERCENT	2014 TAX	PENSION
0.24825	233.60	146 - CENTRALIA LIBRARY	0.25121	2.4	231.80	17.99
2.82208	2,655.55	29 - GRADE SCHOOL 135	2.86242	27.4	2,641.21	316.08
0.58108	546.79	3 - JR. COLLEGE 501	0.59383	5.7	547.94	16.83
2.55060	2,400.09	32 - HIGH SCHOOL NO 200	2.52497	24.1	2,329.84	142.50
0.95634	899.91	4 - CLINTON COUNTY TAX	0.98264	9.4	906.70	315.33
0.22764	214.21	55 - ROAD & BRIDGE TAX	0.22910	2.2	211.40	
0.33370	314.01	70 - BROOKSIDE TWP TAX	0.33854	3.2	312.38	
2.64947	2,493.13	81 - CENTRALIA CITY	2.67355	25.6	2,466.94	1,305.65
10.36916	9,757.28	TOTAL TAX	10.45626	100.0	9,648.20	

YOU MAY BE ELIGIBLE FOR THE SENIOR CITIZENS EXEMPTION AND/OR DISABLED PERSONS PROPERTY TAX RELIEF AND/OR PHARMACEUTICAL ASSISTANCE. APPLICATIONS ARE AVAILABLE FROM THE ILLINOIS DEPARTMENT OF REVENUE. FOR QUESTIONS, CALL: 1-800-624-2459. FOR FORMS, CALL: 1-800-356-6302.

BANK CHECK MONEY ORDER DRAFT CASH MAIL

PROPERTY NUMBER	CODE	NUMBER
15-14-13-255-022	15002	871748

AVING-RICE LLC

RETURN STUB WITH PAYMENT

1

	1ST INSTALLMENT
DUE DATE	07/29/2015
INSTALLMENT	5,007.28
PENALTY/COST	0.00
TOTAL	5,007.28

CLINTON COUNTY



BANK CHECK MONEY ORDER DRAFT CASH MAIL

PROPERTY NUMBER	CODE	NUMBER
15-14-13-255-022	15002	871748

AVING-RICE LLC

RETURN STUB WITH PAYMENT

2

	2ND INSTALLMENT
DUE DATE	09/29/2015
INSTALLMENT	4,859.79
PENALTY/COST	0.00
TOTAL	4,859.79

CLINTON COUNTY



TOTAL TAX: 9867.07