B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Western District of Missouri

PROOF OF CLAIM

Name of Debtor: Gas-Mart USA, Inc.

Case Number: 15-41915

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.*

FILED
U.S. Bankruptcy Court
Western District of Missouri
10/21/2015
Paige Wymore-Wynn, Clerk
COURT USE ONLY

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

Name and address where notices should be sent:
Richland County Treasurer
103 W Main St. #13
Olney IL 62450-0000

Telephone number: 618-392-8341 email:

☐ Check this box if this claim amends a previously filed claim.

Court Claim Number: _____ (*If known*)
Filed on: _____

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

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

Telephone number: email:

1. Amount of Claim as of Date Case Filed: $ 6658.44
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5.
☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: _____ (See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: _____

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 the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.
Nature of property or right of setoff: ☑ Real Estate ☐ Motor Vehicle ☐ Other
Describe:
Value of Property: $ 237312.00
Annual Interest Rate (when case was filed) 12 % ☑ Fixed or ☐ Variable

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: $ _____
Basis for perfection: _____
Amount of Secured Claim: $ 7457.45
Amount Unsecured: $ -8256.46

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.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. §507(a)(4).
☐ Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).
☐ 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).
☑ Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).
☐ Other - Specify applicable paragraph of 11 U.S.C. §507(a)(_).

Amount entitled to priority: $ 7457.45

**Amounts are subject to adjustment on 4/01/16 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
00127

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, 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 the definition of "**redacted**".*)

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

If the documents are not available, please explain:

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: Sheila D Ritter

Title: Richland County Treasurer

Company: Richland County

Address and telephone number (if different from notice address above):

/s/ Sheila D Ritter (Signature)

10/21/2015 (Date)

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.

Western District of Missouri
Claims Register

15-41915-abf11 Gas-Mart USA, Inc.

Judge: Arthur B. Federman **Chapter:** 11
Office: Kansas City **Last Date to file claims:** 12/29/2015
Trustee: **Last Date to file (Govt):**

Creditor: (15456042) Richland County Treasurer 103 W Main St. #13 Olney IL 62450-0000	**Claim No: 63** *Original Filed Date*: 10/21/2015 *Original Entered Date*: 10/21/2015 *Last Amendment Filed*: 10/22/2015 *Last Amendment Entered*: 10/22/2015	*Status:* *Filed by:* CR *Entered by:* ePOC *Modified:*

Amount	claimed:	$6658.44	
Priority	claimed:	$6658.44	

History:

Details	63-1	10/21/2015	Claim #63 filed by Richland County Treasurer, Amount claimed: $6658.44 (ePOC)
Details	63-2	10/22/2015	Amended Claim #63 filed by Richland County Treasurer, Amount claimed: $6658.44 (ePOC)

Description:

Remarks:

Claims Register Summary

Case Name: Gas-Mart USA, Inc.
Case Number: 15-41915-abf11
Chapter: 11
Date Filed: 07/02/2015
Total Number Of Claims: 1

Total Amount Claimed*	$6658.44
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		
Priority	$6658.44	
Administrative		