

Fill in this information to identify the case:	
Debtor 1	Gas-Mart USA, Inc.
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	Western District of Missouri
Case number:	15-41915

FILED
 U.S. Bankruptcy Court
 Western District of Missouri
 12/28/2015
 Paige Wymore-Wynn, Clerk

**Official Form 410
 Proof of Claim**

12/15

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?	SHADY OAK LAWN CARE	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	Where should payments to the creditor be sent? (if different)
	SHADY OAK LAWN CARE	
	Name	Name
	12026 N 1950 ST TEUTOPOLIS IL 62467-0000	
	Contact phone 2178210762	Contact phone _____
	Contact email lonesomedovefpc10@ymail.com	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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? \$ 11502.50
 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 healthcare information.

 Services Performed

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)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/1/16 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(b).</p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor.</p> <p><input type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.</p> <p>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.</p> <p>I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date <u>12/28/2015</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ Jeffrey K Poston</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Jeffrey K Poston</u></p> <p style="text-align: center;">First name Middle name Last name</p> <p>Title <u>Owner and CEO</u></p> <p>Company <u>Shady Oak Lawn Care</u></p> <p style="text-align: center;">Identify the corporate servicer as the company if the authorized agent is a servicer</p> <p>Address <u>12026 N 1950th St</u></p> <p style="text-align: center;">Number Street</p> <p style="text-align: center;"><u>Teutopolis, IL 62467</u></p> <p style="text-align: center;">City State ZIP Code</p> <p>Contact phone <u>2178219074</u> Email <u>lonesomedovefpc10@gmail.com</u></p>
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Shady Oak Lawn Care ¹

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: _____ on parts

_____ on labor

Invoice no	Invoice date	Service date
13-348918	08-22-2013	08-21-2013

Details of Services provided

Service	Quantity	Price	Amount
Mowing at the Station		\$195.00	\$195.00
		TOTAL	\$195.00
		LABOR	
		TAX	
		TOTAL	\$195.00

Shady Oak Lawn Care

1

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: _____ on parts

_____ on labor

Invoice no	Invoice date	Service date
12-575823	09-20-12	09-19-12

Details of Services provided

Service	Quantity	Price	Amount
Mowing Service Station		\$195.00	\$195.00
		TOTAL	\$195.00
		LABOR	
		TAX	
		TOTAL	\$195.00

Shady Oak Lawn Care

1

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: _____ on parts

_____ on labor

Invoice no	Invoice date	Service date
13-349014	09-29-2013	09-24-2013

Details of Services provided

Service	Quantity	Price	Amount
Mowing at the Station		\$195.00	\$195.00
		TOTAL	\$195.00
		LABOR	
		TAX	
		TOTAL	\$195.00

Shady Oak Lawn Care

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: _____ on parts

_____ on labor

Invoice no	Invoice date	Service date
12-575832	09-27-12	09-26-12

Details of Services provided

Service	Quantity	Price	Amount
Mowing Service Station		\$195.00	\$195.00
		TOTAL	\$195.00
		LABOR	
		TAX	
		TOTAL	\$195.00

Shady Oak Lawn Care

1

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: _____ on parts

_____ on labor

Invoice no	Invoice date	Service date
13-349053	10-03-2013	10-02-2013

Details of Services provided

Service	Quantity	Price	Amount
Mowing at the Station		\$195.00	\$195.00
		TOTAL	\$195.00
		LABOR	
		TAX	
		TOTAL	\$195.00

Shady Oak Lawn Care

1

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: _____ on parts

_____ on labor

Invoice no	Invoice date	Service date
12-575844	10-06-12	10-04-12

Details of Services provided

Service	Quantity	Price	Amount
Mowing Service Station		\$195.00	\$195.00
		TOTAL	\$195.00
		LABOR	
		TAX	
		TOTAL	\$195.00

Shady Oak Lawn Care

1

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: _____ on parts _____ on labor

Invoice no	Invoice date	Service date
12-575783	08-26-12	8-23-12

Details of Services provided

Service	Quantity	Price	Amount
Mowing Service Station		\$195.00	\$195.00
TOTAL			\$195.00
LABOR			
TAX			
TOTAL			\$195.00

Shady Oak Lawn Care

1

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: _____ on parts

_____ on labor

Invoice no	Invoice date	Service date
13-348933	08-30-2013	08-28-2013

Details of Services provided

Service	Quantity	Price	Amount
Mowing at the Station		\$195.00	\$195.00
		TOTAL	\$195.00
		LABOR	
		TAX	
		TOTAL	\$195.00

Shady Oak Lawn Care

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: _____ on parts

_____ on labor

Invoice no	Invoice date	Service date
12-575795	08-31-12	8-30-12

Details of Services provided

Service	Quantity	Price	Amount
Mowing Service Station		\$195.00	\$195.00
TOTAL			\$195.00
LABOR			
TAX			
TOTAL			\$195.00

Shady Oak Lawn Care

1

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: _____ on parts

_____ on labor

Invoice no	Invoice date	Service date
13-348951	09-06-2013	09-04-2013

Details of Services provided

Service	Quantity	Price	Amount
Mowing at the Station		\$195.00	\$195.00
TOTAL			\$195.00
LABOR			
TAX			
TOTAL			\$195.00

Shady Oak Lawn Care

1

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: _____ on parts

_____ on labor

Invoice no	Invoice date	Service date
12-575804	09-06-12	09-05-12

Details of Services provided

Service		Quantity	Price	Amount
Mowing Service Station			\$195.00	\$195.00
			TOTAL	\$195.00
			LABOR	
			TAX	
			TOTAL	\$195.00

Shady Oak Lawn Care

1

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: _____ on parts

_____ on labor

Invoice no	Invoice date	Service date
13-348973	09-13-2013	09-11-2013

Details of Services provided

Service	Quantity	Price	Amount
Mowing at the Station		\$195.00	\$195.00
		TOTAL	\$195.00
		LABOR	
		TAX	
		TOTAL	\$195.00

Shady Oak Lawn Care

1

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: ____ on parts

____ on labor

Invoice no	Invoice date	Service date
13-348992	09-18-2013	09-17-2013

Details of Services provided

Service	Quantity	Price	Amount
Mowing at the Station		\$195.00	\$195.00
TOTAL			\$195.00
LABOR			
TAX			
TOTAL			\$195.00