Case 15-41915-abf11 Claim 36-2 Filed 12/01/15 Desc Main Document Page 1 of 7

Name of Debtor:	TCY COURT		PROOF OF CLAIM
Name of Debtor: Bernmco Doors, Hardware &	& Installation, LLC	Case Number:	
4312 Elm Ave.		15-41915-abf-11	
Brookfield, Illinois 60513			
NOTE: Do not use this form to make a may file a request for pay	claim for an administrative expense that arises yment of an administrative expense according to	after the bankruptcy filing. You	DEC NUMORE WINDING
Name of Creditor (the person or other er Gas Mart USA, Inc.	ntity to whom the debtor owes money or propert	y):	U.S. WEST DISCUM
Jame and address where notices should	be scnt: Bemmco Doors Hardware &	Installation II C	COURT USE ONLY
	4312 Elm Ave. Brookfield, III	linoia 60512	Check this box if this claim amends a
	Attn: Kevin D. Riley Principa		previously filed claim.
elephone number: 630-359-5541	email:		Court Claim Number: 15-41915al (If known)
	kevin.rileyahc@bemmco.comca	astbiz.net	Filed on: July 8, 2015
ame and address where payment should	t be sent (if different from above):		Check this box if you are aware that
			anyone else has filed a proof of claim relating to this claim. Attach conv of
elephone number:	email:		statement giving particulars.
Amount of Claim as of Date Case Fi	iled: \$_2,863.64		1
all or part of the claim is secured, comp			
all or part of the claim is entitled to pric			
Check this box if the claim includes int	terest or other charges in addition to the principa	amount of the claim	
Basis for Claim: Materials Sol	d and the Labor To Install Materials	e	statement that itemizes interest or charges.
(See instruction #2)			
T			
Last four digits of any number which creditor identifies debtor:	3a. Debtor may have scheduled account as:	3b. Uniform Claim Identif	ier (optional):
	(See instruction #3a)	(See instruction #3b)	
Seemed Clark (O		(acc monaction #30)	
		Amount of arrearage and	other charges as of the time soon and filed
ck the appropriate box if the claim is a	coursed by a lien on property or a right of	Amount of arrearage and e included in secured claim,	other charges, as of the time case was filed if any:
ck the appropriate box if the claim is a	ecured by a lien on property or a right of , and provide the requested information.	Amount of arrearage and o	other charges, as of the time case was filed if any:
ck the appropriate box if the claim is so ff, attach required redacted documents,	, and provide the requested information.	Amount of arrearage and e included in secured claim,	other charges, as of the time case was filed if any: S
eck the appropriate box if the claim is so off, attach required redacted documents, ture of property or right of setoff:	ecured by a lien on property or a right of , and provide the requested information. Real Estate DMotor Vehicle DOther	Amount of arrearage and o	other charges, as of the time case was filed, if any: \$
eck the appropriate box if the claim is soff, attach required redacted documents, ture of property or right of setoff:	, and provide the requested information.	Amount of arrearage and e included in secured claim,	s
the appropriate box if the claim is so off, attach required redacted documents, ure of property or right of setoff: cribe: ue of Property: S ual Interest Rate %	, and provide the requested information. Real Estate DMotor Vehicle DOther	Amount of arrearage and d included in secured claim, Basis for perfection: Amount of Secured Claim:	lf any: S
the appropriate box if the claim is soff, attach required redacted documents, ture of property or right of setoff: ture of property or right of setoff: ture of Property: S ture of Property: S ture of Property: S	, and provide the requested information.	Amount of arrearage and e included in secured claim, Basis for perfection:	lf any: S
eck the appropriate box if the claim is soff, attach required redacted documents, ture of property or right of setoff: scribe: lue of Property: S	, and provide the requested information. Real Estate DMotor Vehicle DOther	Amount of arrearage and e included in secured claim, Basis for perfection: Amount of Secured Claim: Amount Unsecured:	\$\$
ture of property or right of setoff: scribe: lue of Property: S% mual Interest Rate% rec case was filed)	, and provide the requested information. Real Estate OMotor Vehicle OOther or OVariable	Amount of arrearage and d included in secured claim, Basis for perfection: Amount of Secured Claim: Amount Unsecured: claim falls into one of the follo 612,475*)	s s s s pwing categories, check the box specifying as to an fit plan 7 (a)(5).
eck the appropriate box if the claim is soff, attach required redacted documents, ture of property or right of setoff: scribe: aue of Property: S% aual Interest Rate% aual Interest Rate% Fixed the case was filed) Amount of Claim Entitled to Priority priority and state the amount. Domestic support obligations under 1 i C. § 507 (a)(1)(A) or (a)(1)(B).	 and provide the requested information. Real Estate OMotor Vehicle Other or Variable under 11 U.S.C. § 507 (a). If any part of the Wages, salaries, or commissions (up to 3 earned within 180 days before the case was 3 debtor's business ceased, whichever is earlie 11 U.S.C. § 507 (a)(4). 	Amount of arrearage and d included in secured claim, Basis for perfection: Amount of Secured Claim: Amount Unsecured: claim falls into one of the follo \$12,475*)	ss ss ss pwing categories, check the box specifying as to an fit plan 7 (a)(5). Amount entitled to priority:
cck the appropriate box if the claim is soff, attach required redacted documents, bure of property or right of setoff: we of Property: S	 and provide the requested information. Real Estate	Amount of arrearage and d included in secured claim, Basis for perfection: Amount of Secured Claim: Amount Unsecured: claim falls into one of the fullo \$12,475*)	SS SS SS powing categories, check the box specifying as to an fit plan 7 (a)(5). Amount entitled to priority: cify S
ck the appropriate box if the claim is s off, attach required redacted documents, are of property or right of setoff: cribe: ue of Property: S	 and provide the requested information. Real Estate OMotor Vehicle Other or Variable under 11 U.S.C. § 507 (a). If any part of the Wages, salaries, or commissions (up to 3 earned within 180 days before the case was idebtor's business ceased, whichever is earlied 11 U.S.C. § 507 (a)(4). Taxes or penalties owed to governmental 	Amount of arrearage and d included in secured claim, Basis for perfection: Amount of Secured Claim: Amount Unsecured: claim falls into one of the follo \$12,475*)	s



B10 (Official Form 10) (04/13)	2/01/15 Desc Main Document Page 2 of 7
statement providing the information required by FRRP 3001(c)(3)(A). If the al	te claim, such as promissory notes, purchase orders, invoices, itemized statements of the case of a claim based on an open-end or revolving consumer credit agreement, a tim is secured, box 4 has been completed, and redacted copies of documents providing by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS M.	AY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain:	
8. Signature: (See instruction #8)	
Check the appropriate box.	
or their au (See Bank	e trustee, or the debtor, thorized agent. (See Bankruptcy Rule 3005.)
I declare under penalty of perjury that the information provided in this claim is tr Print Name: <u>HEVIN Riley</u> Title: <u>Company: Bann co Scores, Hachane + Institution</u> , CC Address and telephone number (if different from notice address above): 	ue and correct to the best of my knowledge, information, and reasonable belief. 3/17/15 (Signature) (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.
The instructions and definitions below are general explanations of the law. In exceptions to these Items to be complete	PROOF OF CLAIM FORM certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, general rules may apply. ed in Proof of Claim form
 Court, Name of Debtor, and Case Number: Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice. Creditor's Name and Address: Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g). Amount of Claim as of Date Case Filed: State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim. Basis for Claim: State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You 	 claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim. 5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a). If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority. 6. Credits: 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. 7. Documents: Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care
 may be required to provide additional disclosure if an interested party objects to the claim. 3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the 	 information. Do not send original documents, as attachments may be destroyed after scanning. 8. Date and Signature: The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically FRBP 5005(a)(2) authorizes courts to actablish
 Creditor to identify the debtor. 3a. Debtor May Have Scheduled Account As: Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor. 3b. Uniform Claim Identifier: if you use a uniform claim identifier, you may report it here. A uniform claim dentifier is an optional 24-character identifier that certain large creditors use to acilitate electronic payment in chapter 13 cases. 4. Secured Claim: 	If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.
Check whether the claim is fully or partially secured. Skip this section if the	



Invoice

Bemmco Doors, Hardware & Installation, LLC 4312 Elm Brookfield, Illinois 60513-2302

Phone: 630-359-5541 Fax: 630-359-5217

Bill To:	Gas Mart USA	
	1077 Barkley Street	
	Suite 200	
	Overland Park, Kansas	66211
	Attn: Leroy Stocks 913-94	40-5511

Date: May 27, 2015 Invoice Date: June. 26, 2015 Invoice #: 5290

Total \$

1,611.80

SHIP TO: Gas Mart Store # 47 323 Ridge Road Muster, Indiana 46321

CONTACT:

Saletpentonies.		Job/EurchaseOrder7.5/.	Sas Kom	se Dife/101	ne Dane Service Service	OHIPAGAA
Kevin Riley A	HC		6/26/	2015	н.	Installation
COD	IXI NET 30	Furnish Only	; X	Installec	Service Tech(s)	KR, PI
2 6 V	Beenpilon				Jane all select	ometaal ees
1.00	Full Surface Continu	ous Geared Hinge x 83" x Da	rk Bronze Dur	onotic	\$236.00	\$236.0
3.00	4	/24 Shoulder Bolts x Aluming maged Bolts from the Existin		ş	\$3.60	\$28,8
1.00	Flat Saddle Threshol	d Dorbin 79A x 6'0"			\$52.00	\$52.0
2.00	Heavy Duty Comme	rcial Surface Bolts SB224 x U	S2C Zinc		\$28.00	\$56,0
2.00	Reese 23AP x 36" Pre	mium Nylon Brush Door Bo	ttoms		\$12.00	\$24.0
2 Men 6 Hrs. Ea.	Remove Right Hand Bolt & Detach Door O rubbing at the head a excess mortar & Clear frame and Securely a surface geared hinge Surface Bolt at the sil locking. (Leaving Bu Geared Hinge, salva and remove. Saw Cu Rehang Door on Exist	s - Labor To Repair Pair of I Door. Remove Butt Hinges, Closer. Saw Cut the Bottom of and at the sill. Demolish Exis in & Clear opening. Cope Th inchor to sill. Hang Undercu & check for smooth & correct I and drill threshold to receiv- ilding Door on Left) Remove ging as many fasteners as por t 1/2" off the bottom of the du- ting Geared hinge fir & adju Bolt & Drill Strike Hole. Insta	Remove Existin f the Door 5/8" ting Threshold reshold to fit at t door on new ct operation. In we, insuring see Door from Exist ssible. Detach of por to stop drag st for smooth of	ng Surface to avoid . Chisel up round the Full stall New sure sting door closer gging. peration.	\$95.00	\$1,140.0
1.00	Service Call & Trip C	harge			\$75.00	\$75.0
********	να δτη τη ματική τη	real a suit a suit a suit a suit de la suit d			Non-Taxable	\$396.8
	BILLED 6/27/	15	941 - 1.394 W San Andrew San	é eserve a construction de la const	Sales Tax 7.75%	a August and
					Labor / Non Tax.	\$1,215,0

66211

Thank you for your business!

BIN #_____

of Cartons_

All Returned STOCK Materials is subject up to a 40% Restocking Fee. All Materials

...

. .

must be in their original cartons, complete in all respects with unopened screw packs

Claim 36-2 Filed 12/01/15 Desc Main Document Case 15-41915-abf11

Bemmco Doors, Hardware & Installation, LLC 4312 Elm Brookfield, Illinois 60513-2302

Phone: 630-359-5541 Fax: 630-359-5217

Bill To: Gas Mart USA 1077 Barkley Street Suite 200 **Overland Park, Kansas** 66211 Attn: Leroy Stocks 913-940-5511

Invoice

Date: Jan. 26, 2015 Invoice Date: Jan. 27, 2015 Invoice #: 5189

SHIP TO: Gas Mart Store # 38 28W. 244 Warrenville Road Warrenville, Illinois 60555

CONTACT:

Kevin Riley A	AHC		1/27/2015		Installation
COD	🖾 NET 30	Furnish Only	⊠Installed	Service Tech(s)	2
0.000	decorrection			ium an ac	Tancolanda Sala
1 Hour	Frame. Repaired Do door closer. Tightene	or Closer Arm that is detached or Closer Arm. Installed new ed the Center mullion. Tighter linge. Lubricated all Hardwar	Bolts to the body of the ned Bolts on the full	\$95.00	\$95.00
1.00	Service Call / Trip Ch	narge	12869 kula Makkada da bu malar ku Mariani inu a Mala ku	\$75.00	\$75.00
		99 994 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944	1		
				and a second	2000 Barrier - 1997
			***********		an management of the second second
			να τους στο με το μετατογραφικό του τους τους τους τους τους τους τους		
1999 - 1997 - 1997 - 1998 - 1998 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		nal - provension for the state of the	nin frage Alana an Alana an Alananin. I' (/ La V/2 a v/ / e v. Alana an Alana an Alana an		
9 119 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2	BILLED 1/	28/15		2010-000 - 000000000 - 000000000000 - 000000	
ان این اور از این اور از این اور		(FMTER		Non-Taxable	\$170.00
				Sales Tax 7.75% Labor / Non Tax.	

of Cartons

Total \$ 170.00

All Returned STOCK Materials is subject up to a 40% Restocking Fee. All Materials

must be in their original cartons, complete in all respects with unopened screw packs installation instructions and all other materials item was originally packed with materials.

Special Order Items are not returnable for credit or exchange.

Service & Installation Dept. Direct: 708-785-7750 - kevin.rileyahc@bemmco.comcastbiz.net

PAGE 1 of 1

Case 15-41915-abf11 Claim 36-2 Filed 12/01/15 Desc Main Document



Bemmco Doors, Hardware & Installation, LLC 4312 Elm Brookfield, Illinois 60513-2302

Phone: 630-359-5541 Fax: 630-359-5217

Bill To: Gas Mart USA 1077 Barkley Street Suite 200 **Overland** Park, Kansas 66211 Attn: Leroy Stocks 913-940-5511

Invoice

Date: May 23, 2015 Invoice Date: May. 26, 2015 Invoice #: 5281

SHIP TO:	Gas Mart Store # 44
	14747 159th Street
	Lockport, Illinois 60441
	West Door
CONTACT:	

Kevin Riley A	AHC		5/23/2015		Installation
COD	i NET 30	Furnish Only	IXI Installe	Service Tech(s)	
QNC ST	Dusarphan			University	time Intal
1.00	Door Closer Design # 1	16 x Alum	۲۰۰۰ ۰۰۰ ۲ ۱۹۷۹ «Ավեն» ««««»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»»	\$100.00	\$100,00
1.00	Custom Strike Plate for	Adams Rite 8700 Mortise S	Series Exit Device	\$18.00	\$18:00
1-1/2 Hrs.	Overhead Crash Chain Removed Mortise Cylin and relocated cylinder door. Latch Bolt Not Al dust box. Fabricated ov	n Door Closer and Replace Investigate Locking probl nder and turned blocking ri- set screw in lock body. Lub ligning with Strike Plate. Re rersized strike plate for exit tion & latching. Final Clean sal,	ems with Exit Device. ing to proper location vricated Lock Case in the emove strike plate and device add installed	\$95.00	\$142.50
1.00	Service Call / Trip Char	se		\$75.00	\$75.00
	BILLED 5/2	6/15			
	ERED			Non-Taxable Sales Tax 7.75% Labor / Non Tax.	\$118.00 \$217.50

Thank you for your business!

BIN#_

of Cartons_

Total \$

All Returned STOCK Materials is subject up to a 40% Restocking Fee. All Materials

must be in their original cartons, complete in all respects with unopened screw packs

installation instructions and all other materials item was originally packed with materials.

Special Order Items are not returnable for credit or exchange.

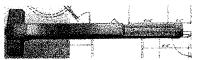
Service & Installation Dept. Direct: 708-785-7750 - kevin.rileyahc@bemmco.comcastbiz.net

PAGE1 of 1

Case 15-41915-abf11 Claim 36-2 Filed 12/01/15 Desc Main Document

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(alconeco)

Invoice

 Date:
 May 23, 2015

 Invoice Date:
 May. 27, 2015

 Invoice #:
 5285

Gas Mart Store #47

Munster, Indiana 46321

Pair of Front Entry Doors

323 Ridge Road

Bemm	co Doors	<u>, Hardwa</u>	are & In:	stallation,	<u>LLC</u>
4312	Elm Bro	okfield,	Illinois	60513-2	302

Phone: 630-359-5541 Fax: 630-359-5217

Bill To: Gas Mart USA 1077 Barkley Street Suite 200 Overland Park, Kansas 66211 Attn: Leroy Stocks 913-940-5511

Kevin Riley AHC			5/27/	2015		Installation
COD	X NET 30	Furnish Only	X	Installer	Service Tech(s)	
olve server	abten un prom				ul a transferences	ASIAN DOMESTICS
1.00	Heavy Duty Door Cl	oser Design # 416 x Duronoti	C		\$258.00	\$258.00
3.00	$12/24 \times 3/4$ " ST Mach	ine Screws x Duronotic			\$0.28	\$0,84
1-1/2 Hrs.	drop plate. Tapped 2 hinge screws in Inac in the door. Lubricat	own Door Closer and Replace 2- New Holes on Drop plate. I tive Door and repair with new ed butt hinges . Lubricate Su tinuous hinge on active door. for offsite disposal.	Drill out 3- bro v. Lubricated rface Bolts. Tig	ken off Lock Case ghtened	\$95.00	\$142.50 •
1.00	Service Call / Trip C	harge			\$75.00	\$75:00
	BILLED 5/	/27/15			Non-Taxable Sales Tax 7.75%	\$258:84
		\$4\$#~\$##^^_{##	an a	-1	Labor / Non Tax.	\$217.50

SHIP TO:

CONTACT:

i den de la company de la c

Thank you for your business!

BIN # _____

of Cartons_____

Total \$ 476.

All Returned STOCK Materials is subject up to a 40% Restocking Fee. All Materials

must be in their original cartons, complete in all respects with unopened screw packs

installation instructions and all other materials item was originally packed with materials.

Special Order Items are not returnable for credit or exchange.

Service & Installation Dept. Direct: 708-785-7750 - kevin.rileyahc@bemmco.comcastbiz.net

PAGE 1 of 1

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Invoice

<u>Bemmco Doors, Hardware & Installation, LLC</u> 4312 Elm Brookfield, Illinois 60513-2302

Phone: 630-359-5541 Fax: 630-359-5217

Bill To: Gas Mart USA 1077 Barkley Street Suite 200 Overland Park, Kansas 66211 Attn: Leroy Stocks 913-940-5511
 Date:
 May 23, 2015

 Invoice Date:
 May. 27, 2015

 Invoice #:
 5286

SHIP TO:	Gas Mart Store # 21
	12819 143rd Street
	Lockport, Illinois 60441
	West Single Door

	Turn Leroy Dioc	xs 913-940-3311	CONTAC	-1:	
Salasperson		(bb//Potentieco/doise	(1075))(A:(2014		SPERGAME INC.
Kevin Riley AHC			5/27/2015		Installation
COD	X NET 30	Furnish Only	, X Ins	tallec Service Tech(s)	
()) to the second second	All and the second second			a um aixa a a	ann salaite seac
1.00	Door Closer Design #	116 x Aluminum	• • • • • • • • • • • • • • • • • • •	\$100.00	\$100:00
1 Hr.	Lock. Lubricated but Door (Yale 50 Series	own Door Closer and Replace t hinges . Adjust Closing & L Door Closer) and Lubricated al of all debris for offsite disp	atching Speed on Ea all hardware. Final	ist	-\$95.00
1.00 •	Service Call / Trip Ch	arge		\$75.00	\$75:00
	BILLED 5/	27/15			
1997 - Artifester States and Antonio an 1997 - Antonio and Antonio a				Non-Taxable	\$100.00
			،	Sales Tax 7.75%	

Thank you for your business!

of Cartons_____

Total \$ 270.00

Labor / Non Tax.

All Returned STOCK Materials is subject up to a 40% Restocking Fee. All Materials

must be in their original cartons, complete in all respects with unopened screw packs installation instructions and all other materials item was originally packed with materials.

Special Order Items are not returnable for credit or exchange.

Service & Installation Dept. Direct: 708-785-7750 - kevin.rtleyahc@bemmco.comcastbiz.net

BIN # ____

PAGE 1 of 1

\$170.00

Western District of Missouri Claims Register

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

Judge	: Arthur B. Federman	Chapter: 11		
Office	e: Kansas City	Last Date to file claims:		
Truste	ee:	Last Date to file (Govt):		
<i>Creditor:</i> (15455687) BEMMCO DOOR AND HARDWA 4312 ELM AVE BROOKFIELD IL 60513-2302	RE INC. Claim No: 36 Original Filed Date: 08/20/2015 Original Entered Date: 08/20/2015 Last Amendment Filed: 12/01/2015 Last Amendment Entered: 12/01/20	Status: Filed by: CR Entered by: Dawn Meador Modified:		
Amount claimed: \$2863.64				
History:				
	Claim #36 filed by BEMMCO DOOR AND HARDWARE INC., Amount claimed \$2863.64 (Meador, Dawn)			
	Amended Claim #36 filed by BEMMCO DOOR AND HARDWARE INC., Amount claimed: \$2863.64 (Meador, Dawn)			
Description:				
Remark s:				

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*	\$2863.64
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

Administrative

PACER Service Center						
Transaction Receipt						
01/08/2016 16:34:11						
PACER Login:	bmcgroup:2515347:0	Client Code:	374			
Description:	Claims Register	Search Criteria:	15-41915-abf11 Claim Number From: 36 Claim Number To: 36 Filed or Entered From: 1/1/2001 Filed or Entered To: 1/8/2016			
Billable Pages:	1	Cost:	0.10			