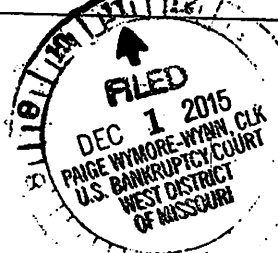


B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM  COURT USE ONLY	
Name of Debtor: Bemmco Doors, Hardware & Installation, LLC 4312 Elm Ave. Brookfield, Illinois 60513			Case Number: 15-41915-abf-11
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): Gas Mart USA, Inc.
Name and address where notices should be sent: Bemmco Doors Hardware & Installation, LLC 4312 Elm Ave. Brookfield, Illinois 60513 Attn: Kevin D. Riley Principal Telephone number: 630-359-5541 email: kevin.rileyahc@bemmco.comcastbiz.net			<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: 15-41915abf11 (If known) Filed on: July 8, 2015
Name and address where payment should be sent (if different from above): Telephone number: email:		<input type="checkbox"/> 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.	
1. Amount of Claim as of Date Case Filed: \$ 2,863.64 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. <input type="checkbox"/> 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: Materials Sold and the Labor To Install Materials (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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)			
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: \$ Amount Unsecured: \$			
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.			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> 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).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	
<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"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).	
Amount entitled to priority: \$			
*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



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B10 (Official Form 10) (04/13)

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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:

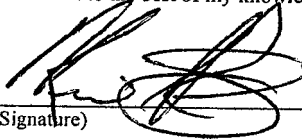
8. Signature: (See instruction #8)

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. ☐ 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: KEVIN RILEY
 Title: Principal
 Company: Bennett Jones, Hughes & Installation, LLC
 Address and telephone number (if different from notice address above):

(Signature) 

(Date) 8/19/15

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed 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).

1. 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.

2. 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 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 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 identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

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:

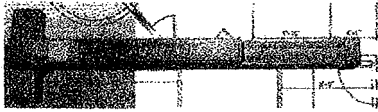
An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 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 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.

**Bemco Doors, Hardware & Installation, LLC****4312 Elm Brookfield, Illinois 60513-2302****Phone: 630-359-5541 Fax: 630-359-5217**

Invoice

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

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

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

CONTACT:

Salesperson	Job / Purchase Order	Promise Date / Date Due	SHIP TO
Kevin Riley AHC		6/26/2015	Installation
COD	<input checked="" type="checkbox"/> NET 30	Furnish Only	<input checked="" type="checkbox"/> Installer Service Tech(s) KR, PR
QTY	Description	Unit Price	Line Total
1.00	Full Surface Continuous Geared Hinge x 83" x Dark Bronze Durotic	\$236.00	\$236.00
8.00	Roton Sex Nuts & 12/24 Shoulder Bolts x Aluminum (Replacing Cross Threaded, Bent & Damaged Bolts from the Existing Door with Roton Hinge)	\$3.60	\$28.80
1.00	Flat Saddle Threshold Dorbin 79A x 6'0"	\$52.00	\$52.00
2.00	Heavy Duty Commercial Surface Bolts SB224 x US2C Zinc	\$28.00	\$56.00
2.00	Reese 23AP x 36" Premium Nylon Brush Door Bottoms	\$12.00	\$24.00
2 Men 6 Hrs. Ea.	TOTAL 12 Man-hours - Labor To Repair Pair of Front Doors. (Going Out) Remove Right Hand Door. Remove Butt Hinges, Remove Existing Surface Bolt & Detach Door Closer. Saw Cut the Bottom of the Door 5/8" to avoid rubbing at the head and at the sill. Demolish Existing Threshold. Chisel up excess mortar & Clean & Clear opening. Cope Threshold to fit around the frame and Securely anchor to sill. Hang Undercut door on new Full surface geared hinge & check for smooth & correct operation. Install New Surface Bolt at the sill and drill threshold to receive, insuring secure locking. (Leaving Building Door on Left) Remove Door from Existing Geared Hinge, salvaging as many fasteners as possible. Detach door closer and remove. Saw Cut 1/2" off the bottom of the door to stop dragging. Rehang Door on Existing Geared hinge fir & adjust for smooth operation. Install New Surface Bolt & Drill Strike Hole. Install 2- New Brush Door Bottoms	\$95.00	\$1,140.00
1.00	Service Call & Trip Charge	\$75.00	\$75.00
		Non-Taxable	\$396.80
	BILLED 6/27/15	Sales Tax 7.75%	
		Labor / Non Tax.	\$1,215.00

Thank you for your business!

BIN # _____ # of Cartons _____

Total \$ 1,611.80

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

PAGE 1 of 1

PAGE 1 of 1

ENTERED

ENTERED

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:****Trustee:****Last Date to file (Govt):**

Creditor: (15455687) BEMMCO DOOR AND HARDWARE INC. 4312 ELM AVE BROOKFIELD IL 60513-2302	Claim No: 36 <i>Original Filed</i> <i>Date: 08/20/2015</i> <i>Original Entered</i> <i>Date: 08/20/2015</i> <i>Last Amendment</i> <i>Filed: 12/01/2015</i> <i>Last Amendment</i> <i>Entered: 12/01/2015</i>	Status: <i>Filed by: CR</i> <i>Entered by: Dawn Meador</i> <i>Modified:</i>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><u>Amount</u></td> <td style="width: 15%;">claimed:</td> <td style="width: 15%;">\$2863.64</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>			<u>Amount</u>	claimed:	\$2863.64							
<u>Amount</u>	claimed:	\$2863.64										
History: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Details</td> <td style="width: 5%;"></td> <td style="width: 10%;">36-1</td> <td style="width: 15%;">08/20/2015</td> <td style="width: 60%;">Claim #36 filed by BEMMCO DOOR AND HARDWARE INC., Amount claimed: \$2863.64 (Meador, Dawn)</td> </tr> <tr> <td>Details</td> <td></td> <td>36-2</td> <td>12/01/2015</td> <td>Amended Claim #36 filed by BEMMCO DOOR AND HARDWARE INC., Amount claimed: \$2863.64 (Meador, Dawn)</td> </tr> </table>			Details		36-1	08/20/2015	Claim #36 filed by BEMMCO DOOR AND HARDWARE INC., Amount claimed: \$2863.64 (Meador, Dawn)	Details		36-2	12/01/2015	Amended Claim #36 filed by BEMMCO DOOR AND HARDWARE INC., Amount claimed: \$2863.64 (Meador, Dawn)
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Details		36-2	12/01/2015	Amended Claim #36 filed by BEMMCO DOOR AND HARDWARE INC., Amount claimed: \$2863.64 (Meador, Dawn)								
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*	\$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