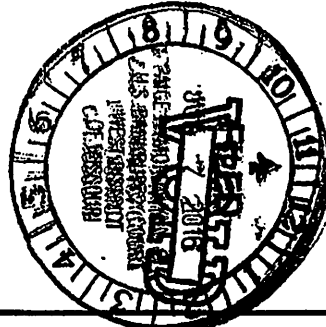


Fill in this information to identify the case:

Debtor _____
 United States Bankruptcy Court for the: Western District of Missouri
 Case number _____

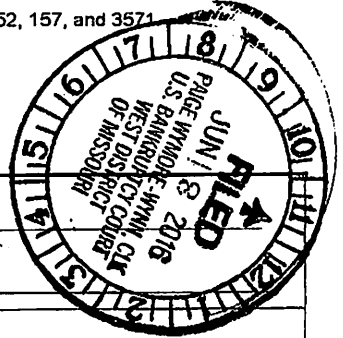


Proof of Interim Administrative Claim

Read the instructions before filling out this form. 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 March 31, 2016.



Part 1: Identify the Claim

1. Who is the current creditor?
C+J Chemical Sales
 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?
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
 Where should notices to the creditor be sent?
C+J Chemical Sales
 Name
14203 SO. 65th ST.
 Number Street
Palixton, MS. 68133
 City State ZIP Code
 Contact phone 402-537-6100
 Contact email CHARVANO@C.COM
 Where should payments to the creditor be sent? (if different)
 Name _____
 Number Street _____
 City State ZIP Code _____
 Contact phone _____
 Contact email _____
 Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?
 No
 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?
 No
 Yes. Who made the earlier filing? _____



Part 2: Give Information About the Claim as of the Date the Case Was Filed

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? \$ 428.00 Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges.

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.
 Limit disclosing information that is entitled to privacy, such as health care information.
Goods sold

9. Is this claim based on a lease? No
 Yes. Attach a copy of the lease and any amendments thereto.

10. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

11. Is all or part of the claim entitled to administrative priority under 11 U.S.C. § 503(b)? No
 Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Actual, necessary costs and expenses of preserving the estate under 11 U.S.C. § 503(b)(1)(A).	\$ _____
<input type="checkbox"/> Any tax incurred by the estate, whether secured or unsecured, including property taxes for which liability is in rem, in personam or both, except a tax of a kind specified in section 507(a)(8). 11 U.S.C. § 503(b)(1)(B).	\$ _____
<input type="checkbox"/> Any fine, penalty or reduction in credit relating to a tax of a kind specified in section 503(b)(1)(B). 11 U.S.C. § 503(b)(1)(C).	\$ _____
<input type="checkbox"/> Compensation and reimbursement awarded under section 330(a). 11 U.S.C. § 503(b)(2).	\$ _____
<input type="checkbox"/> The actual, necessary expenses, other than compensation and reimbursement specified in section 503(b)(3)(A)-(F). 11 U.S.C. § 503(b)(3).	\$ _____
<input type="checkbox"/> Reasonable compensation for professional services rendered by an attorney or an accountant of an entity whose expense is allowable under section 503(b)(3)(A)-(E). 11 U.S.C. § 503(b)(4).	\$ _____
<input type="checkbox"/> The fees and mileage payable chapter 119 of title 28. 11 U.S.C. § 503(b)(6).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

Check the appropriate box:

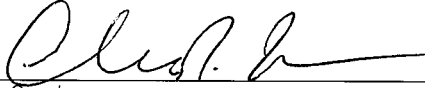
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Administrative 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.

I have examined the information in this *Proof of Administrative Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 6/3/2016
MM / DD / YYYY



 Signature

Print the name of the person who is completing and signing this claim:

Name Charles DAVID NANDO
First name Middle name Last name

Title President

Company CDJ Chemical Sales
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 14203 So 65th St.
Number Street

City Parkville, MO 68133
City State ZIP Code

Contact phone 462-532-0106 Email CHARNANDU@CDJ-COM

C & J Chemical Sales

14203 So. 65 St.
Papillion, NE 68133
USA

STATEMENT

Statement Date: May 23, 2016
Customer Account ID: 204

Voice: 402-537-0100
Fax:

To:
GasMart USA Inc
10777 Barkley St.
Suite 200
Overland Park, KS 66211-1161
USA

Amount Enclosed
\$ _____

Date	Due Date	Reference	Paid	Description	Amount	Balance
1/5/16	2/4/16	18905			85.60	85.60
1/5/16	2/4/16	18906			85.60	171.20
2/9/16	3/10/16	18978			85.60	256.80
2/9/16	3/10/16	18979			85.60	342.40
2/15/16	3/16/16	18994			85.60	428.00
TOTAL						428.00

0-30	31-60	61-90	Over 90 days
0.00	0.00	256.80	171.20

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):**

<i>Creditor:</i> (15455708) C & J CHEMICAL SALES 14203 SOUTH 65th STREET PAPILLION NE 68133- 0000	Claim No: 125 <i>Original Filed</i> Date: 06/08/2016 <i>Original Entered</i> Date: 06/09/2016	<i>Status:</i> Filed by: CR Entered by: Dawn Meador Modified:
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Amount claimed: \$428.00									
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History:

Details	125-1	06/08/2016	Claim #125 filed by C & J CHEMICAL SALES, Amount claimed: \$428.00 (Meador, Dawn)
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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*	\$428.00
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		