

Fill in this information to identify the case:

Debtor: Gas-Mart USA, Inc.

United States Bankruptcy Court for the Western District of Missouri

Case number: 15-41915-11

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? Fidelity + Deposit Company of Maryland
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?	Where should payments to the creditor be sent? (if different)
Name: <u>Carol Z. Smith</u> Number: <u>9225</u> Street: <u>Indian Creek Pkwy</u> City: <u>Overland Park</u> State: <u>KS</u> ZIP Code: <u>66210</u> Contact phone: <u>913-317-5100</u> Contact email: <u>CSmitn@gh-ks.com</u>	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? _____

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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? \$ 558,097.49 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.
See Exhibit A

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: Credit Card Receipts

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:

<input checked="" type="checkbox"/> Actual, necessary costs and expenses of preserving the estate under 11 U.S.C. § 503(b)(1)(A).	\$ <u>540,758.49</u>
<input checked="" 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).	\$ <u>17,339.00</u>
<input checked="" 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 checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(2) 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.

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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 3671.

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 3006.

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 06/10/2016
MM/DD/YYYY

Terri McDaniel
Signature

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

Name Terri McDaniels
First name Middle name Last name

Title Claims Counsel

Company Zurich North America / Commercial Surety Claims
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address P O Box 968036
Number Street

Schaumburg IL 60196
City State ZIP Code

Contact phone 602-503-8690 Email terri.mcdaniels@zurichna.com