

Fill in this information to identify the case:

Debtor Aving-Rice, LLC
 United States Bankruptcy Court for the: Western District of Missouri
 Case number 15-41917

Form Page 1 of 3

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?	<u>Freeborn & Peters LLP, counsel to the Committee</u> 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?	Where should notices to the creditor be sent? <u>Devon J. Eggert, Freeborn & Peters LLP</u> Name <u>311 S. Wacker Dr., Ste. 3000</u> Number Street <u>Chicago IL 60606</u> City State ZIP Code Contact phone <u>312.360.6305</u> Contact email _____	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?	<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? _____	



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? \$ 243,275.70 plus such additional amounts previously approved. 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.
Professional services to the Committee

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 checked="" type="checkbox"/> Compensation and reimbursement awarded under section 330(a). 11 U.S.C. § 503(b)(2).	\$ <u>Entire Claim</u>
<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 6/15/2016
MM / DD / YYYY

/s/ Devon J. Eggert

Signature

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

Name Devon Joseph Eggert
First name Middle name Last name

Title Partner

Company Freeborn & Peters LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 311 S. Wacker Dr., Ste. 3000
Number Street

Chicago IL 60606
City State ZIP Code

Contact phone 312.360.6305 Email deggert@freeborn.com

Western District of Missouri Claims Register

[15-41917-abf11 Aving-Rice, LLC \(JOINT ADMIN-All Docketing to be done in 15-41915\)](#)

Judge: Arthur B. Federman **Chapter:** 11
Office: Kansas City **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (15703071) Freeborn & Peters LLP (ADMINISTRATIVE) 311 S. Wacker Dr., Ste. 3000 Chicago, IL 60606	Claim No: 16 <i>Original Filed</i> Date: 06/15/2016 <i>Original Entered</i> Date: 06/15/2016	<i>Status:</i> Filed by: CR Entered by: Devon J. Eggert <i>Modified:</i>
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No amounts claimed

History:

Details	16-1	06/15/2016	Claim #16 filed by Freeborn & Peters LLP, Admin claimed: (Eggert, Devon)
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Description:

Remarks:

Claims Register Summary

Case Name: Aving-Rice, LLC (JOINT ADMIN-All Docketing to be done in 15-41915)

Case Number: 15-41917-abf11

Chapter: 11

Date Filed: 07/02/2015

Total Number Of Claims: 1

No Amounts Claimed