

Fill in this information to identify the case:

Debtor 1 Gas-Mart USA, Inc

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Missouri

Case number 15-41915

Official Form 410
Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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 the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? Pam Shipley, Cass County Collector
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?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p><u>Pam Shipley, Cass County Collector</u> Name _____ <u>2725 Cantrell Road</u> Number Street _____ <u>Harrisonville MO 64701</u> City State ZIP Code _____ Contact phone _____ Contact email _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____</p>
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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: 0 3 5 8

7. How much is the claim? \$ 17.17. Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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 required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
taxes

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

Motor vehicle

Other. Describe: _____

Basis for perfection: _____

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____%

Fixed

Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

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

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____

Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____

Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ 17.17

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ _____

* Amounts are subject to adjustment on 4/01/19 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).

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.

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

I understand that 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.

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.

I have examined the information in this *Proof of 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 08/25/2016
MM / DD / YYYY

Pam Shipley
Signature

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

Name Pam Shipley
First name Middle name Last name

Title Cass County Collector

Company Cass County Collector's Office
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2725 Cantrell Road
Number Street

Harrisonville MO 64725
City State ZIP Code

Contact phone 816-380-8402 Email _____

PERSONAL PROPERTY

CASS COUNTY TAX STATEMENT
COLLECTOR OF REVENUE, PAM SHIPLEY

2725 Cantrell Rd
Harrisonville, Missouri 64701-4004
TELEPHONE: (816)380-8377 FAX: (816)380-8375
www.casscounty.com
Office Hours 8am to 4:30pm Mon through Fri, except Holidays

If you find an error or need correction in your statement, please contact the Assessor's Office at 816 380-8400.

Mail early to avoid penalties. Postmark date determines month of payment. See penalty chart for amount if paid or postmarked after December 31.

Multiple Bills may be paid with one check. We do not accept partial payments.

For your convenience a drop box is located at the Cass County Collector's office at 2725 Cantrell Rd. Harrisonville, Missouri.

The Collector makes every effort to mail tax bills to the address on file. Failure to receive a bill does not relieve the obligation to pay taxes and applicable late charges.

If you were a resident of Cass County on January 1, you owe taxes for all vehicles and other taxable personal property owned on that date.

Payment may be made by check, money order, credit/debit card or cash. Please do not send cash through the mail.

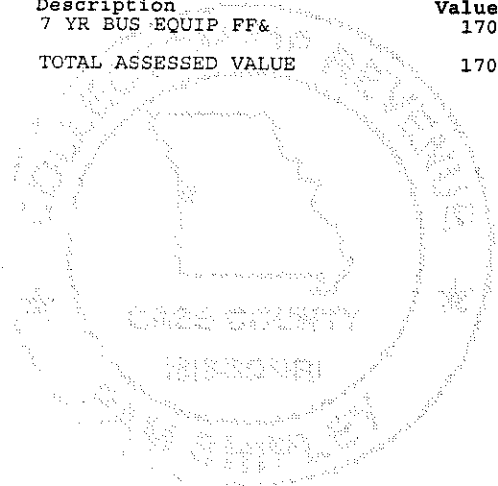
Pay on-line by e-check or credit/debit card at www.casscounty.com 24 hours a day, 7 days a week. Receipt will be issued in 3-5 business days.

Pay by phone - call toll-free 1-877-690-3729 24 hours a day, 7 days a week - the jurisdiction code for Cass County is 3519

GAS MART USA
10777 BARKLEY STREET ST 200
OVERLAND PARK, KS 66211

Personal Property 2015 59-04-001 0900358

Qty	Description	Value
1	7 YR BUS EQUIP FF&	170
	TOTAL ASSESSED VALUE	170



Taxes Become Delinquent on January 1, 2016

Description	Rate	Amount
#124 BELTON	5.4320	9.23
STATE	.0300	.05
MT PLEAS ROAD	.2000	.34
CASS CO LIBRARY	.1495	.25
HOSPITAL MAIN	.1356	.23
METRO JR COLL	.2343	.40
SHELTER WKSHOP	.0498	.08
BELTON-CITY	1.9182	3.26
TAX AMOUNT	8.1494	13.84
LATE CHARGES		3.33
TOTAL DUE		17.17

To calculate amount: (Assessed Value/100 x Rate = Tax Amount)

Assessed Values

Vehicles	0
Other Property	170
TOTAL ASSESSED:	170

SEPARATE HERE AND RETURN BOTTOM PORTION WITH PAYMENT. If paying by credit/debit card please fill out the appropriate information.



DELINQUENT

PERSONAL PROPERTY

Year 2015 Account 59-04-001 0900358

Make check payable to:
Pam Shipley, Collector
2725 Cantrell Rd
Harrisonville, Mo 64701-4004

GAS MART USA
10777 BARKLEY STREET ST 200
OVERLAND PARK, KS 66211

Pay By Credit/Debit Card

As a convenience to our taxpayers, the Cass County Collector's office accepts MASTERCARD, VISA, Novus/DISCOVER and American Express credit cards. A convenience fee is charged to your card when you pay your taxes. This fee is not retained by the collector or county. To pay with credit/debit card by mail, please complete the information and sign below.

Notice: The Convenience fee for VISA, MASTERCARD, DISCOVER and AMERICAN EXPRESS Credit/Debit is 2.50%. Except Visa Debit \$3.95

Please check credit/debit card brand and clearly write in card number below
 Discover MasterCard Visa American Express

Card Number: _____

3 Digit V-Code _____ Expiration Date: _____
(Last 3 #'s on signature line on back of card) (Month) (Year)

I understand that the total amount charged on my credit/debit card will include an additional convenience fee based on the fees listed.

Cardholder Signature: _____

Daytime Phone Nbr: _____

If we are unable to process your credit/debit card payment you will receive a new bill and late charges may apply. Please remit early.

TOTAL DUE:
17.17

AMOUNT TO PAY IF PAID IN	
2016	
JAN	15.10
FEB	15.40
MAR	15.69
APR	16.00
MAY	16.28
JUN	16.59
JUL	16.89
AUG	17.17
SEP	17.48
OCT	17.48
NOV	17.48
DEC	17.48

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: (15483520)
CASS COUNTY COLLECTOR
2725 CANTRELL ROAD
HARRISONVILLE MO 64701-
0000

Claim No: 137
Original Filed
Date: 08/25/2016
Original Entered
Date: 08/25/2016

Status:
Filed by: CR
Entered by: Pam J. Shipley
Modified:

Amount claimed: \$17.17

Priority claimed: \$17.17

History:

[Details](#) [137-](#) 08/25/2016 Claim #137 filed by CASS COUNTY COLLECTOR, Amount claimed: \$17.17
[1](#) (Shipley, Pam)

Description: (137-1) Cass County Missouri 2015 Personal Property Tax

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*	\$17.17
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	\$17.17	
Administrative		