

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Western District of Missouri		PROOF OF CLAIM
Name of Debtor: Gas-Mart USA, Inc.		Case Number: 15-41915
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): EFFINGHAM SIGNS & GRAPHICS, INC.		FILED U.S. Bankruptcy Court Western District of Missouri 7/20/2015 Palga Wymore-Wynn, Clerk COURT USE ONLY
Name and address where notices should be sent: EFFINGHAM SIGNS & GRAPHICS, INC. 1009 SOUTH OAK ST EFFINGHAM IL 62401-0000 Telephone number: 217-347-8711 email:		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ <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.
Name and address where payment should be sent (if different from above): Telephone number: email:		
1. Amount of Claim as of Date Case Filed: \$ <u>1258.85</u> 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: <u>sign service</u> (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 (when case was filed) ___% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		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)(____).
*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

00011

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. (See Bankruptcy Rule 3004.)

I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: Alice Hahn

Title: Vice President

Company: Effingham Signs & Graphics,

Inc.

Address and telephone number (if different from notice address above):

/s/ Alice Hahn

(Signature)

7/20/2015

(Date)

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.

EFFINGHAM SIGNS & GRAPHICS, INC.

**1009 S OAK ST
EFFINGHAM, IL 62401
PH: 217-347-8711
FAX: 217-347-8715**

Invoice

DATE	INVOICE #
5/13/2015	41793

E-mail alice@effinghamsigns.com

BILL TO
AVING - RICE JUMPIN JIMMYS PO BOX 806 EFFINGHAM, IL 62401

P.O. NO.	
CONTACT	MARTY JANSEN
PHONE	821-3063

Customer E-mail
mjansen@gasmartusa.com

TERMS	Net 15
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QUANTITY	DESCRIPTION	RATE	AMOUNT
	LABOR TO REMOVE LETTERING FROM ONE SIDE OF 4FT X 4FT SIGN AND CLEAN ADHESIVE	25.00	25.00
	PROVIDE AND INSTALL RED AND BLACK FOR SALE BY OWNER 913-599-5800	75.00	75.00
Total			\$100.00

EFFINGHAM SIGNS & GRAPHICS, INC.

**1009 S OAK ST
EFFINGHAM, IL 62401
PH: 217-347-8711
FAX: 217-347-8715**

Invoice

DATE	INVOICE #
6/26/2015	42016

E-mail alice@effinghamsigns.com

BILL TO
AVING - RICE JUMPIN JIMMYS PO BOX 806 EFFINGHAM, IL 62401

P.O. NO.	SOUTH BANKER
CONTACT	MARTY JANSEN
PHONE	821-3063

Customer E-mail
mjansen@gasmartusa.com

TERMS	Net 15
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QUANTITY	DESCRIPTION	RATE	AMOUNT
	PROVIDE BUCKET TRUCK AND SERVICE TECH TO DIAGNOSE AND REPAIR TOTAL OUTAGE IN LED GAS PRICE SIGN. UPON INSPECTION TECH FOUND BAD LED POWER SUPPLY. SPECIAL ORDER ITEM. ORDERED WITH OVERNIGHT FREIGHT AND UPON RECEIPT INSTALLED WHICH CORRECTED THE PROBLEM.		
1	LED POWER SUPPLY	217.60	217.60
1	OVERNIGHT SHIPPING EARLY AM	60.00	60.00
3.75	HR - BUCKET TRUCK AND SERVICE TECH	75.00	281.25
	CHECK AND TEST. ALL OK AT THIS TIME. OUR SERVICE ORDER #B15077		

Thank you for your business.	Total	\$558.85
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EFFINGHAM SIGNS & GRAPHICS, INC.

**1009 S OAK ST
EFFINGHAM, IL 62401
PH: 217-347-8711
FAX: 217-347-8715**

Invoice

DATE	INVOICE #
3/26/2015	41536

E-mail alice@effinghamsigns.com

BILL TO
AVING - RICE JUMPIN JIMMYS PO BOX 806 EFFINGHAM, IL 62401

P.O. NO.	MONTROSE
CONTACT	MARTY JANSEN
PHONE	821-3063

Customer E-mail
mjansen@gasmartusa.com

TERMS	Net 15
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QUANTITY	DESCRIPTION	RATE	AMOUNT
2	PHILLIPS 66 MONTROSE, IL NEW 30" X 96" TRANSLUCENT PLUS PANELS WITH LED SEE THRU AREA OUR SERVICE ORDER #Y15053	300.00	600.00

Thank you for your business.	Total	\$600.00
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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> (15455802) EFFINGHAM SIGNS & GRAPHICS, INC. 1009 SOUTH OAK ST EFFINGHAM IL 62401- 0000	Claim No: 11 <i>Original Filed</i> <i>Date: 07/20/2015</i> <i>Original Entered</i> <i>Date: 07/20/2015</i>	<i>Status:</i> <i>Filed by: CR</i> <i>Entered by: ePOC</i> <i>Modified:</i>
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Amount	claimed:	\$1258.85			
Unsecured	claimed:	\$1258.85			

History:

Details	11-1	07/20/2015 Claim #11 filed by EFFINGHAM SIGNS & GRAPHICS, INC., Amount claimed: \$1258.85 (ePOC)
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Description:

<i>Remarks:</i>		
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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*	\$1258.85
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		