

UNITED STATES BANKRUPTCY COURT MO Western (Kansas City) District of Missouri		PROOF OF CLAIM
Name of Debtor: AVING-RICE LLC	Case Number: 15-41917	
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): Illinois Department of Revenue		
Name and address where notices should be sent: Illinois Department of Revenue Bankruptcy Section P.O. Box 64338 Chicago, Illinois 60664-0338 Telephone number: 312 814-3058 email: _____		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent (if different from above): Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>\$37,731.96</u> (total) If all or part of your claim is secured, complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Taxes</u>		
3. Last four digits of any number by which creditor identifies debtor: 4026	3a. Debtor may have scheduled account as: _____	3b. Uniform Claim Identifier (optional): _____
4. Secured Claim The Illinois Department of Revenue claims a lien on all real and personal property of the debtor for all assessments marked as liened. In addition, the Department claims a right of setoff against any refunds that are or may be determined to be due the debtor.		
		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 commission (up to \$11,725*) 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 \$2,600* 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 checked="" 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)(____).
		Amount entitled to priority: \$ <u>\$37,479.85</u>
*Amounts are subject to adjustment on 4/1/13 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.		

Gas-Mart USA, Inc. POC

 00045

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, and security agreements. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfections of a security interest are attached.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature:

Check the appropriate box.

- I am the creditor.
- I am the creditors authorized agent. (attach copy of powere of attorney, if any.)
- 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 the true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: **Sharity Woods**

Title: **RTS**

Company: **Illinois Department of Revenue**

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

/s/ Sharity Woods  **07/20/2015**
 (Signature) (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.



Illinois Department of Revenue
Attachment to Proof of Claim
Bankruptcy 15-41917 filed 02-Jul-2015 by
AVING-RICE LLC

Period	Assessed*	Tax Type	Tax ID	Calculated To Bankruptcy Petition Date			Lien	
				Tax	Penalty	Interest	Date	County
5/31/2015	07/06/2015	ROT/UT	4070	\$12,605.30	\$252.11	\$10.36		
6/30/2015		ROT/UT	4070	\$24,864.19	\$0.00	\$0.00		

* If "Assessed" = "Priority" then equitable tolling applies



ILLINOIS DEPT OF REVENUE
Bankruptcy Administration Unit
100 W. Randolph #7-400
Chicago, Illinois 60601
(312) 814-3058

July 21, 2015

Western District of Missouri
400 East 9th Street, Room 1510
Kansas City, MO 64106

Dear Sir or Madam:

Attached are multiple copies of a claim (or claims) to be filed in the following case:

Bankruptcy No.	Debtor's Name(s)	Tax Type	Amount
15-41917	Aving-Rice LLC	Retailers' Occupational/ Use	\$37,731.96

Please receipt-stamp the submitted documents and use the enclosed stamped, self-addressed envelope to return a copy of each claim here submitted.

Thank you.

Yours truly,

A handwritten signature in black ink, appearing to be a stylized name.

State of Illinois
Revenue Tax Specialist

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> (15475763) Illinois Department of Revenue Bankruptcy Section PO Box 64338 Chicago, IL 60664-0338	Claim No: 1 <i>Original Filed Date:</i> 07/27/2015 <i>Original Entered Date:</i> 07/29/2015 <i>Last Amendment Filed:</i> 08/18/2015 <i>Last Amendment Entered:</i> 08/18/2015	<i>Status:</i> Filed by: CR Entered by: ePOC Modified:
Amount claimed: \$12867.77		
Priority claimed: \$12615.66		
Unsecured claimed: \$252.11		

History:

Details	1-1	07/27/2015 Claim #1 filed by Illinois Department of Revenue, Amount claimed: \$37731.96 (Shannon, Kirsten)
Details	1-2	08/18/2015 Amended Claim #1 filed by Illinois Department of Revenue, Amount claimed: \$12867.77 (ePOC)

Description:

Remarks: (1-2) Account Number (last 4 digits):4026

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

Total Amount Claimed*	\$12867.77
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	\$12615.66	
Administrative		