B10 (Official Form 10) (04/13)

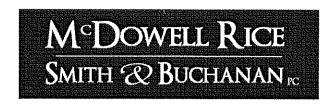
UNITED STATES BANKRI	UPTCY COURT Western Distr	ict of Missouri	PROOF OF CLAIM	
Name of Debtor: Aving-Rice, LLC		Case Number: 15-41917	FILED	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.			U.S. Bankruptcy Court Western District of Missouri	
Name of Creditor (the person or other entity to McDowell Rice Smith & Buchana			8/3/2015 Paige Wymore-Wynn, Clerk COURT USE ONLY	
Name and address where notices should be sen McDowell Rice Smith & Buchanan, PC 605 W. 47th St Suite 350 Kansas City, MO 64112 Telephone number: 816-753-5400	email: tbuchanan@mcdowellrice.com		Check this box if this claim amends a previously filed claim. Court Claim Number:	
Name and address where payment should be se	nt (it different from above):			
Amount of Claim as of Date Case Filed: if all or part of the claim is secured, complete.	\$ <u>272518,75</u> ete item 4. If all or part of the claim is entitled to erest or other charges in addition to the principa		tement that itemizes interest or charges.	
2. Basis for Claim: Legal Fees a	and Expenses (See instruction #	2)		
3. Last four digits of any number by which creditor identifies debtor: 4676	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (opt	ional):	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured setoff, attach required redacted documents, and Nature of property or right of setoff:	d provide the requested information.	Amount of arrearage and included in secured claim, i	other charges, as of the time case was filed, if any: \$	
Describe: Value of Property: \$ Annual Interest Rate (when case was filed)	% □ Fixed or □ Variable	Amount of Secured Clair	n: \$	
5. Amount of Claim Entitled to Priority un	der 11 U.S.C. §507(a). If any part of the claim fa		ies, check the box specifying the priority and state the	
Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	Wages, salaries, or commissions (up to \$12 earned within 180 days before the case was or the debtor's business ceased, whichever \$507(a)(4).	s filed employe	utions to an Amount entitled to priority: C. §507(a)(5).	
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).	Taxes or penalties owed to governmental u §507(a)(8).	applicat 11 U.S.	ole paragraph of C. §507(a)().	
	6 and every 3 years thereafter with respect to cases s claim has been credited for the purpose of making			



Case 15-41917-abf11 Claim 2-1 Filed 08/03/15 Desc Main Document Page 2 of 2

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, judgment 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.	\square 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	ne information provided in this claim is true and correct to	o the best of my knowledge, information, and rea	asonable belief.	
Print Name: Thomas R.				
Buchanan				
Title: President				
Company: McDowell Rice S	Smith & Buchanan,			
PC				
Address and telephone num	ber (if different from notice address abov	e):		
		/s/ Thomas R. Buchanan	<u>8/3/2015</u>	
		(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.



TRACY RICH ACCOUNTS RECEIVABLE MANAGER

605 W 47[™] STREET
SUITE 350
KANSAS CITY, MO 64112
(816) 753-5400 FAX (816) 753-9996

Direct Dial: (816) 960-7338 Email: trich@mcdowellrice.com

July 6, 2015

Open Invoice Listing for Gas Mart USA

Invoice	Date	Original Balance	Payments	Current Balance
Matter ID: C14676.	000 Matter De	esc: GUSTIN, GR	REGORY	
394452	2/12/2014	\$54,561.43	\$4,265.55	\$50,295.88
394916	3/25/2014	\$97,896.72	\$0.00	\$97,896.72
396090	5/8/2014	\$63,980.76	\$0.00	\$63,980.76
396743	6/11/2014	\$47,114.56	\$0.00	\$47,114.56
396806	6/24/2014	\$17,079.26	\$0.00	\$17,079.26
397448	7/14/2014	\$1,911.01	\$0.00	\$1,911.01
398615	9/8/2014	\$2,039.11	\$0.00	\$2,039.11
399224	10/17/2014	\$2,039.11	\$0.00	\$2,039.11
400710	12/31/2014	\$2,039.11	\$0.00	\$2,039.11
401732	2/19/2015	\$2,039.11	\$0.00	\$2,039.11
402742	4/20/2015	\$2,039.11	\$0.00	\$2,039.11
403759	6/5/2015	\$2,039.11	\$0.00	\$2,039.11
Matter Total:				\$290,512.85
Matter ID: C14676.	004 Matter De	esc: NASB/GEOF	RGE	
398601	9/8/2014	\$637.50	\$0.00	\$637.50
399225	10/17/2014	\$4.78	\$0.00	\$4.78
400711	12/31/2014	\$4.78	\$0.00	\$4.78
401733	2/19/2015	\$4.78	\$0.00	\$4,78
402743	4/20/2015	\$4.78	\$0.00	\$4.78
403760	6/5/2015	\$4.78	\$0.00	\$4.78
Matter Total:	Mary Comments		·	\$661.40
Total Due:				\$291,174.25

Last payment: Wednesday, June 18, 2014 in the amount of \$ 4,265.55

Currency Code: 7/6/2015 4:07:26 PM

Type	Invoice	Date	Fees	Cost	Other	Total
BILL	394452	02/12/2014	51,810.00	2,171.74	579.69	54,561.43
SPAY	8729	06/18/2014	-1,365.00	0.00	0.00	-1,365.00
SPAY	9998	06/18/2014	-728.81	-2,171.74	0.00	-2,900.55
InvoiceTotal	394452	02/12/2014	49,716.19	0.00	579.69	50,295.88
InvoiceTotal	394916	03/25/2014	95,913.50	998.65	984.57	97,896.72
InvoiceTotal	396090	05/08/2014	61,154.25	1,506.50	1,320.01	63,980.76
InvoiceTotal	396743	06/11/2014	43,723.50	1,789.40	1,601.66	47,114.56
InvoiceTotal	396806	06/24/2014	16,094.00	985.26	0.00	17,079.26
InvoiceTotal	397448	07/14/2014	0.00	0,00	1,911.01	1,911.01
InvoiceTotal	398601	09/08/2014	637.50	0.00	0.00	637.50
InvoiceTotal	398615	09/08/2014	0.00	0.00	2,039.11	2,039.11
InvoiceTotal	399224	10/17/2014	0.00	0.00	2,039.11	2,039.11
InvoiceTotal	399225	10/17/2014	0.00	0.00	4.78	4.78
InvoiceTotal	400710	12/31/2014	0.00	0.00	2,039.11	2,039.11
InvoiceTotal	400711	12/31/2014	0.00	0.00	4.78	4.78
InvoiceTotal	401732	02/19/2015	0.00	0.00	2,039.11	2,039.11
InvoiceTotal	401733	02/19/2015	0,00	0.00	4.78	4.78
InvoiceTotal	402742	04/20/2015	0.00	0.00	2,039.11	2,039.11
InvoiceTotal	402743	04/20/2015	0.00	0.00	4.78	4.78
InvoiceTotal	403759	06/05/2015	0.00	0.00	2,039.11	2,039.11
InvoiceTotal	403760	06/05/2015	0.00	0.00	4.78	4.78
GRAND TOTAL			267,238.94	5,279.81	18,655.50	291,174.25

\$272,518 75

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):**

Status:

Filed by: CR

Modified:

(15480553) Claim No: 2 Creditor: McDowell Rice Smith & Original Filed Buchanan, PC Date: 08/03/2015 Entered by: ePOC 605 W. 47th St Original Entered

Date: 08/03/2015 Suite 350

Kansas City, MO

64112

Amount claimed: \$272518.75 Unsecured claimed: \$272518.75

History:

2-1 08/03/2015 Claim #2 filed by McDowell Rice Smith & Buchanan, PC, Amount **Details**

claimed: \$272518.75 (ePOC)

Description:

Remarks: (2-1) Account Number (last 4 digits):4676

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*	\$272518.75
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		