


B 10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT Western District of Missouri		 <p style="text-align: center;">COURT USE ONLY</p> <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Name of Debtor: Fran Transport and Oil Company			Case Number: 15-41918-abf11
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): Blue Beacon International, Inc.			
Name and address where notices should be sent: 500 Graves Blvd. P.O. Box 856 Salina, KS 67402-0856			
Telephone number: (785) 826-8270 email: davem@bluebeacon.com			
Name and address where payment should be sent (if different from above):		<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.	
Telephone number: _____ email: _____			
1. Amount of Claim as of Date Case Filed: \$ <u> 814.66 </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>Services performed</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: 5 4 7 6	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: _____		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Value of Property: \$ _____		Basis for perfection: _____	
Annual Interest Rate _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u> 814.66 </u>	
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 \$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 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: \$ _____	
*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. (See instruction #6)			

Gas-Mart USA, Inc. POC

 00054

B 10 (Official Form 10) (12/11)

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, judgments, mortgages, and security agreements. 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. (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:

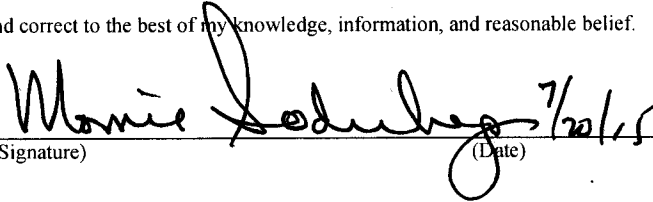
8. Signature: (See instruction #8)

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. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
 (Attach copy of power of attorney, if any.) (See Bankruptcy Rule 3004.)

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: Morrie Soderberg
 Title: Chief Financial Officer
 Company: Blue Beacon International, Inc.
 Address and telephone number (if different from notice address above):


 (Signature) _____ (Date) 7/20/15

Telephone number: (785) 826-8270 email: davem@bluebeacon.com

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.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

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.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

JUL-18-2006 02:56 AM

07/17/2006 14:13 7858223725

FINANCE DEPT

PAGE 02

8135476



Fleet Charge Application
Blue Beacon Truck Washes

PO Box 888 • Salina, KS 67402-0888
 Phone 785-826-8250 • FAX 785-822-3788

TRUCK WASHES

Company Name FRAU TRANSPORT & OIL COMPANY
 Phone 913 599-5300 Fax 913 599-5798 E-Mail _____
 Person to Contact Louise Jonas-Tilghman Phone 913 599-5800 Ext _____
 Street Address 10914 W 84TH TERRACE Lenexa KS 66214
 City State Zip
 Mailing Address Same as above
 Billing Person to Contact Temara Tramm Billing Phone 913 599-5800
 Billing Fax 913 599-5798 Billing E-Mail _____
 Billing Address 10914 W 84TH TERRACE Lenexa KS 66214
 City State Zip
 Corporation Partnership _____ Owner/Operator _____ Yrs. in Business _____
 Are you a subsidiary, branch of a parent company, or multi-location? Yes No
 Dunn & Bradstreet # _____ Social Security # (if Sole Proprietor) _____
 We are sales tax exempt and including the proper exemption forms for each applicable state. Yes No
 # of Tractors 2 # of Trailers 2 How many units will you wash each month? 0

CREDIT REFERENCES: Complete mailing address required on all references. please list business at which you have two or more years of credit established, credit card reference not acceptable; please list your bank as one credit reference.

Bank	Name	Account No.	Phone
1.	(See attached)		
2.			
3.			
4.			

CREDIT AGREEMENT AND DISCLOSURE

Customer agrees to the following: Payment in due on the last business day of the month following purchase. Late payment fees on past due balances are computed at periodic rates of 1.8% per month (APR of 18%). All credit sales are made subject to the Kansas Uniform Consumer Credit Code. Customer consents and agrees that any or all of the terms of this agreement may be changed after notice is given in writing in two billing cycles prior to the effective date of the change. Permission is hereby granted by the applicant for Blue Beacon to investigate all statements contained herein and further authorize any of our creditors to release information in regard to our financial status.

NOTICE

1. Do not sign this agreement before you read it.
2. You are entitled to a copy of this agreement.
3. You may prepay the unpaid balance at any time without penalty.

Authorized By DAVID GEORGE Title PRESIDENT
 PLEASE PRINT
 Authorized Signature [Signature] Date 7-17-06
 PLEASE SIGN

Office Use Only Date Initials
 Rec'd 7-18-06 DK
 Processed 7/28/06 DK
 Opened 8/3/06 DK



Blue Beacon International, Inc

P.O. Box 856
 Salina, Kansas 67402-0856
 Direct Line to Accounting Department (785) 825-0904

0135476
 Fran Transport and Oil Company
 10777 Barkley Street
 Suite 200
 Leawood, KS 66211

*** INVOICE SUMMARY ***	
Invoice Number	1842389
Invoice Date	05-31-2015
Due Date	06-30-2015
Ticket Count	2
Original Ticket Total	\$211.00
Ticket Adjustments	\$.00
Late Payment Fee	\$.00
Credits	\$.00
Current Charges	\$211.00

Please detach here and return with remittance



Blue Beacon Truck Washes

Account No: 0135476
 Name: Fran Transport and Oil Company

Enter Any Adjustments To Tickets		
Ticket #	Amount	Reason

Reconciling This Invoice #1842389	
Amount Due This Invoice	\$211.00
Payment Due Date	06-30-2015
Your Adjustments	_____
Amount Being Paid	_____
Check Number	_____
(Or Reference# if paying by Electronic Transfer)	

Please pay the amount due shown above, or provide detail by ticket explaining why you are paying a different amount. (See Table at Left.)

ACCOUNT STATUS PRIOR TO THIS INVOICE: NO PAST DUE PAYMENTS (AS OF 05-31-2015)

Invoice Number	Invoice Date	Due Date	Invoice Amount	Last Payment	Amount Paid	Balance Due	Status
1804648	03-31-2015	04-30-2015	\$752.00	06-01-2015	\$752.00	\$0.00	Paid
1823460	04-30-2015	05-31-2015	\$11.28		\$0.00	\$0.00	Paid

TICKET DETAIL

FROM: 05-01-2015 THRU 05-31-2015

TICKET DATE	TICKET NUMBER	TRUCK CITY	WASH CITY	TRACTOR ST	TRACTOR NUMBER	TRAILER NUMBER	DRIVERS NAME	SERVICE DESCRIPTION	QTY	SRV AMT	TOT DUE
05-03-2015	078123702	Kansas City		MO	2	2A	GARY REED	Conventional With	1	34.50	
								CitruShine All Tractor	1	10.00	
								Engine Wash Conventional	1	9.00	
								Undercarriage Rinse	1	5.00	
								No Sleeper \$2.00 Discount	1	-2.00	
								Br Tanker SmallSmoothSide	1	47.50	104.00
05-31-2015	078125572	Kansas City		MO	2	2A	GARY REED	Conventional With	1	34.50	
								CitruShine All Tractor	1	10.00	
								Engine Wash Conventional	1	9.00	
								RainX Complete Tractor	1	8.00	
								No Sleeper \$2.00 Discount	1	-2.00	
								Br Tanker SmallSmoothSide	1	47.50	107.00



Blue Beacon International, Inc

P.O. Box 856
 Salina, Kansas 67402-0856
 Direct Line to Accounting Department (785) 825-0904

Tire Dressing - Try it this summer!
Available at 85 Locations

0135476
 Fran Transport and Oil Company
 10777 Barkley Street
 Suite 200
 Leawood, KS 66211

Visit BlueBeacon.com
for a list of locations
and service times

*** INVOICE SUMMARY ***	
Invoice Number	1861487
Invoice Date	06-30-2015
Due Date	07-31-2015
Ticket Count	6
Original Ticket Total	\$600.50
Ticket Adjustments	\$.00
Late Payment Fee	\$3.16
Credits	\$.00
Current Charges	\$603.66
Past Due as of: 07-07-2015 <small>(See Page 2)</small>	\$211.00
Total Due	\$814.66



Blue Beacon Truck Washes

Account No: 0135476
 Name: Fran Transport and Oil Company

Please detach here and return with remittance

Enter Any Adjustments To Tickets		
Ticket #	Amount	Reason

Reconciling This Invoice #1861487	
Amount Due This Invoice	\$814.66
Payment Due Date	07-31-2015
Your Adjustments	_____
Amount Being Paid	_____
Check Number	_____
<small>(Or Reference# if paying by Electronic Transfer)</small>	

Please pay the amount due shown above, or provide detail by ticket explaining why you are paying a different amount. (See Table at Left.)

ACCOUNT STATUS PRIOR TO THIS INVOICE: PAST DUE (AS OF 07-07-2015)

Invoice Number	Invoice Date	Due Date	Invoice Amount	Last Payment	Amount Paid	Balance Due	Status
1804648	03-31-2015	04-30-2015	\$752.00	06-01-2015	\$752.00	\$0.00	Paid
1842389	05-31-2015	06-30-2015	\$211.00		\$0.00	\$211.00	Not Paid - Due on 06-30-2015

TICKET DETAIL

FROM: 06-01-2015 THRU 06-30-2015

TICKET DATE	TICKET NUMBER	TRUCK WASH CITY	ST	TRACTOR NUMBER	TRAILER NUMBER	DRIVERS NAME	SERVICE DESCRIPTION	QTY	SRV AMT	TOT DUE
06-30-2015	F18423896						Late Fee For Inv 1842389	1	3.16	3.16
06-07-2015	078126170	Kansas City	MO	1482	6A	JOHN ORY	Conventional With CitruShine All Tractor Engine Wash Conventional RainX Complete Tractor RainX Complete Trailer Undercarriage Rinse No Sleeper \$2.00 Discount Brush Sm Tanker Cit Tanker SmallSmoothSd	1 1 1 1 1 1 1 1 1	34.50 10.00 9.00 8.00 12.00 5.00 -2.00 15.00 48.00	139.50
06-07-2015	078126171	Kansas City	MO	1482	6A	JOHN ORY	Power 6Whl Tire Dressing Pull 4Whl Tire Dressing	1 1	8.00 4.00	12.00
06-09-2015	078126291	Kansas City	MO	1411	5A	JESSE SALINAS	Conventional With RainX Complete Tractor RainX Complete Trailer No Sleeper \$2.00 Discount Cit Tanker SmallSmoothSd	1 1 1 1 1	34.50 8.00 12.00 -2.00 48.00	100.50
06-20-2015	078127273	Kansas City	MO	1482	6A	JOHN ORY	Conventional With CitruShine All Tractor Engine Wash Conventional RainX Complete Tractor RainX Complete Trailer Power 6Whl Tire Dressing Pull 4Whl Tire Dressing No Sleeper \$2.00 Discount Brush Sm Tanker Cit Tanker SmallSmoothSd	1 1 1 1 1 1 1 1 1	34.50 10.00 9.00 8.00 12.00 8.00 4.00 -2.00 15.00 48.00	146.50
06-20-2015	078210715	Kansas City	MO	1483	4A	WESLEY STEINLY	Conventional With CitruShine All Tractor Engine Wash Conventional RainX Complete Tractor RainX Complete Trailer Undercarriage Rinse No Sleeper \$2.00 Discount Brush Sm Tanker Cit Tanker SmallSmoothSd	1 1 1 1 1 1 1 1 1	34.50 10.00 9.00 8.00 12.00 5.00 -2.00 15.00 48.00	139.50
06-21-2015	078127281	Kansas City	MO	2	NONE	GARY REED	Conventional Only CitruShine Wheel-Pwr Unit Engine Wash Conventional RainX Complete Tractor No Sleeper \$2.00 Discount	1 6 1 1 1	41.50 6.00 9.00 8.00 -2.00	62.50

Western District of Missouri Claims Register

[15-41918-abf11 Fran Transport & Oil Co.\(JOINT ADMIN-All Docketing to be done in 15-41915\)](#)

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

<i>Creditor:</i> (15471801) Blue Beacon International Inc 500 Graves Blvd PO Box 856 Salina, KS 67402-0856	Claim No: 5 <i>Original Filed</i> Date: 07/23/2015 <i>Original Entered</i> Date: 07/23/2015	<i>Status:</i> Filed by: CR Entered by: Jonathan Almstedt Modified:
Amount claimed: \$814.66		

History:

Details	5-1	07/23/2015 Claim #5 filed by Blue Beacon International Inc, Amount claimed: \$814.66 (Almstedt, Jonathan)
-------------------------	---------------------	--

Description:

<i>Remarks:</i>		
-----------------	--	--

Claims Register Summary

Case Name: Fran Transport & Oil Co.(JOINT ADMIN-All Docketing to be done in 15-41915)
Case Number: 15-41918-abf11
Chapter: 11
Date Filed: 07/02/2015
Total Number Of Claims: 1

Total Amount Claimed*	\$814.66
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		