

## B10 (Official Form 10) (04/13)

<b>UNITED STATES BANKRUPTCY COURT Western District of Missouri</b>		<b>PROOF OF CLAIM</b>
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		<b>FILED</b>  U.S. Bankruptcy Court Western District of Missouri  8/18/2015  Paige Wymore-Wynn, Clerk COURT USE ONLY
Name and address where notices should be sent: Illinois Department of Revenue Bankruptcy Section PO Box 64338 Chicago, IL 60664-0338  Telephone number: 312-814-3058      email:		
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>12867.77</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 checked="" 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>Taxes</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>4026</u>	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 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>12815.66</u>		
*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



00059



**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: Sharity Woods

Title: Revenue Tax Specialist II

Company: Illinois Department of

Revenue

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

/s/ Sharity Woods

(Signature)

8/18/2015

(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.*







**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.      ☐ I am a guarantor, surety, indorser, or other codebtor.  
(See Bankruptcy Rule 3004.)      (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

(Signature)

08/18/2015

(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.





**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		

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



# 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):**

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

**History:**

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

<b>Total Amount Claimed*</b>	\$12867.77
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims



**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>	\$12615.66	
<b>Administrative</b>		