

B 10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT Western District of Missouri	PROOF OF CLAIM
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Name of Debtor: GAS-MART USA INC	Case Number: 15-41915-abf11
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NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): Kansas Department of Labor (a government entity)	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Kansas Department of Labor 401 SW Topeka Blvd. Topeka, KS 66603-3182	Court Claim Number: _____ <i>(if known)</i>
Telephone number: (785) 296-5000 x 7641	Filed on: _____

Name and address where payment should be sent (if different from above): Kansas Department of Labor Delinquent Account Unit 401 SW Topeka Blvd. Topeka, KS 66603-3182	<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.
Telephone number: (785) 296-5000 x 7641	<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ <u>43,997.61</u>	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
If all or part of your claim is entitled to priority, complete item 5.	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	<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)().

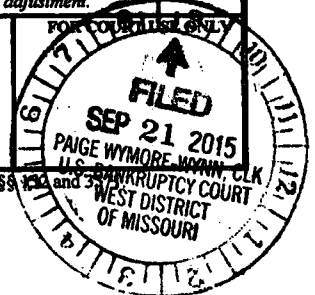
2. Basis for Claim: <u>STATE TAXES</u> <i>(See instruction #2 on reverse side.)</i>	Specify the priority of the claim.
3. Last four digits of any number by which creditor identifies debtor: <u>3837</u>	
3a. Debtor may have scheduled account as: _____ <i>(See instruction #3a on reverse side.)</i>	

4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff 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 _____ %	
Amount of arrearage and other charges as of time case filed included in secured claim,	
If any: \$ _____ Basis for perfection: _____	
Amount of Secured Claim: \$ <u>38,378.13</u> Amount Unsecured: \$ <u>5,619.48</u>	

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.	
7. Documents: Attach 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. <i>(See instruction 7 and definition of "redacted" on reverse side.)</i>	
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.	
If the documents are not available, please explain:	
	Amount entitled to priority: \$ <u>5,619.48</u>

Date: 09/16/2015	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Diana Niteulca
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Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 1519 and 1519a.



Gas-Mart USA, Inc. POC
00067

STATE OF KANSAS
DEPARTMENT OF LABOR

RECEIVED
JUL 21 2015
DAU

V.

GAS-MART USA, INC
(AS A CORPORATION)
10777 BARKLEY ST #200
SHAWNEE MISSION KS 66211

ACCOUNT NO. 3837
STATE LIEN NO. 20151607

FOR USE OF RECORDING OFFICE

STATE LIEN NO. 20151607



20150707-0002290 07/07/2015
P: 1 of 1 F: \$0.00 02:16:09 PM
Register of Deeds T20150048142
JO CO KS BK:201507 PG:002290

DATE FILED _____
TIME OF FILING _____ .M.

REGISTER OF DEEDS

BY: _____
DEPUTY

NOTICE OF TAX LIEN

Pursuant to the provisions of the Kansas Employment Security Law, notice is hereby given that there has been assessed against the above named employer, contributions, payments in lieu of contributions, or benefit cost payments, including interest and penalty which, after demand for payment thereof, remain unpaid. As provided by the Employment Security Law, this amount, and any additional interest as may accrue, is a lien in favor of the State of Kansas, upon all property and rights to property whether real or personal, belonging to this employer.

PERIOD QTR/YR	UNPAID TAXES	PENALTY	SUTA PENALTY	ASSESSED INTEREST	ACCRUED INTEREST	QUARTER TOTAL
1 2015	37,260.33	.00	.00	.00	1,117.80	38,378.13

COLUMN TOTALS	37,260.33	.00	.00	.00	1,117.80	38,378.13
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*Additional interest will accrue on unpaid taxes at \$ 372.60 per month beginning 08/01/2015. **INTEREST RATE:** 1.5% on all quarters prior to Jan. 1, 1995 and 1.0% on all quarters thereafter.

TOTAL \$ 38,378.13

THIS NOTICE WAS PREPARED IN TOPEKA, KANSAS ON 07/01/2015
FOR FILING IN JOHNSON COUNTY, KANSAS.

RETURN COPIES TO: STATE OF KANSAS
DEPARTMENT OF LABOR
DELINQUENT ACCOUNT UNIT
401 S.W. TOPEKA BLVD.
TOPEKA, KANSAS 66603-3182

Eni

Joe T. Vining
JOE T. VINING
CHIEF OF CONTRIBUTIONS

The Kansas Employment Security Law does not require a Certificate of Officer authorized by law to take acknowledgments.

**STATE OF KANSAS
DEPARTMENT OF LABOR
V.**

**EXHIBIT "A"
Statement of Unpaid Accounts Receivable
as of
September 16, 2015**

GAS-MART USA INC
10777 BARKLEY STE 100
OVERLAND PARK KS 66211

Account No. XX3837

<u>QUARTER ENDING</u>	<u>UNPAID CONTRIBUTIONS</u>	<u>PENALTY</u>	<u>ASSESSED INTEREST</u>	<u>ACCRUED INTEREST</u>
03/31/15	37,260.33			1,117.80
06/30/15	5,619.48			

Summary:

Unpaid contributions to date	\$42,879.81
Total penalty assessed	0.00
Total interest assessed on prior payments	0.00
Total interest accrued on unpaid contributions to	1,117.80
TOTAL CONTRIBUTIONS, PENALTY, AND INTEREST UNPAID THROUGH DATE OF BANKRUPTCY	\$43,997.61

STATE OF KANSAS)
) SS
COUNTY OF SHAWNEE)

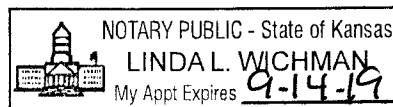
Diana K. Hitchcock, of lawful age, being first duly sworn, on oath deposes and says: That she is the Supervisor of the Delinquent Account Unit, Contributions Branch, of the Kansas Department of Labor; that she has the authority to make this affidavit; that the foregoing account remains unpaid and is just and true to the best of her belief.

Diana K. Hitchcock
Diana K. Hitchcock

Subscribed and sworn to before me this 16th day of September 2015

Linda L. Wichman
Linda L. Wichman (Notary Public)

My Commission Expires: September 14, 2019



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:** 12/29/2015
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (15483987) Kansas Dept of Labor Attn Legal Services 401 SW Topeka Blvd Topeka KS 66603-0000	Claim No: 50 <i>Original Filed</i> Date: 09/21/2015 <i>Original Entered</i> Date: 09/21/2015	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Jonathan Almstedt <i>Modified:</i>
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Amount claimed: \$43997.61			
Secured claimed: \$38378.13			

History:

Details	50-1	09/21/2015 Claim #50 filed by Kansas Dept of Labor, Amount claimed: \$43997.61 (Almstedt, Jonathan)
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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*	\$43997.61
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	\$38378.13	
Priority		
Administrative		