

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Western 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 Employment Security		FILED U.S. Bankruptcy Court Western District of Missouri 9/25/2015 Palge Wymore-Wynn, Clerk COURT USE ONLY
Name and address where notices should be sent: Illinois Department of Employment Security 33 S. State Street Chicago, IL 60603 Telephone number: 312-793-9708 email: william.heslup@illinois.gov		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ <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.
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>13946.36</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>Unemployment Tax</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: <u>1860</u> (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>13946.36</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

 00071

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: William H. Heslup

Title: Revenue Analyst

Company: Illinois Department of Employment

Security

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

/s/ William H. Heslup
(Signature)

9/25/2015
(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} EMPLOYMENT SECURITY

ADMINISTRATIVE PROOF OF CLAIM FOR
DEPARTMENT OF EMPLOYMENT SECURITY
CONTRIBUTIONS/TAXES
(BANKRUPTCY CODE CASES)

CASE NUMBER : 15-41917MO
TYPE OF CASE : 11
PETITION DATE : 07/02/2015
ACCOUNT NUMBER : ***1860
FEIN : *****4026
DOCUMENT IDENTIFIER : 0653042614
SS# :

UNITED STATES BANKRUPTCY COURT
400 EAST 9TH STREET, ROOM 1500
KANSAS CITY MO 64106

IN THE MATTER OF: EMPLOYER : AVING-RICE LLC
 DBA :
 ADDRESS : 10777 BARKLEY ST STE 100
 OVERLAND PARK KS 66211-1162

1. The undersigned whose business address is 33 South State Street, Chicago, Illinois is the agent of the State of Illinois Department of Employment Security, and is authorized to make this request for payment on behalf of the State of Illinois.
2. The debtor is indebted to the State of Illinois Department of Employment Security, in the sum of 13,946.36
3. The grounds for liability are contributions/taxes due under the Illinois Unemployment Insurance Act.

-----UNPAID-----

QTR/YR	CONTRIBUTIONS	INTEREST TO 07/23/2015	PENALTY	OTHER	DATE NOTICE OF LIEN FILED
*3/15	13,946.36	0.00	0.00	0.00	
TOTAL:	13,946.36	0.00	0.00	0.00	

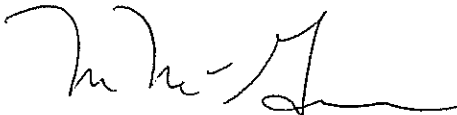
* Wages are estimated because employer failed to file required reports.

4. SECURED	0.00
5. PRIORITY	13,946.36
6. GENERAL UNSECURED	0.00
TOTAL UI TAX CLAIM	13,946.36

The amount of all payments on this claim have been credited and deducted for the purpose of making this claim.

SEND ALL REMITTANCES, NOTICES, ETC. TO:

ILLINOIS DEPT. OF EMPLOYMENT SECURITY
ATTORNEY GENERAL SECTION - 9TH FLOOR
33 S. STATE ST.
CHICAGO IL 60603


By: Collections Unit Manager

(312) 793-6960

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> (15524260) Illinois Department of Employment Security 33 S. State Street Chicago, IL 60603	Claim No: 7 <i>Original Filed</i> <i>Date:</i> 09/25/2015 <i>Original Entered</i> <i>Date:</i> 09/25/2015	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> ePOC <i>Modified:</i>
Amount claimed: \$13946.36		
Priority claimed: \$13946.36		

History:

Details	7-1	09/25/2015 Claim #7 filed by Illinois Department of Employment Security, Amount claimed: \$13946.36 (ePOC)
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Description:

Remarks: (7-1) 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*	\$13946.36
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	\$13946.36	
Administrative		