
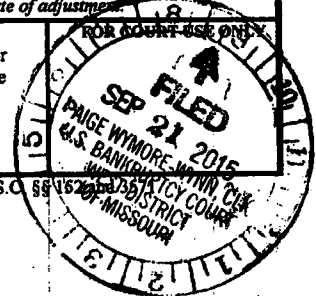


B 10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT Western District of Missouri		PROOF OF CLAIM
Name of Debtor: FRAN TRANSPORT & OIL CO.		Case Number: 15-41918-abf11
<i>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.</i>		
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: _____ (If known)
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>5,237.10</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. Specify the priority of the claim.
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. If all or part of your claim is entitled to priority, complete item 5. <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.		
2. Basis for Claim: <u>STATE TAXES</u> (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor: <u>0263</u>		<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).
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
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>4,735.40</u> Amount Unsecured: \$ <u>501.70</u>		<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).
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
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. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().
Date: <u>09/16/2015</u>		Amount entitled to priority: \$ <u>501.70</u>
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. 		*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.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 1572



Gas-Mart USA, Inc. POC



00072

RECEIVED
 JUL 21 2015
 DAU

STATE OF KANSAS
 DEPARTMENT OF LABOR

V.

FRAN TRANSPORT & OIL COMPANY
 (AS A CORPORATION)
 10777 BARKLEY ST STE 200
 SHAWNEE MISSION KS 66211-1162

ACCOUNT NO. 0263
 STATE LIEN NO. 20151627

FOR USE OF RECORDING OFFICE
 STATE LIEN NO. 20151627

20150707-0002306 07/07/2015
 P: 1 of 1 F: \$0.00 02:18:09 PM
 Register of Deeds T20150048142
 JO CO KS BK:201507 PG:002306

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	4,597.48	.00	.00	.00	137.92	4,735.40

COLUMN TOTALS	4,597.48	.00	.00	.00	137.92	4,735.40
---------------	----------	-----	-----	-----	--------	----------

*Additional interest will accrue on unpaid taxes at \$ 45.97 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 \$ 4,735.40

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

Env:

Joe T. Downing
 JOE T. DOWNING
 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

FRAN TRANSPORT & OIL COMPANY
10777 BARKLEY STE 100
OVERLAND PARK KS 66211

Account No. XX0263

<u>QUARTER</u> <u>ENDING</u>	<u>UNPAID</u> <u>CONTRIBUTIONS</u>	<u>PENALTY</u>	<u>ASSESSED</u> <u>INTEREST</u>	<u>ACCRUED</u> <u>INTEREST</u>
03/31/15	4,597.48			137.92
06/30/15	501.70			

Summary:

Unpaid contributions to date	\$5,099.18
Total penalty assessed	0.00
Total interest assessed on prior payments	0.00
Total interest accrued on unpaid contributions to	<u>137.92</u>
TOTAL CONTRIBUTIONS, PENALTY, AND INTEREST UNPAID THROUGH DATE OF BANKRUPTCY	\$5,237.10

STATE OF KANSAS)
) SS
COUNTY OF SHAWNEE)

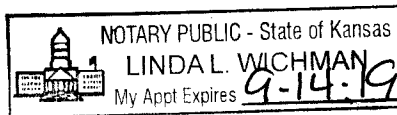
Diana K. Hitchcock, of lawful age, being first duly sworn, on oath deposes and says: That she is the Supervisor of the Delinquent Account Unit, Contributions Branch, of the Kansas Department of Labor; that she has the authority to make this affidavit; that the foregoing account remains unpaid and is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

[15-41918-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> (15456951) KANSAS DEPARTMENT OF LABOR 401 SW TOPEKA BLVD TOPEKA KS 66601-0400	Claim No: 9 <i>Original Filed</i> Date: 09/21/2015 <i>Original Entered</i> Date: 09/21/2015	<i>Status:</i> Filed by: CR Entered by: Jonathan Almstedt Modified:
---------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

Amount claimed: \$5237.10			
Secured claimed: \$4735.40			

History:

Details	9-1	09/21/2015	Claim #9 filed by KANSAS DEPARTMENT OF LABOR, Amount claimed: \$5237.10 (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*	\$5237.10
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	\$4735.40	
Priority		
Administrative		