B10 (Official Form 10) (04/13)

UNITED STATES BANKRI	UPTCY COURT Western Distr	ict of Missouri	PROOF OF CLAIM	
Name of Debtor: Gas-Mart USA, Inc.	I .	Case Number: 15-41915	FILED	
	te a claim for an administrative expense that arises of payment of an administrative expense according to		U.S. Bankruptcy Court Western District of Missouri	
Name of Creditor (the person or other entity to	whom the debtor owes money or property):		10/1/2015	
Cook County Treasurer			Palge Wymore-Wynn, Clerk	
			COURT USE ONLY	
Name and address where notices should be sen	t:		Check this box if this claim amends a previously filed	
Cook County Treasurer			claim.	
118 North Clark St., Room 112			Court Claim Number:	
Chicago, IL 60602			(If known) Filed on:	
Telephone number: (312) 443-5100	email:		Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy	
Name and address where payment should be se	ent (if different from above):		of statement giving particulars.	
Telephone number: email:				
1. Amount of Claim as of Date Case Filed: \$ 158482.41				
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.				
E 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: Ad Valorem Real Estate Tax (See instruction #2)				
Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as:	3b. Uniform Claim Identifier (opt	ional):	
	(See instruction #3a)	(See instruction #3b)		
		<u> </u>		
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured secoff, attach required redacted documents, and		Amount of arrearage and of included in secured claim, i	ther charges, as of the time case was filed, f any: \$ <u>158482.41</u>	
Nature of property or right of setoff: R Describe:	eal Estate	Basis for perfection: 3	5 ILCS 200/21-75	
Value of Property: \$	40 000/ Et Final on Et Wariable	Amount of Secured Claim	n: \$ <u>158482.41</u>	
Annual Interest Rate (when case was filed)	18.00 % Fixed of C. Variable	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.				
Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	Wages, salaries, or commissions (up to \$12 carned within 180 days before the case was or the debtor's business ceased, whichever \$507(a)(4).	s filed employe	tions to an Amount entitled to priority: 2. §507(a)(5).	
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).	Taxes or penalties owed to governmental us §507(a)(8).	applicab	Specify S te paragraph of C. §507(a)(_).	
*Amounts are subject to adjustment on 4/01/1	6 and every 3 years thereafter with respect to cases	commenced on or after the date of adj	usimeni.	
6. Credits. The amount of all payments on thi	s claim has been credited for the purpose of making	this proof of claim. (See instruction #	6)	

Gas-Mart USA, Inc. POC

Case 15-41915-abf11 Claim 55-1 Filed 10/01/15 Desc Main Document Page 2 of 2

mortgages, security agreements, or, in the claim is secured, box 4 has been complete residence, the Mortgage Proof of Claim A	case of a claim based on an open-end or revolving con d, and redacted copies of documents providing evidence ttachment is being filed with this claim. (<i>See instruction</i> TS. ATTACHED DOCUMENTS MAY BE DESTROY!	sumer credit agreement, a statement providing e of perfection of a security interest are attached #7, and the definition of "redacted".)	nized statements of running accounts, contracts, judgments, the information required by FRBP 3001(c)(3)(A). If the ed. If the claim is secured by the debtor's principal
8. Signature: (See instruction #8) Check the	he 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 re	easonable belief.
Print Name: Ann Caruso			
Title: Bankruptcy Clerk			
Company: Cook County Trea	surer's		
Office			
Address and telephone number	er (if different from notice address above) :	
-		/s/ Ann Caruso	10/1/2015
		(Signature)	(Date)
		(5.9.14.4.5)	(546)
l 			
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.

Case 15-41915-abf11 Claim 55-1 Part 2 Filed 10/01/15 Desc Attachment 1 Page 1 of 4

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

UNITED STATES BANKRUPTCY COURT:	Western District of Mi	ssouri		PROOF OF CLAIM
Name of Debtor: Gas-Mart USA, Inc.		Case Number:	15 B 41915	
NOTE: Do not use this form to make a claim for You may file a request for payment of t	r an administrative expens an administrative expens	se that arises af e according to I	ier the bankruptcy filing I U.S.C. § 503.	5
Name of Creditor (the person or other entity to wh	om the debtor owes mone	y or property):		7
Cook County Treasurer's Office				COURT USE ONLY
Name and address where notices should be sent:	ŧ			Check this box if this claim amends
118 North Clark Street, Room 112				a previously filed claim.
Chicago, Illinois 60602				Court Claim Number: (If known)
Telephone number:(312) 443-5100	email:		ě	Filed on:
Name and address where payment should be sent (if different from above):		,	☐ 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: \$ 15	58482,41			
If all or part of the claim is secured, complete item	4.			
If all or part of the claim is entitled to priority, com	plete item 5.			
☑Check this box if the claim includes interest or of	ther charges in addition to	the principal am	ount of the claim. Attach	n a statement that itemizes interest or charges
2. Basis for Claim: Ad Valorem Real Estate Tax	es			
(See instruction #2)				
3. Last four digits of any number by which creditor identifies debtor :	3a. Debtor may have s account as:	scheduled	3b. Uniform Claim Identifier (optional):	
	(See instruction #3a)		(See instruction #3b)	
4. Secured Claim (See instruction #4)				and other charges, as of the time case was
Check the appropriate box if the claim is secured lattach required redacted documents, and provide the	oy a lien on property or a requested information.	right of setoff,	filed, included in secu	red claim, if any: \$ <u>158482.41</u>
Nature of property or right of setoff: 図Real Es Describe:	tate	Other	Basis for perfection:	35 ILCS 200/21-75
Value of Property: \$ <u>0.00</u>	•		Amount of Secured Cl	laim: \$ <u>158482.41</u>
Annual Interest Rate <u>18.00</u> % Fixed or Vari when case was filed)	able		Amount Unsecured:	\$ 0.00
. Amount of Claim Entitled to Priority under I pecifying the priority and state the amount.	11 U.S.C. § 507 (a). If an	ıy part of the cla	aim falls into one of the	e following categories, check the box
D Domestic support obligations under 11 J.S.C. § 507 (a)(1)(A) or (a)(1)(B).	C. § 507 (a)(1)(A) or (a)(1)(B). earned within 180 days before the case was filed or the		☐ Contributions to an employee benefit plan — 11 U.S.C. § 507 (a)(5).	
Up to \$2,600* of deposits toward purchase, ease, or rental of property or services for personal, amily, or household use - 11 U.S.C. § 507 (a) (7).	☐ Taxes or penalties ow -11 U.S.C. § 507 (a)(8).	ed to government	tal units	☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)().
				Amount entitled to priority:
				\$

Case 15-41915-abf11 Claim 55-1 Part 2 Filed 10/01/15 Desc Attachment 1 Page 2

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

running accounts, cont	hed are redacted copies of any documents that supp racts, judgments, mortgages, and security agreement perfection of a security interest are attached. (See ins	ts. If the claim is secured, box 4 has been con	upleted, and reducted copies of documents
DO NOT SEND OR	IGINAL DOCUMENTS. ATTACHED DOCUME	ENTS MAY BE DESTROYED AFTER SO	ANNING.
If the documents are	not available, please explain:	•	•
8. Signature: (See in	struction #8)		,
Check the appropriate	box.		
☑ I am the creditor,	☐ I am the creditor's authorized agent. (Attach copy of power of attorney, if any.)	☐ 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	n is true and correct to the best of my knowle	edge, information, and reasonable belief.
Print Name: Ann Carus Title: Bankrupte Company: Cook Cour			
314-60	number (if different from notice address above):	am Faren	- 8/5/15
Telephone number:	email;	(Signature)	(Date)

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

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.

(Date)

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

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.

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.

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

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.

3

CLAIM ITEMIZATION

Case Number: 15 B 41915

Debtor Name: Gas-Mart USA, Inc.

Petition Date: 07/02/2015

\$158,482.41	1977.20%.b.c.						***************************************	
\$79,405.97	AND	Terminan (1) is a terminant methy (1) (2) is a commonwealthy (0) case as a massive page (2) (2) (2)	where γ is the set of the AA distributes a simply $YA \ge CA$, a submission showing A is B in A	A AM AN ARABAST, 1. Da. 1. DA 1. AMBARARABASS SELECTION AND AN ARBARAS AND AND ASSESSED AND ASSESSED ASSESSED.	чарий Андели од отпотой органу у Уулского ателестија у Тереного отпотого	N N BYLL Scarce Annual	A FVIIS AV Jõha adeministra vajillijidde ja umatraji is anake y V s	Total Claim Amount.
\$79,405.97	\$0.00	\$0.00	00'0\$	\$5,539.95	\$73,866.02	Current	2014	000-100-171-16-07
\$14,658.09	A COLOR OF THE COL	BBS 352000 is sharedeen hanness state of engine or 13.300 in investment of 13.5000 blocks.	office progressive of the body and the progressive is included any specific out habitished	der Filter e Visibilität krunde det einer Visibilitärs dem verden sich (1886). Särsten und kreisestetet	THE STATE OF THE COMPANY OF THE STATE OF THE	2002 Innoversity of \$200,000 Initial change of \$	ACIA hospowycznicz (i dana sawo popuje jed jedza)	38-24 477 001 0000
\$14,658.09	\$0.00	\$0.00 state of the	\$0.00	- \$1,022.65	\$13,635.44	Current	+T02	0000-250-L0T-CT-02
\$19,906.91	TO THE PARTY OF TH	deller i Very (1700 Alexande Verice Mello (Sentono est unart y VI ((((((((((((((((((THE A AMBRITA A THE STREET OF THE STREET AND ADMINISTRATION TO THE STREET AS A SECURITION OF THE	THE REAL PROPERTY OF SECURITIES AND A SE	abov Veget VIII (Million consequence) v VIII	A Commence of the Comment of the Com	THE PARTY OF THE P	28-1 E-10A 033 0000
\$19,906.91	\$0.00	20.00	\$0.00	\$1,388.85	\$18,518,06	Current	407	0000-5TO-LOT-CT-07
\$15,127.67	e commun eleme		en i i i i i i i i i i i i i i i i i i i	**************************************	media september (1988) Andreas Assentinent per une 1913 Additional communication of the 1914 Addition of	eranique VIVIIIIA As area sous energy VIVIIIA ANdronous	Per PROCES VI SISSANDA Ancomo anno anno anno 184 BABAN A noaman ar agaig	Will debaharan on the Will CAMBER Amount propriet STAN, homeone propriet STAN, Albert on one of the
\$15,127.67	\$0.00	\$0.00	\$0.0°0\$	\$1,055.40	\$14,072.27	Current	4014	0000-017-407-C1-07
\$29,383.77	K de desiral Parle de se energe		\$30% Delices were and \$50,000 for trade exception \$40,000 for an accordance \$55	PETERALA menangame (A) ik to ak a amitirang 1847 E di dasar una neraja hysfoloari	anders versilistete häldetete som verks gerätte, könn kommuneres ställiste ist änd	enterminate (the splitter of the entitless and have gotted \$100 to 100 to 100 to 100 to 100 to 100 to 100 to 1	de bada 1994 1986 d. A Seena a canana de 1990 mmillo d'Ambaro d'anno	00000 0000 0000 00000 00000 00000 00000 0000
\$29,383.77	0.000\$	00'0\$	00'0\$	\$2,050.05	\$27,333.72	Current	2014	19-33-207-019-0000
Total Amount	Total Cost	2nd Inst. Interest Amount*	2nd Inst. Tax Amount	1st Inst. Interest Amount*	1st Inst. Tax Amount	Тах Туре	Claim Year	NIA

* Per 35 ILCS 200/21-25, interest continues to accrue at a rate of 1.5% per month on all outstanding tax principal amounts.

118 North Clark Street • Room 112 • Chicago, Illinois 60602

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

Status:

Modified:

Filed by: CR

Trustee: Last Date to file (Govt):

Creditor: (15529676) Cook County Treasurer 118 North Clark St., Room Date: 10/01/2015 Entered by: ePOC

112

Chicago, IL 60602

Claim No: 55 Original Filed

Original Entered Date: 10/01/2015

Amount claimed: \$158482.41 Secured claimed: \$158482.41

History:

Details

55-1 10/01/2015 Claim #55 filed by Cook County Treasurer, Amount claimed: \$158482.41 (ePOC)

Description: Remarks:

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* \$158482.41 **Total Amount Allowed***

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

^{*}Includes general unsecured claims

	Claimed	Allowed
Secured	\$158482.41	
Priority		
Administrative		