



YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID s2634

Amount/Classification

UNKNOWN Unsecured Unliquidated

Name of Debtor:

~~Aving-Rice, LLC~~

GAS-MART USA, Inc.

Case Number:

~~15-41917-ABF~~

15-41915

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):

Name and address where notices should be sent:



37460320000213

SEVEN UP BOTTLING COMPANY
410 S 1ST ST
WATERTOWN, WI 53094-4408

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (920) 261-5254 email: billschmidt@7upwatertown.net

Name and address where payment should be sent (if different from above):

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number (if known):

Filed on:

Payment Telephone Number () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 2,255.90

If all or part of your claim is secured, complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

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: Goods sold - Beverages Purchased

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

6097

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 your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.

Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$

Nature of property or right of setoff:

Describe:

Real Estate Motor Vehicle Other

Basis for Perfection:

Amount of Secured Claim: \$

Value of Property: \$

Amount Unsecured: \$

Annual Interest Rate: % Fixed or Variable (when case was filed)

RECEIVED

OCT 13 2015

BMC GROUP

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.

Amount entitled to priority: \$

You MUST specify the priority of the claim:

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

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).

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

Wages, salaries, or commissions (up to \$12,475*), 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).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ().

* Amounts are subject to adjustment on 4/1/16 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



00082

7. DOCUMENTS: Attached are redacted copies of documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and 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 definition of "redacted").

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES AND EMAILS NOT ACCEPTED) so that it is actually received on or before 5:00 pm, Prevailing Central Time on December 29, 2015 for all Governmental Units and Non-Governmental Claimants.

BY MAIL TO:
 BMC Group, Inc
 Attn: Gas-Mart, USA Inc. Claims Processing
 PO Box 90100
 Los Angeles, CA 90009

BY MESSENGER OR OVERNIGHT DELIVERY TO:
 BMC Group, Inc
 Attn: Gas-Mart, USA Inc. Claims Processing
 300 N. Continental Blvd, Suite 570
 El Segundo, CA 90245-5072

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: Bill Schmidt
 Title: VP-MARKETING
 Company: Seven Up BOTTLING CO
 Address and telephone number (if different from notice address above):

Bill Schmidt (Signature) 10/9/15 (Date)

Telephone number: 920-261-5254 EXT 17

email: bill.schmidt@7upwatertown.net

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.

LIST OF DEBTORS:

Debtor Name	Case Number
Gas-Mart USA, Inc. ✓	15-41915-ABF
Aving-Rice, LLC	15-41917-ABF
Fran Transport & Oil Co.	15-41918-ABF
G&G Enterprises, LLC	15-41919-ABF

VID Beverage Software Return Enter Exit Message Print Help Assistant www.vtinfo.com

ARPINO by Account

Last Acct
 06897 GASHART USA #28 (CITGO), 2806 CENTER AVE JANESVILLE, JANESVILLE WI 53545 Bill to:
 GASHART USA #28 LIC# EX- 0/00/00 TC- PAID/UNPAID
 Phone 688-754-8121 228 Terms 2 Cycle M Days Limit Del Day 3
 Include R/R Types *ALL..... Oldest Open Item 215

1	234499	12/18/14	452.68	.00	.00	452.68	452.68	215
2	234588	12/18/14	1.99-	.00	.00	1.99-	468.61	215
3	236888	12/23/14	293.42	.00	.00	293.42	754.83	262
4	237226	1/87/15	246.54	.00	.00	246.54	1888.57	187
5	237227	1/87/15	13.28-	.00	.00	13.28-	987.29	187
6	238798	1/21/15	64.00	.00	.00	64.00	1851.29	173
7	248288	2/05/15	285.58	.00	.00	285.58	1336.79	158
8	241643	2/18/15	98.64	.00	.00	98.64	1435.43	145
9	242854	3/04/15	174.58	.00	.00	174.58	1609.93	131
10	244457	3/18/15	413.81	.00	.00	413.81	2023.74	117
11	245728	4/01/15	232.16	.00	.00	232.16	2255.98	183