

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID s212

Amount/Classification

\$2,255.90 Unsecured Unliquidated

Name of Debtor:
Gas-Mart USA, Inc. *ARRIVED 2 DAYS LATER*

Case Number:
15-41915-ABF

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:

 37460320901344
 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: *hillschmidt@topwaticat.com.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 **RECEIVED**

Filed on: **OCT 16 2015**

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.

BMC GROUP

2. BASIS FOR CLAIM: Goods Sold - Beverages Purchased
(See instruction #2)

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)

VIP Beverage Software www.vtinfo.com

ARPINO by Account

Last Acct.
06097 GASMART USA #28 (CITGO), 2006 CENTER AVE JANESVILLE, JANESVILLE WI 53545
GASMART USA #28 LIC# EX- 0/00/00 TC-
Phone 608-754-0121 220 Terms 2 Cycle M Daus Limit Del Dau 3
Include A/R Types *ALL..... Oldest Open Item 215

Bill to:
PAID/UNPAID

L #	Invoice #	Date	Amount	Payments	Adjust	Balance	Acctm	Age
1	234499	12/10/14	462.60	.00	.00	462.60	462.60	215
2	234500	12/10/14	1.99	.00	.00	1.99	460.61	215
3	236880	12/23/14	293.42	.00	.00	293.42	754.03	202
4	237226	1/07/15	246.54	.00	.00	246.54	1000.57	187
5	237227	1/07/15	13.28	.00	.00	13.28	987.29	187
6	238798	1/21/15	64.00	.00	.00	64.00	1051.29	173
7	240200	2/05/15	285.50	.00	.00	285.50	1336.79	158
8	241643	2/18/15	98.64	.00	.00	98.64	1435.43	145
9	242854	3/04/15	174.50	.00	.00	174.50	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	2255.90	103

