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WINED STATES BANKRUPTOY COURT WESTERN DISTRICT OF MISSOURI	PRC	OF OF CLAIM	YOUR CLAIM IS SCHEDULED AS:	
Name of Debtor:	Case Nur	mber	Schedule/Claim ID s2260	
	15-4191		Amount/Classification UNKNOWN Unsecured Unliquidated	
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.			The second of th	
Name of Creditor (the person or other entity to whom the debtor owes money		A.	Creation to continuous and continuous regions	
Marine of Creditor (the person or other entity to whom the debtor owes money	or brobeith		The amounts reflected above constitute your claim as	
Name and address where notices should be sent:  374603200006			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.	
KERNELS POPCORN EXPRESS 1101 E 2ND ST N WICHITA, KS 67214-3910			If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.	
TRACY ON VERNELS PORCOIL MEXPRESS. COM			If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.	
Creditor Telephone Number (3)(a) 263-6886 email:		······································	THIS SPACE IS FOR COURT USE ONLY	
Name and address where payment should be sent (if different from a	bove):	Check box if you are aware that anyone else has filed a proof of claim relating to	Check this box to indicate that this claim amends a previously filed claim.	
		your claim. Attach copy of statement giving particulars.	Court Claim Number (if known):	
Payment Telephone Number ( ) email:			Filed on:	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 2282	00.1			
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 pl				
2. BASIS FOR CLAIM: GOODS SOLD TO GA (See instruction #2)	S MAN	I USA (PDPCDI	N)	
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:  (See instruction #3a)	** . **********		orm Claim Identifier (optional):	
		(See ins	audion #Sb)	
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.		t of arrearage and other charge ed, included in secured claim,		
Nature of property or right of setoff:  Describe:	Basis fo	or Perfection:	RECEIVED	
Real Estate Motor Vehicle Other	Amount	of Secured Claim: \$	NOV 03 2015	
Annual Interest Rate: %				
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If a specifying the priority and state the amount.	any part o	of the claim falls into one o	f the following categories, check the box	
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 go	vernmental 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).			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).		отпет - эреспу аррисаріе рага	agraph of 11 U.S.C. § 507(a) ().	
* Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with n	espect to ca	ases commenced on or after the	date of adjustment.	
6. CREDITS: The amount of all payments on this claim has been cred	lited for the	e purpose of making this pro	of of claim. (See instruction #6)	

Gas-Mart USA, Inc. POC

statements of running accounts, contracts, judgments, mortgages consumer credit agreement, a statement providing the informatio	
DATE-STAMPED COPY: To receive an acknowledgment of the envelope and copy of this proof of claim.  The original of this completed proof of claim form must be se actually received on or before 5:00 pm, Prevailing Central Time Claimants.	e filing of your claim, enclose a stamped, self-addressed  nt by mail or hand delivered (FAXES AND EMAILS NOT ACCEPTED) so that it is see on December 29, 2015 for all Governmental Units and Non-Governmental
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 trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3005.)
Print Name: TRACY MAVIS Title: Company:  Company:  Address and telephone number (if different from notice address above):	(Sighature) (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.

## 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