



YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID s2919

Name of Debtor:
Gas-Mart USA, Inc.

Case Number:
15-41915-ABF

Amount/Classification
UNKNOWN Unsecured Unliquidated
\$0.00 Priority 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.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Leavenworth County

Name and address where notices should be sent:

LEAVENWORTH COUNTY TREASURER
300 WALNUT ST STE 105
LEAVENWORTH, KS 66048-2766

37460319900483

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 (913 684-1031) email:

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 \$ 595.14

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: 2015 Personal Property Taxes

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

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.

Nature of property or right of setoff:

Describe:

Real Estate Motor Vehicle Other

Value of Property: \$

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

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

Basis for Perfection:

Amount of Secured Claim: \$

Amount Unsecured: \$

RECEIVED

DEC 28 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: \$ 595.14

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)



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. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
 (See Bankruptcy Rule 3004.)

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: Roger L Marrs
 Title: Deputy County Counselor
 Company: Leavenworth County


 (Signature)

12/22/2015
 (Date)

Address and telephone number (if different from notice address above):
300 Walnut St. Ste 225
Leavenworth, KS 66048

Telephone number: 913-684-1031 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

TXDSPTMHR1

Display Tax Roll Information

Year - 2015

Type 3 Commercial Per Prop Tract ID 19244 Cama 101 12 0 10 02 010 02 0

Owner-1 GASMART USA Alpha-1 GASMART USA

Owner-2 GASMART USA, INC DBA

% Name HECK, JERRY L-CFO C/O Alpha-% HECK, JERRY L-CFO

Address 10777 BARKLEY, SUITE 200

City OVERLAND PARK State KS Zip 66211 1162 LU 000 LBCS 2152 USD 453

Convenience store

C/T C LV TU 001 Sec/Twp/Rng Subd/Blk/Lot

BUSINESS EQUIPMENT

FAX#: 913-599-5798

SIC CODE: 447100

A-05

Physical Address

Source C Per Prop 4,475 Penalty Exempt

Added File Date 3/02/15 User Defined Exm Cd

TYPE YR MAKE

TYPE YR MAKE

Item #1

Item #2

Item #3

Item #4

Item #5

Item #6

Over 6

Probate

Bank Orig 4,475

F3=Exit F5=Refresh F7=Bkwd F8=Fwd F10=Billing F13=Comments

Display Spooled File

File : TXPRTDLQP1 Page/Line 1/1
Control : Columns 1 - 78
Find :

*...+...1...+...2...+...3...+...4...+...5...+...6...+...7...+...

Tax ID 3-19244 Delinquency Information

Latest taxpayer of record:

GASMART USA
GASMART USA, INC DBA
% HECK, JERRY L-CFO C/O
10777 BARKLEY, SUITE 200
OVERLAND PARK KS 66211-1162

Property description:

BUSINESS EQUIPMENT

FAX#: 913-599-5798

SIC CODE: 447100

A-05

7/02/2015

Tax ID	Bill Amt	Sale Amt	Interest	Fees	Total Due
2015 3-19244	595.14	595.14			595.14
		TOTAL DUE			595.14

Bottom

F3=Exit F12=Cancel F19=Left F20=Right F24=More keys