

Fill in this information to identify the case:	
Debtor 1	Gas-Mart USA, Inc.
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	Western District of Missouri
Case number:	15-41915

FILED
 U.S. Bankruptcy Court
 Western District of Missouri
 12/28/2015
 Paige Wymore-Wynn, Clerk

**Official Form 410
 Proof of Claim**

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim															
1. Who is the current creditor?	SHADY OAK LAWN CARE Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor														
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____														
3. Where should notices and payments to the creditor be sent?	<table border="0"> <tr> <td>Where should notices to the creditor be sent?</td> <td>Where should payments to the creditor be sent? (if different)</td> </tr> <tr> <td>SHADY OAK LAWN CARE</td> <td></td> </tr> <tr> <td>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</td> <td></td> </tr> <tr> <td>Name 12026 N 1950 ST TEUTOPOLIS IL 62467-0000</td> <td>Name</td> </tr> <tr> <td>Contact phone 2178210762</td> <td>Contact phone _____</td> </tr> <tr> <td>Contact email lonesomedovefpc10@ymail.com</td> <td>Contact email _____</td> </tr> <tr> <td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td> </tr> </table>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	SHADY OAK LAWN CARE		Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)		Name 12026 N 1950 ST TEUTOPOLIS IL 62467-0000	Name	Contact phone 2178210762	Contact phone _____	Contact email lonesomedovefpc10@ymail.com	Contact email _____	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)														
SHADY OAK LAWN CARE															
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Name 12026 N 1950 ST TEUTOPOLIS IL 62467-0000	Name														
Contact phone 2178210762	Contact phone _____														
Contact email lonesomedovefpc10@ymail.com	Contact email _____														
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____															
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY														
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____														

Gas-Mart USA, Inc. POC
 00258

Part 2: Give Information About the Claim as of the Date the Case Was Filed

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>
<p>7. How much is the claim?</p>	<p>\$ <u>11502.50</u></p> <p>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p style="text-align: center;"><u>Services Performed</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/1/16 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that 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.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 12/28/2015
MM / DD / YYYY

/s/ Jeffrey K Poston

Signature

Print the name of the person who is completing and signing this claim:

Name Jeffrey K Poston

First name Middle name Last name

Title Owner and CEO

Company Shady Oaks Lawn Care

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 12026 N 1950th St

Number Street
Teutopolis, IL 62467

City State ZIP Code

Contact phone 2178219074 Email lonesomedovefpc10@gmail.com

Shady Oak Lawn Care

12026 N 1950th St
 PO BOX 201
 Teutopolis, IL 62467

Receiving on Account

INVOICE #12-578935
 DATE: NOVEMBER 30,2012

TO:
 GasMart USA
 Montrose, IL 62245

COMMENTS OR SPECIAL INSTRUCTIONS: SERVICES PROVIDED AT THE MONTROSE FACILITY

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS

Date	DESCRIPTION	UNIT PRICE	TOTAL
11-30-2012	Balance for Services Forward	\$4,907.50	\$4,907.50
	Received on Account \$650.00	(\$650.00)	\$4,257.50
SUBTOTAL			\$4,257.50
SALES TAX			
SHIPPING & HANDLING			
TOTAL DUE			\$4,257.50

Make all checks payable to Shady Oak Lawn Care

Thank you for your business!

Shady Oak Lawn Care

1

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: _____ on parts

_____ on labor

Invoice no	Invoice date	Service date
13-348466	04-30-2013	04-30-13

Details of Services provided

Service	Quantity	Price	Amount
Mowing at the Station		\$195.00	\$195.00
		TOTAL	\$195.00
		LABOR	
		TAX	
		TOTAL	\$195.00

Shady Oak Lawn Care

12026 N 1950th St
 PO BOX 201
 Teutopolis, IL 62467

Receiving on Account

INVOICE #13-425918
 DATE: NOVEMBER 30,2013

TO:
 GasMart USA
 Montrose, IL 62245

COMMENTS OR SPECIAL INSTRUCTIONS: SERVICES PROVIDED AT THE MONTROSE FACILITY

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS

Date	DESCRIPTION	UNIT PRICE	TOTAL
11-25-2013	Balance for Services Forward	\$4,257.50	\$4,257.50
	Services for 2013	\$7,245.00	\$7,245.00
SUBTOTAL			\$11,502.50
SALES TAX			
SHIPPING & HANDLING			
TOTAL DUE			\$11,502.50

Make all checks payable to Shady Oak Lawn Care

Thank you for your business!

Shady Oak Lawn Care

1

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: _____ on parts

_____ on labor

Invoice no	Invoice date	Service date
13-348314	03-14-2013	03-14-13

Details of Services provided

Service	Quantity	Price	Amount
Spring Cleanup at Station		\$315.00	\$315.00
		TOTAL	\$315.00
		LABOR	
		TAX	
		TOTAL	\$315.00

Shady Oak Lawn Care

1

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: _____ on parts

_____ on labor

Invoice no	Invoice date	Service date
13-348335	03-21-2013	03-21-13

Details of Services provided

Service	Quantity	Price	Amount
Mowing at the Station		\$195.00	\$195.00
		TOTAL	\$195.00
		LABOR	
		TAX	
		TOTAL	\$195.00

Shady Oak Lawn Care

1

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: ____ on parts

____ on labor

Invoice no	Invoice date	Service date
13-348353	03-30-2013	03-28-13

Details of Services provided

Service	Quantity	Price	Amount
Mowing at the Station		\$195.00	\$195.00
TOTAL			\$195.00
LABOR			
TAX			
TOTAL			\$195.00

Shady Oak Lawn Care

1

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: _____ on parts

_____ on labor

Invoice no	Invoice date	Service date
13-348379	04-06-2013	04-04-13

Details of Services provided

Service	Quantity	Price	Amount
Mowing at the Station		\$195.00	\$195.00
		TOTAL	\$195.00
		LABOR	
		TAX	
		TOTAL	\$195.00

Shady Oak Lawn Care

1

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: ____ on parts

____ on labor

Invoice no	Invoice date	Service date
13-348392	04-13-2013	04-12-13

Details of Services provided

Service	Quantity	Price	Amount
Mowing at the Station		\$195.00	\$195.00
		TOTAL	\$195.00
		LABOR	
		TAX	
		TOTAL	\$195.00

Shady Oak Lawn Care

1

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: _____ on parts

_____ on labor

Invoice no	Invoice date	Service date
13-348427	04-20-2013	04-18-13

Details of Services provided

Service	Quantity	Price	Amount
Mowing at the Station		\$195.00	\$195.00
		TOTAL	\$195.00
		LABOR	
		TAX	
		TOTAL	\$195.00

Shady Oak Lawn Care

1

Service invoice

Sold to: Gas Mart USA, INC

Serviced at: Montrose Gas Station

Name:

Name:

Address line1 Montrose Gas Station

Address line1

Address line2 Montrose, IL

Address line2

Address line3

Address line3

Phone:

Phone:

Sales tax rates: _____ on parts

_____ on labor

Invoice no	Invoice date	Service date
13-348445	04-25-2013	04-24-13

Details of Services provided

Service	Quantity	Price	Amount
Mowing at the Station		\$195.00	\$195.00
		TOTAL	\$195.00
		LABOR	
		TAX	
		TOTAL	\$195.00

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
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (15484397) SHADY OAK LAWN CARE 12026 N 1950 ST TEUTOPOLIS IL 62467-0000	Claim No: 95 <i>Original Filed</i> Date: 12/28/2015 <i>Original Entered</i> Date: 12/28/2015	<i>Status:</i> Filed by: CR Entered by: ePOC Modified:
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Amount claimed: \$11502.50

History:

[Details](#) [95-1](#) 12/28/2015 Claim #95 filed by SHADY OAK LAWN CARE, Amount claimed: \$11502.50 (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*	\$11502.50
Total Amount Allowed*	

*Includes general unsecured claims

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

	Claimed	Allowed
Secured		
Priority		
Administrative		