



UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF MISSOURI		PROOF OF CLAIM		 YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID s1925 Amount/Classification UNKNOWN Unsecured Unliquidated	
Name of Debtor: Aving-Rice, LLC		Case Number: 15-41917-ABF		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	
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:  37460320001273 A-ADVANTAGE MASONRY RESTORATION, INC. 2102 CULVER CT PLAINFIELD, IL 60586-8300		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED JAN 19 2016 BMC GROUP </div>		Court Claim Number (if known): Filed on:	
Creditor Telephone Number () email:		Name and address where payment should be sent (if different from above):			
Payment Telephone Number () email:		<input type="checkbox"/> 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.		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>675⁰⁰</u> For 2 Different Job Locations 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. Store # 20 - Store # 22 <input type="checkbox"/> 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: <u>Did work - LABOR = MATERIAL AND Did not get PAID</u> (See instruction #2)			
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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)					
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: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <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"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____). <small>* 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.</small>					
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



00327

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
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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: BRAD KERLICH
 Title: President of A ADVANTAGE MASONRY RESTORATION INC
 Company: A ADVANTAGE MASONRY RESTORATION INC 1-14-16
 Address and telephone number (if different from notice address above): _____ (Signature) _____ (Date)
708-415-8711
kerlichbrad21@gmail.com
 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

INVOICE

A-ADVANTAGE MASONRY RESTORATION, INC.

2102 Culver Court
Plainfield, IL 60586
(708) 415-8711 - Cell
(815) 439-8535 - Office

INVOICE # 81

TO: GAS MANT U.S.A. Inc

DATE: 7-4-15

ATTN:

Stone
JOB: # 20
200 FA byan Parkway
BATAVIA IL

DESCRIPTION OF WORK:

Reset broken wood fence in
back of Stone - dug holes installed
new 4x4's and poured concrete.
Reset fence section (2)

LABOR + Mat.

\$ 400 ⁰⁰

TOTAL:

INVOICE

A-ADVANTAGE MASONRY RESTORATION, INC.

2102 Culver Court
Plainfield, IL 60586
(708) 415-8711 - Cell
(815) 439-8535 - Office

INVOICE #

TO: GAS - MART USA, Inc

DATE: 8-15-15

ATTN:

JOB: 210 N. Route 47
SUGAR GROVE IL

DESCRIPTION OF WORK:

Work performed inside store
for GAS MART BSS. Remove pop
machines connect hoses,
2 TRIPS made -

LABOR

TOTAL:

~~8~~ 275⁰⁰