

Fill in this information to identify the case:

Debtor 1	GGI Holdings, LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	Northern District of Texas
Case number:	20-31318

FILED
 U.S. Bankruptcy Court
 Northern District of Texas
 5/18/2020
 Robert . Colwell, Clerk

RECEIVED

MAY 22 2020

**Official Form 410
 Proof of Claim**

BMC GROUP

04/19

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?	SIMON ROOFING AND SHEET METAL CORP	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	GOLD'S GYM
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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	SIMON ROOFING AND SHEET METAL CORP	_____
	Name	Name
	70 KARAGO AVE Youngstown, OH 44512	
	Contact phone 8005237714	Contact phone _____
	Contact email tdawson@simonroofing.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? _____	



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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>2843</u></p>	
<p>7. How much is the claim?</p>	<p>\$ <u>5280.29</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>Roof Service and Repairs</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. 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>	

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. <i>Check all that apply:</i></p>	<p>Amount entitled to priority</p>
	<p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</p> <p><input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) 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).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) that applies</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>* Amounts are subject to adjustment on 4/1/22 and every 3 years after that for cases begun on or after the date of adjustment.</p>		

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 5/18/2020

MM / DD / YYYY

/s/ Trudy Dawson

Signature

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

Name	<u>Trudy Dawson</u>
	First name Middle name Last name
Title	<u>Accounts Receivable</u>
Company	<u>Simon Roofing and Sheet Metal Corp</u>
	Identify the corporate servicer as the company if the authorized agent is a servicer
Address	<u>70 Karago Ave</u>
	Number Street
	<u>Youngstown, OH 44512</u>
	City State ZIP Code
Contact phone	<u>8005237714</u>
Email	<u>tdawson@simonroofing.com</u>

Filters: Customer: 1-32843;

Tran Type	Invoice No	Invoice Date	Job	WO No	Customer PO No	Sitename	Open Invoice Amount	Current	31-60 Days	61-90 Days	91-120 Days	Over 120 Days	Days Aged
Customer Group: 1													
1-32843-0000 - Golds Gym International - Ch 11 bk Sales Person: Justine Net: 30													
Invoice	463806	02/10/20	00-021-4803	439014	WEB-236060	Golds Gym 51002	500.00	0.00	0.00	0.00	500.00	0.00	98
Invoice	464506	02/18/20	00-015-4802	438328	WEB-235952	Golds Gym 1001	488.46	0.00	0.00	488.46	0.00	0.00	90
Invoice	467419	03/26/20	00-038-4605	440764	WEB-239233	Golds Gym 43053	431.99	0.00	431.99	0.00	0.00	0.00	53
Invoice	468589	04/16/20	20-021-2521	442915	WEB-239660	Golds Gym 51002	3,859.84	0.00	3,859.84	0.00	0.00	0.00	32
Total for 1-32843-0000 - Golds Gym International - Ch 11 bk							5,280.29	0.00	4,291.83	488.46	500.00	0.00	
Total for Customer Group 1							5,280.29	0.00	4,291.83	488.46	500.00	0.00	
Total Receivables:							5,280.29	0.00	4,291.83	488.46	500.00	0.00	



CORPORATE HEADQUARTERS
70 Karago Avenue
YOUNGSTOWN, OHIO 44512
PHONE: 800-523-7714

INVOICE NUMBER
468589
INVOICE DATE
4/16/2020

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1-32843-0000
Golds Gym International
4001 Maple Ave, Ste 200
Attn: John Martin
Dallas, TX 75219

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20-021-2521
Golds Gym 51002
4310 Connecticut Ave NW
Washington, DC 20008

Contact:
Terms: NET 30 DAYS

Reference: Work Order 442915
PO Number: WEB-239680

Please find the attached service invoice report. Included in the report is the completed scope of work as approved, before and after photos, site signature, and any additional information applicable to this service call.

Our top priority is to consistently provide exceptional service to our customers. Your feedback is very important to us, so we welcome you to share your comments with one of our customer service representatives toll free at 866.641.7663.

REMIT TO
SIMON ROOFING AND SHEET METAL CORP. POST OFFICE BOX 951109 CLEVELAND, OHIO 44193

Subtotal:	3,859.84
Sales Tax:	0.00
Total Due:	\$3,859.84



CORPORATE HEADQUARTERS
 70 Karago Avenue
 YOUNGSTOWN, OHIO 44512
 PHONE: 800-523-7714

INVOICE NUMBER
464506
INVOICE DATE
2/18/2020

1-32843-0000
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 Golds Gym International
 4001 Maple Ave, Ste 200
 Attn: John Martin
 Dallas, TX 75219

00-015-4802
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 Golds Gym 1001
 2300 Berryhill Rd
 Montgomery, AL 36117

Contact: MOD
Terms: NET 30 DAYS

Reference: Work Order 438328
PO Number: WEB-235952

Please find the attached service invoice report. Included is a summary of our technician's findings, photos (if applicable), and any additional information applicable to this service call.

Our top priority is to consistently provide exceptional service to our customers. Your feedback is very important to us, so we welcome you to share your comments with one of our customer service representatives toll free at 866.641.7663.

Hours	Rate	Regular Rate:	Amount
2.52	89.75		226.17

Mobilization/Transport:	160.00
Shipping, Material, Rental & Miscellaneous:	102.29

REMIT TO
SIMON ROOFING AND SHEET METAL CORP. POST OFFICE BOX 951109 CLEVELAND, OHIO 44193

Subtotal:	488.46
Sales Tax:	0.00
Total Due:	\$488.46



CORPORATE HEADQUARTERS
70 Karago Avenue
YOUNGSTOWN, OHIO 44512
PHONE: 800-523-7714

INVOICE NUMBER
467419
INVOICE DATE
3/26/2020

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1-32843-0000
Golds Gym International
4001 Maple Ave, Ste 200
Attn: John Martin
Dallas, TX 75219

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00-038-4605
Golds Gym 43053
8935 State Highway 151
San Antonio, TX 78251

Contact: MOD
Terms: NET 30 DAYS

Reference: Work Order 440764
PO Number: WEB-239233

Please find the attached service invoice report. Included is a summary of our technician's findings, photos (if applicable), and any additional information applicable to this service call.

Our top priority is to consistently provide exceptional service to our customers. Your feedback is very important to us, so we welcome you to share your comments with one of our customer service representatives toll free at 866.641.7663.

Hours	Rate		Amount
2.17	89.75	Regular Rate:	194.76
		Mobilization/Transport:	160.00
		Shipping, Material, Rental & Miscellaneous:	44.32

REMIT TO
SIMON ROOFING AND SHEET METAL CORP. POST OFFICE BOX 951109 CLEVELAND, OHIO 44193

Subtotal:	399.08
Sales Tax:	32.91
Total Due:	\$431.99



CORPORATE HEADQUARTERS
70 Karago Avenue
YOUNGSTOWN, OHIO 44512
PHONE: 800-523-7714

INVOICE NUMBER
463806
INVOICE DATE
2/10/2020

B 1-32843-0000
I
L Golds Gym International
L 4001 Maple Ave, Ste 200
T Attn: John Martin
O Dallas, TX 75219

J 00-021-4803
O Golds Gym 51002
B 4310 Connecticut Ave NW
S
I Washington, DC 200008
T
E

Contact:
Terms: NET 30 DAYS

Reference: Work Order 439014
PO Number: WEB-236060

Please find the attached service invoice report. Included is a summary of our technician's findings, photos (if applicable), and any additional information applicable to this service call.

Our top priority is to consistently provide exceptional service to our customers. Your feedback is very important to us, so we welcome you to share your comments with one of our customer service representatives toll free at 866.641.7663.

Hours	Rate		Amount
1.68	89.75	Regular Rate:	150.78

REMIT TO
SIMON ROOFING AND SHEET METAL CORP. POST OFFICE BOX 951109 CLEVELAND, OHIO 44193

Mobilization/Transport:	160.00
Shipping, Material, Rental & Miscellaneous:	213.73
Miscellaneous Adjustments:	-24.51
Subtotal:	500.00
Sales Tax:	0.00
Total Due:	\$500.00

20-31318-hdh11 GGI Holdings, LLC

Judge: Harlin DeWayne Hale **Chapter:** 11

Office: Dallas **Last Date to file claims:** 09/09/2020

Trustee: **Last Date to file (Govt):** 12/08/2020

Creditor: (18998574)
SIMON ROOFING AND
SHEET METAL CORP
70 KARAGO AVE
Youngstown, OH 44512

Claim No: 5
Original Filed
Date: 05/18/2020
Original Entered
Date: 05/18/2020

Status:
Filed by: CR
Entered by: Admin
Modified:

Amount claimed: \$5280.29

History:

Details 5-1 05/18/2020 Claim #5 filed by SIMON ROOFING AND SHEET METAL CORP, Amount claimed: \$5280.29 (Admin)

Description:

Remarks: (5-1) Account Number (last 4 digits):2843

Claims Register Summary

Case Name: GGI Holdings, LLC

Case Number: 20-31318-hdh11

Chapter: 11

Date Filed: 05/04/2020

Total Number Of Claims: 1

Total Amount Claimed*	\$5280.29
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		