

RECEIVED

MAY 27 2020

BMC GROUP

Fill in this information to identify the case:

Debtor 1 Shamrock Holdings LLC (dba HSD Metrics)

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Texas

Case number 20-31318

Official Form 410
Proof of Claim

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? Shamrock Holdings LLC
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor HSD Metris

2. Has this claim been acquired from someone else?
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p><u>HSD Metrics</u> Name</p> <p><u>6 E. 5th Street, Suite 499</u> Number Street</p> <p><u>Covington KY 41011</u> City State ZIP Code</p> <p>Contact phone <u>937-202-0178</u></p> <p>Contact email <u>hcosler@hsdmetrics.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>HSD Metrics</u> Name</p> <p><u>6 E. 5th Street, Suite 499</u> Number Street</p> <p><u>Covington KY 41011</u> City State ZIP Code</p> <p>Contact phone <u>937-202-0178</u></p> <p>Contact email <u>im@hsdmetrics.com</u></p>
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Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?
 No
 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?
 No
 Yes. Who made the earlier filing? _____

GGI HOLDINGS POC



00045

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

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 1,021.00 ~~1,000.00~~. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? 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 health care information.
Services performed

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
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.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

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).

\$ _____

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).

\$ _____

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/22 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 05/21/2020
MM / DD / YYYY


Signature

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

Name Daniel Cahill
First name Middle name Last name

Title President

Company Shamrock Holdings LLC (dba HSD Metrics)
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 6 E. 5th Street, Suite 499
Number Street

Covington KY 41011
City State ZIP Code

Contact phone 937-202-0178 Email dcahill@hsdmetrics.com

PROOF OF CLAIM FILING INFORMATION FOR

GGI Holdings, LLC

CASE NO. 20-31318

US BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF TEXAS DALLAS DIVISION

Debtor Name	Case Number
GGI HOLDINGS, LLC	20-31318-hdh-11
GOLD'S GYM INTERNATIONAL, INC.	20-31319
GOLD'S HOLDING CORP.	20-31320
GOLD'S ALABAMA, LLC	20-31321
GOLD'S GYM FRANCHISING, LLC	20-31322
GOLD'S GYM LICENSING, LLC	20-31323
GOLD'S GYM MERCHANDISING, LLC	20-31324
GOLD'S GYM ROCKIES, LLC	20-31325
GOLD'S LOUISIANA, LLC	20-31326
GOLD'S NORTH CAROLINA, LLC	20-31328
GOLD'S OHIO, LLC	20-31329
GOLD'S OKLAHOMA, LLC	20-31330
GOLD'S SOUTHEAST, LLC	20-31332
GOLD'S ST. LOUIS, LLC	20-31333
GOLD'S TEXAS HOLDINGS GROUP, INC.	20-31337

General Bar Date: September 9, 2020

Bar Date for filing Proofs of Interest: TBD

Governmental Bar Date: December 8, 2020

Administrative Claims Bar Date: TBD

You may file your completed and executed Proof of Claim as follows:

If by regular mail, send to:

BMC Group, Inc.
Attn: GGI Holdings Claims Processing
PO Box 90100
Los Angeles, CA 90009

If by messenger or overnight delivery, send to:

BMC Group, Inc.
Attn: GGI Holdings Claims Processing
3732 West 120th Street
Hawthorne, CA 90250

Once filed, a "Filed" stamped copy of the proof of claim will be returned to the claimant Within three (3) business days of docketing IF the claimant encloses a stamped, self-addressed envelope with a copy of the proof of claim.

HSD Metrics
Customer Open Balance
 As of May 31, 2020

		Type	Date	Num	Memo	Due Date	Open Balance	Amount
Gold's Gym International								
		Invoice	01/21/2020	64629		02/20/2020	1,863.00	1,863.00
		Invoice	03/21/2020	65036		04/20/2020	1,081.00	1,081.00
Total Gold's Gym International							2,944.00	2,944.00
TOTAL							2,944.00	2,944.00

6 E. 5th Street
Suite 499
Covington, KY 41011
im@hsdmetrics.com
877-439-9315 x106

Invoice

Invoice #: 64629
Invoice Date: 1/21/2020
Due Date: 2/20/2020

Bill To:

Russ Aaron
Gold's Gym International
4001 Maple Ave. Suite 200
Dallas, TX 75219

P.O. Number:

Description	Hours/Qty	Rate	Amount
ExitRight List Management, Notifications, Interviews, Reporting			
Prior Month Completed Services Names Received	81	23.00	1,863.00
Create Login	0	35.00	0.00
Reporting portal or interview content special request @ \$85	0	85.00	0.00
Attn: Lara Gentry - Human Resources Exit Interviews			

Total \$1,863.00

Payments/Credits \$0.00

Balance Due \$1,863.00

6 E. 5th Street
Suite 499
Covington, KY 41011
im@hsdmetrics.com
877-439-9315 x106

Invoice

Invoice #: 65036
Invoice Date: 3/21/2020
Due Date: 4/20/2020

Bill To:

Russ Aaron
Gold's Gym International
4001 Maple Ave. Suite 200
Dallas, TX 75219

P.O. Number:

Description	Hours/Qty	Rate	Amount
ExitRight List Management, Notifications, Interviews, Reporting			
Prior Month Completed Services Names Received	47	23.00	1,081.00
Create Login	0	35.00	0.00
Reporting portal or interview content special request @ \$85	0	85.00	0.00
Attn: Lara Gentry - Human Resources Exit Interviews			
Total			\$1,081.00
Payments/Credits			\$0.00
Balance Due			\$1,081.00