

Fill in this information to identify the case:

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

RECEIVED
JUN 15 2020
BMC GROUP

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? PIEDMONT NATURAL GAS
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? No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? **Where should notices to the creditor be sent?**
PIEDMONT NATURAL GAS
Name
4339 S. TRYON ST
Number Street
CHARLOTTE NC 28217
City State ZIP Code
Contact phone 704-442-3508
Contact email lashawnda.freeman@duke-energy.c
Where should payments to the creditor be sent? (if different)
Name
Number Street
City State ZIP Code
Contact phone
Contact email
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
00076

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: 1 2 2 2

7. How much is the claim? \$ 6,190.77 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.
Goods

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:

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.

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____
- 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 06/09/2020
MM / DD / YYYY

/s/ Lashawnda Freeman
Signature

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

Name Lashawnda Freeman
First name Middle name Last name

Title Revenue Analyst

Company Piedmont Natural Gas
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 4339 S. Tryon st.
Number Street

Charlotte NC 28217
City State ZIP Code

Contact phone 704-442-3508 Email lashawnda.freeman@duke-energy.co

GOLDS GYM OF SOUTHERN PINE RD 221 BIL/CYC 11-512 *DRAFT*
 ACT OPN 102402 RD/CYC 11 CHARGE OFF *NOTES*
 000120 W MORGANTON RD RATE 102-811 OFF 050420 DC
 SOUTHERN PINES NC 28387-0000 *NM* LAST-TRAN 05/12/20
 ***** 01-12 CHARGE OFF ACCOUNT ***** 06/09/20 *** 1258 **

TOTAL AMT CHARGED OFF.. 24.29

CHARGE OFF TYPE GAS RELATED SUBJECT TO DISCONN
 CHARGE OFF AMOUNT..... 24.29
 STATE TAX AMOUNT
 EXCISE TAX AMOUNT
 CITY TAX AMOUNT
 OTHER TAX AMOUNT
 CHARGE OFF DATE 05/12/20
 CHARGE OFF REASON BANKRUPT
 CHARGE OFF DESCRIPTION CHP 11 20-31318
 COLLECTION AGENCY

* * * ARE THERE MORE RECORDS NO * * *

DSPLY 13 KEY _____ TO NEW SS _____ DSPLY _____ KEY _____

4-© 1 Sess-1 162.113.240.100 PNG20242 #§24/22

GOLD'S GYM

DD 081 BIL/CYC 11-502 *PEND*

ACT OPN 122618 RD/CYC 11 CHARGE OFF *NOTES*

003793 CLEMSON BLV

RATE 202-811

OFF 050420 DC

ANDERSON SC 29621-0000

NM

LAST-TRAN 05/12/20

***** 01-12 CHARGE OFF ACCOUNT ***** 06/09/20 *** 1253 **

TOTAL AMT CHARGED OFF.. 19.53

CHARGE OFF TYPE GAS RELATED SUBJECT TO DISCONN
 CHARGE OFF AMOUNT..... 19.53
 STATE TAX AMOUNT
 EXCISE TAX AMOUNT
 CITY TAX AMOUNT
 OTHER TAX AMOUNT
 CHARGE OFF DATE 05/12/20
 CHARGE OFF REASON BANKRUPT
 CHARGE OFF DESCRIPTION CHAP 11 20-31318
 COLLECTION AGENCY

* * * ARE THERE MORE RECORDS NO * * *

DSPLY 13 KEY _____ TO NEW SS ___ DSPLY ___ KEY _____

4-© 1 Sess-1 162.113.240.100 PNG20242 #§24/22

GOLD'S GYM

7D 051 BIL/CYC 02-725

ACT OPN 082908 RD/CYC 02 CHARGE OFF *NOTES*

002950 S CHURCH ST

RATE 102-811

OFF 050420 DC

BURLINGTON NC 27215-0000

NM

LAST-TRAN 05/12/20

***** 01-12 CHARGE OFF ACCOUNT ***** 06/09/20 *** 1254 **

TOTAL AMT CHARGED OFF.. 50.85

CHARGE OFF TYPE GAS RELATED SUBJECT TO DISCONN

CHARGE OFF AMOUNT..... 50.85

STATE TAX AMOUNT

EXCISE TAX AMOUNT

CITY TAX AMOUNT

OTHER TAX AMOUNT

CHARGE OFF DATE 05/12/20

CHARGE OFF REASON BANKRUPT

CHARGE OFF DESCRIPTION CHP 11 20-31318

COLLECTION AGENCY

* * * ARE THERE MORE RECORDS NO * * *

DSPLY 13 KEY _____ TO NEW SS ___ DSPLY ___ KEY _____

4-© 1 Sess-1 162.113.240.100 PNG20242 #S24/22

GOLDS GYM

DD 022 BIL/CYC 05-516

ACT OPN 071400 ... CYC 05 CHARGE OFF *NOTES*

001210 US HIGHWAY 64 W

RATE 102-811

OFF 050420 DC

ASHEBORO NC 27205-0000

NM *OC* LAST-TRAN 05/12/20

***** 01-12 CHARGE OFF ACCOUNT ***** 06/09/20 *** 1254 **

TOTAL AMT CHARGED OFF.. 34.84

CHARGE OFF TYPE GAS RELATED SUBJECT TO DISCONN
 CHARGE OFF AMOUNT..... 34.84
 STATE TAX AMOUNT
 EXCISE TAX AMOUNT
 CITY TAX AMOUNT
 OTHER TAX AMOUNT
 CHARGE OFF DATE 05/12/20
 CHARGE OFF REASON BANKRUPT
 CHARGE OFF DESCRIPTION CHAP 11 20-31318
 COLLECTION AGENCY

* * * ARE THERE MORE RECORDS NO * * *

DSPLY 13 KEY _____ TO NEW SS ___ DSPLY ___ KEY _____

4-© 1 Sess-1 162.113.240.100 PNG20242 #§24/22

GOLDS GYM

7D 011 BIL/CYC 21-789 *PEND*
ACT OPN 032610 RD/CYC 21 CHARGE OFF *NOTES*

020420 W CATAWBA AVE STE B
CORNELIUS NC 28031-0000

RATE 102-811 OFF 050420 DC

NM LAST-TRAN 05/12/20

***** 01-12 CHARGE OFF ACCOUNT ***** 06/09/20 *** 1254 **

TOTAL AMT CHARGED OFF.. 1,563.26

CHARGE OFF TYPE GAS RELATED SUBJECT TO DISCONN
CHARGE OFF AMOUNT..... 1,563.26
STATE TAX AMOUNT
EXCISE TAX AMOUNT
CITY TAX AMOUNT
OTHER TAX AMOUNT
CHARGE OFF DATE 05/12/20
CHARGE OFF REASON BANKRUPT
CHARGE OFF DESCRIPTION CHP 11 20-31318
COLLECTION AGENCY

* * * ARE THERE MORE RECORDS NO * * *

DSPLY 13 KEY _____ TO NEW SS _____ DSPLY _____ KEY _____

4-© 1 Sess-1 162.113.240.100 PNG20242 #§24/22

GOLDS GYM OF NEW BERN

DD 261 BIL/CYC 09-423

ACT OPN 092800 RD/CYC 09 CHARGE OFF *NOTES*

003340 DR M L KING JR BLV

RATE 102-811

OFF 050420 DC

NEW BERN NC 28562-0000

NM

LAST-TRAN 05/12/20

***** 01-12 CHARGE OFF ACCOUNT ***** 06/09/20 *** 1254 **

TOTAL AMT CHARGED OFF.. 32.58

CHARGE OFF TYPE GAS RELATED SUBJECT TO DISCONN

CHARGE OFF AMOUNT..... 32.58

STATE TAX AMOUNT

EXCISE TAX AMOUNT

CITY TAX AMOUNT

OTHER TAX AMOUNT

CHARGE OFF DATE 05/12/20

CHARGE OFF REASON BANKRUPT

CHARGE OFF DESCRIPTION CHP 11 20-31318

COLLECTION AGENCY

* * * ARE THERE MORE RECORDS NO * * *

DSPLY 13 KEY _____ TO NEW SS _____ DSPLY _____ KEY _____

4-© 1 Sess-1 162.113.240.100 PNG20242 #§24/22

GOLD'S SOUTHEAST, LLC DD 071 BIL/CYC 03-637
 ENGIE INSIGHT ACT OPN 090214 RD/CYC 03 CHARGE OFF *NOTES*
 003245 N PLEASANTBURG DR RATE 202-811 OFF 050420 DC
 GREENVILLE SC 29609-0000 *NM* *OC* LAST-TRAN 06/01/20
 ***** 01-12 CHARGE OFF ACCOUNT ***** 06/09/20 *** 1255 **

TOTAL AMT CHARGED OFF.. 300.42

CHARGE OFF TYPE GAS RELATED SUBJECT TO DISCONN
 CHARGE OFF AMOUNT..... 300.42
 STATE TAX AMOUNT
 EXCISE TAX AMOUNT
 CITY TAX AMOUNT
 OTHER TAX AMOUNT
 CHARGE OFF DATE 06/01/20
 CHARGE OFF REASON BANKRUPT
 CHARGE OFF DESCRIPTION CHP 11 20-31318
 COLLECTION AGENCY

* * * ARE THERE MORE RECORDS NO * * *
 DSPLY 13 KEY _____ TO NEW SS _ DSPLY _ KEY _____

4-© 1 Sess-1 162.113.240.100 PNG20242 #§24/22

GOLD'S NORTH CAROLINA LLC 1) 021 BIL/CYC 18-216
 ENGIE INSIGHT ACT OPN 082114 RD/CYC 18 CHARGE OFF *NOTES*
 003711 BATTLEGROUND AVE RATE 102-811 OFF 050420 DC
 GREENSBORO NC 27410-0000 *NM* LAST-TRAN 06/01/20
 ***** 01-12 CHARGE OFF ACCOUNT ***** 06/09/20 *** 1256 **

TOTAL AMT CHARGED OFF... 305.52

CHARGE OFF TYPE GAS RELATED SUBJECT TO DISCONN
 CHARGE OFF AMOUNT..... 305.52
 STATE TAX AMOUNT
 EXCISE TAX AMOUNT
 CITY TAX AMOUNT
 OTHER TAX AMOUNT
 CHARGE OFF DATE 06/01/20
 CHARGE OFF REASON BANKRUPT
 CHARGE OFF DESCRIPTION CHAP 11 20-31318
 COLLECTION AGENCY

* * * ARE THERE MORE RECORDS NO * * *
 DSPPLY 13 KEY _____ TO NEW SS ___ DSPPLY ___ KEY _____

4-© 1 Sess-1 162.113.240.100 PNG20242 #§24/22

GOLD'S NORTH CAROLINA LLC 3002 DD 051 BIL/CYC 09-579 *PEND*
ENGIE INSIGHT ACT OPN 082114 RD/CYC 09 CHARGE OFF *NOTES*
002358 S CHURCH ST RATE 102-811 OFF 050420 DC
BURLINGTON NC 27215-0000 *NM* LAST-TRAN 06/01/20
***** 01-12 CHARGE OFF ACCOUNT ***** 06/09/20 *** 1256 **

TOTAL AMT CHARGED OFF.. 370.99

CHARGE OFF TYPE GAS RELATED SUBJECT TO DISCONN
CHARGE OFF AMOUNT..... 370.99
STATE TAX AMOUNT
EXCISE TAX AMOUNT
CITY TAX AMOUNT
OTHER TAX AMOUNT
CHARGE OFF DATE 06/01/20
CHARGE OFF REASON BANKRUPT
CHARGE OFF DESCRIPTION CHP 11 20-31318
COLLECTION AGENCY

* * * ARE THERE MORE RECORDS NO * * *
DSPLY 13 KEY _____ TO NEW SS _____ DSPLY _____ KEY _____

4-© 1 Sess-1 162.113.240.100 PNG20242 #§24/22

GOLD'S NORTH CAROLINA LLC DD 031 BIL/CYC 07-150 *PEND*
 ECOVA-MS 1890 ACT OPN 082114 RD/CYC 07 CHARGE OFF *NOTES*
 000420 JONESTOWN RD STE Q RATE 102-811 OFF 050420 DC
 WINSTON SALEM NC 27104-0000 *NM* LAST-TRAN 06/01/20
 ***** 01-12 CHARGE OFF ACCOUNT ***** 06/09/20 *** 1256 **

TOTAL AMT CHARGED OFF.. 158.44

CHARGE OFF TYPE GAS RELATED SUBJECT TO DISCONN
 CHARGE OFF AMOUNT..... 158.44
 STATE TAX AMOUNT
 EXCISE TAX AMOUNT
 CITY TAX AMOUNT
 OTHER TAX AMOUNT
 CHARGE OFF DATE 06/01/20
 CHARGE OFF REASON BANKRUPT
 CHARGE OFF DESCRIPTION CHP 11 20-31318
 COLLECTION AGENCY

* * * ARE THERE MORE RECORDS NO * * *

DSPLY 13 KEY _____ TO NEW SS ___ DSPLY ___ KEY _____

4-© 1 Sess-1 162.113.240.100 PNG20242 #§24/22

GOLD'S NORTH CAROLINA LLC JD 021 BIL/CYC 07-047
 ENGIE INSIGHT ACT OPN 082114 RD/CYC 07 CHARGE OFF *NOTES*
 003120 RANDLEMAN RD RATE 102-811 OFF 050420 DC N
 GREENSBORO NC 27406-0000 *NM* LAST-TRAN 06/01/20
 ***** 01-12 CHARGE OFF ACCOUNT ***** 06/09/20 *** 1256 **

TOTAL AMT CHARGED OFF.. 1,068.67

CHARGE OFF TYPE GAS RELATED SUBJECT TO DISCONN
 CHARGE OFF AMOUNT..... 1,068.67
 STATE TAX AMOUNT
 EXCISE TAX AMOUNT
 CITY TAX AMOUNT
 OTHER TAX AMOUNT
 CHARGE OFF DATE 06/01/20
 CHARGE OFF REASON BANKRUPT
 CHARGE OFF DESCRIPTION CHAP 11 20-31318
 COLLECTION AGENCY

* * * ARE THERE MORE RECORDS NO * * *

DSPLY 13 KEY _____ TO NEW SS _____ DSPLY _____ KEY _____

4-© 1 Sess-1 162.113.240.100 PNG20242 #§24/22

GOLD'S NORTH CAROLINA LLC 0 041 BIL/CYC 18-053
 ENGIE INSIGHT ACT OPN 082114 RD/CYC 18 CHARGE OFF *NOTES*
 004835 W WENDOVER AVE STE 131 RATE 102-811 OFF 050420 DC
 GREENSBORO NC 27409-0000 *NM* LAST-TRAN 06/01/20
 ***** 01-12 CHARGE OFF ACCOUNT ***** 06/09/20 *** 1256 **

TOTAL AMT CHARGED OFF.. 215.97

CHARGE OFF TYPE GAS RELATED SUBJECT TO DISCONN
 CHARGE OFF AMOUNT..... 215.97
 STATE TAX AMOUNT
 EXCISE TAX AMOUNT
 CITY TAX AMOUNT
 OTHER TAX AMOUNT
 CHARGE OFF DATE 06/01/20
 CHARGE OFF REASON BANKRUPT
 CHARGE OFF DESCRIPTION CHP 11 20-31318
 COLLECTION AGENCY

* * * ARE THERE MORE RECORDS NO * * *
 DSPLY 13 KEY _____ TO NEW SS _____ DSPLY _____ KEY _____

4-© 1 Sess-1 162.113.240.100 PNG20242 #§24/22

GOLD'S HOLDING CORP 071 BIL/CYC 05-892
 ENGIE INSIGHT ACT OPN 051017 RD/CYC 05 CHARGE OFF *NOTES*
 001332 S PLEASANTBURG DR RATE 202-811 OFF 050420 DC
 GREENVILLE SC 29605-0000 *NM* *OC* LAST-TRAN 06/01/20
 ***** 01-12 CHARGE OFF ACCOUNT ***** 06/09/20 *** 1257 **

TOTAL AMT CHARGED OFF.. 2,045.41

CHARGE OFF TYPE GAS RELATED SUBJECT TO DISCONN
 CHARGE OFF AMOUNT..... 2,045.41
 STATE TAX AMOUNT
 EXCISE TAX AMOUNT
 CITY TAX AMOUNT
 OTHER TAX AMOUNT
 CHARGE OFF DATE 06/01/20
 CHARGE OFF REASON BANKRUPT
 CHARGE OFF DESCRIPTION CHAP 11 20-31318
 COLLECTION AGENCY

* * * ARE THERE MORE RECORDS NO * * *

DSPLY 13 KEY _____ TO NEW SS ___ DSPLY ___ KEY _____

4-© 1 Sess-1 162.113.240.100 PNG20242 #§24/22