

Fill in this information to identify the case:

Debtor 1 GGI Holdings, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Texas, Amarillo Division

Case number 20-31318-hdh11

E-Filed on 06/18/2020
Claim # 93

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?** Inter-Images Partners, LP
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Visual Fitness Planner

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

3. Where should notices and payments to the creditor be sent? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Rene Scribner</u> Name <u>PO Box 91054</u> Number Street <u>Austin TX 78709</u> City State ZIP Code Contact phone <u>(325) 829-5116</u> Contact email <u>rscribner@vfp.us</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____

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? _____

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? \$ 19,679.18. 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. \$ 0.00

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).

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.

Amount entitled to priority

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

* 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 06/18/2020
MM / DD / YYYY

Rene Scribner

Signature

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

Name Rene Scribner
First name Middle name Last name

Title Controller

Company Inter-Images Partners LP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City State ZIP Code

Contact phone _____ Email _____

Attachment 1 - GGI 02.01.2020 Inv#17998 from Inter-Images Partners LP - February 2020 VFP
License Fees.pdf Description - 02.01.2020 Invoice

Inter-Images Partners, L.P.

P.O. Box 91054
Austin, TX 78709
(325) 829-5116
rscribner@vfp.us



INVOICE

BILL TO

Gold's Gym International
Attn: Accounts Payable
4001 Maple Avenue, Suite 200
Dallas, TX 75219

SHIP TO

Gold's Gym International
Attn: Accounts Payable
4001 Maple Avenue, Suite
200
Dallas, TX 75219

INVOICE # 17998

DATE 02/01/2020

DUE DATE 03/02/2020

TERMS Net 30

SALES REP

Daron Allen

DESCRIPTION	QTY	RATE	AMOUNT
Salesforce Connector Kiosk			
VFP License Fees	61	45.00	2,745.00
VFP License Fees - February 2020 - Non-Texas Corporate Clubs - see attached spreadsheet for club location detail			
VFP License Fees	61	45.00	2,745.00T
VFP License Fees - February 2020 - Texas Corporate Clubs - see attached spreadsheet for club location detail			

Thank you for your business. We appreciate the opportunity to partner with you and serve your business needs. Please do not hesitate to contact us if you have any questions.

SUBTOTAL	5,490.00
TAX	226.46
TOTAL	5,716.46
BALANCE DUE	\$5,716.46

Attachment 2 - GGI 04.01.2020 Inv#18673 from Inter-Images Partners LP - April 2020 VFP

License Fees - Adjusted 05.01.20.pdf
Description - 04.01.2020 Invoice

Inter-Images Partners, L.P.

P.O. Box 91054
Austin, TX 78709
(325) 829-5116
rscribner@vfp.us



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BILL TO

Gold's Gym International
Attn: Accounts Payable
4001 Maple Avenue, Suite 200
Dallas, TX 75219

SHIP TO

Gold's Gym International
Attn: Accounts Payable
4001 Maple Avenue, Suite
200
Dallas, TX 75219

INVOICE # 18673

DATE 04/01/2020

DUE DATE 05/01/2020

TERMS Net 30

SALES REP

Daron Allen

	QTY	RATE	AMOUNT
Salesforce Connector Kiosk			
VFP License Fees	38	45.00	1,710.00
VFP License Fees - April 2020 - Non-Texas Corporate Clubs - see attached spreadsheet for club location detail			
VFP License Fees	50	45.00	2,250.00T
VFP License Fees - April 2020 - Texas Corporate Clubs - see attached spreadsheet for club location detail			

Thank you for your business. We appreciate the opportunity to partner with you and serve your business needs. Please do not hesitate to contact us if you have any questions.

SUBTOTAL	3,960.00
TAX	185.63
TOTAL	4,145.63
BALANCE DUE	\$4,145.63

Attachment 3 - GGI 05.01.2020 Inv#19196 from Inter-Images Partners LP - May 2020 VFP
License Fees.pdf Description - 05.01.2020 Invoice

Inter-Images Partners, L.P.

P.O. Box 91054
Austin, TX 78709
(325) 829-5116
rscribner@vfp.us



INVOICE

BILL TO

Gold's Gym International
Attn: Accounts Payable
4001 Maple Avenue, Suite 200
Dallas, TX 75219

SHIP TO

Gold's Gym International
Attn: Accounts Payable
4001 Maple Avenue, Suite
200
Dallas, TX 75219

INVOICE # 19196

DATE 05/01/2020

DUE DATE 05/31/2020

TERMS Net 30

SALES REP

Daron Allen

	QTY	RATE	AMOUNT
Salesforce Connector Kiosk			
VFP License Fees	38	45.00	1,710.00
VFP License Fees - May 2020 - Non-Texas Corporate Clubs - see attached spreadsheet for club location detail			
VFP License Fees	50	45.00	2,250.00T
VFP License Fees - May 2020 - Texas Corporate Clubs - see attached spreadsheet for club location detail			

Thank you for your business. We appreciate the opportunity to partner with you and serve your business needs. Please do not hesitate to contact us if you have any questions.

SUBTOTAL	3,960.00
TAX	185.63
TOTAL	4,145.63
BALANCE DUE	\$4,145.63

Attachment 4 - GGI Statement of Account from Inter-Images Partners LP 05.04.2020.pdf
Description - 05.04.2020 Statement of Account

Inter-Images Partners, L.P.
 P.O. Box 91054
 Austin, TX 78709
 (325) 829-5116
 rscribner@vfp.us



Statement

TO
 Gold's Gym International
 Attn: Accounts Payable
 4001 Maple Avenue, Suite 200
 Dallas, TX 75219

STATEMENT NO. 1331
DATE 05/04/2020
TOTAL DUE \$19,679.18
ENCLOSED

DATE		AMOUNT	OPEN AMOUNT
02/01/2020	Invoice #17998: Due 03/02/2020.	5,716.46	5,716.46
03/01/2020	Invoice #18332: Due 03/31/2020.	5,671.46	5,671.46
04/01/2020	Invoice #18673: Due 05/01/2020.	4,145.63	4,145.63
05/01/2020	Invoice #19196: Due 05/31/2020.	4,145.63	4,145.63

Current Due	1-30 Days Past Due	31-60 Days Past Due	61-90 Days Past Due	90+ Days Past Due	Amount Due
4,145.63	4,145.63	5,671.46	5,716.46	0.00	\$19,679.18

Attachment 5 - GGI 03.01.2020 Adjusted Inv#18332 from Inter-Images Partners LP - March 2020

VFP License Fees.pdf
Description - 03.01.2020 Invoice

Inter-Images Partners, L.P.

P.O. Box 91054
Austin, TX 78709
(325) 829-5116
rscribner@vfp.us



INVOICE

BILL TO

Gold's Gym International
Attn: Accounts Payable
4001 Maple Avenue, Suite 200
Dallas, TX 75219

SHIP TO

Gold's Gym International
Attn: Accounts Payable
4001 Maple Avenue, Suite
200
Dallas, TX 75219

INVOICE # 18332

DATE 03/01/2020

DUE DATE 03/31/2020

TERMS Net 30

SALES REP

Daron Allen

DESCRIPTION	QTY	RATE	AMOUNT
Salesforce Connector Kiosk			
VFP License Fees	60	45.00	2,700.00
VFP License Fees - March 2020 - Non-Texas Corporate Clubs - see attached spreadsheet for club location detail			
VFP License Fees	61	45.00	2,745.00T
VFP License Fees - March 2020 - Texas Corporate Clubs - see attached spreadsheet for club location detail			

Thank you for your business. We appreciate the opportunity to partner with you and serve your business needs. Please do not hesitate to contact us if you have any questions.

SUBTOTAL	5,445.00
TAX	226.46
TOTAL	5,671.46
BALANCE DUE	\$5,671.46