#### Fill in this information to identify the case:

Debtor 1 Gold's Holding Corp.

Debtor 2 (Spouse, if filing)

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

Case number 20-31320-hdh11

### Official Form 410

### **Proof of Claim**

E-Filed on 06/19/2020 Claim # 94

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?	Aqua Chill of San Antonio         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?	<ul> <li>☑ No</li> <li>❑ Yes. From whom?</li> </ul>						
3.	Where should notices and payments to the	Where should notices to the creditor be sent?			Where should pay different)	ments to the creditor b	e sent? (if	
	creditor be sent?	Aqua Chill of San	Antonio					
	Federal Rule of Bankruptcy Procedure	Name			Name			
	(FRBP) 2002(g)	PO Box 865 Number Street			Number Street			
				c0000	Number Street			
		Antioch <sub>City</sub>	State	60002 ZIP Code	City	State	ZIP Code	
		,		ZIP Code	City	State	ZIP Code	
		Contact phone (847) 53	32-2892		Contact phone		_	
		Contact email blawsor	n@aquachill.c	<u>com</u>	Contact email		_	
		Uniform claim identifier for	electronic paymen	ts in chapter 13 (if you u	se one): 			
4.	Does this claim amend one already filed?	No Yes. Claim numbe	r on court claims	registry (if known)		Filed on	/ YYYY	
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made th	e earlier filing?					

04/19

5.	Do you have any number you use to identify the debtor?	<ul> <li>□ No</li> <li>☑ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _9 _3 _5 _1</li> </ul>				
	How much is the claim?	\$2,223.66 . 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).				
	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 Sold				
	Is all or part of the claim secured?	No Ves. 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				
	Is this claim based on a	No.				
	lease?	□ Yes. Amount necessary to cure any default as of the date of the petition. \$0.00				
	Is this claim subject to a	No No				
	right of setoff?	Yes. Identify the property:				

2. Is all or part of the claim	No No						
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check one:	Amount entitled to priority					
A claim may be partly priority and partly nonpriority. For example,	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$	0.00				
in some categories, the law limits the 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).	\$	0.0				
	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).	\$	0.0				
	□ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$	0.0				
	Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$	0.0				
	□ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$	0.0				
	* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or aft	er the date of adjustm	ient.				
this proof of claim must sign and date it.	I am the creditor.						
sign and date it.	I am the creditor.						
FRBP 9011(b).	□ I am the creditor's attorney or authorized agent.						
f you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
5005(a)(2) authorizes courts to establish local rules	□ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
specifying what a signature s.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.						
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.						
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.						
3571.	Executed on date 06/19/2020 MM / DD / YYYY						
	Bridget Lawson						
	Print the name of the person who is completing and signing this claim:						
	Name Bridget Lawson						

Name	Bridget Lawson							
	First name		Middle name		Last name			
Title	Aqua Chill Director of Operations							
Company	Aqua Chi	ill of San Ant	tonio					
	Identify the co	orporate servicer	as the company if the a	uthorized agent	s a servicer.			
Address	Number	Street						
	Number	Olleet						
	City			State	ZIP Code			
Contact phone				Email				

Attachment 1 - GOLD'S GYM INVOICE AND PAST DUE REPORT.pdf Description - 7:33 AM

06/19/20

#### Accrual Basis

### Aqua Chill of San Antonio, AC37 Customer Open Balance All Transactions

Date	Num	Memo	Due Date	Open Balance	Amount
rum)				the providence of the second se	
01/20/2020 02/20/2020 03/20/2020 04/20/2020 05/20/2020 06/20/2020	44044 44113 44461 44841 45256 45558		01/20/2020 02/20/2020 03/20/2020 04/20/2020 05/20/2020 06/20/2020	357.84 408.95 408.95 408.95 332.27 306.70	408.95 408.95 408.95 408.95 332.27 306.70
pectrum)				2,223.66	2,274.77
				2,223.66	2,274.77
	rum) 01/20/2020 02/20/2020 03/20/2020 04/20/2020 05/20/2020 06/20/2020	rum) 01/20/2020 44044 02/20/2020 44113 03/20/2020 44461 04/20/2020 44841 05/20/2020 45256 06/20/2020 45558	rum) 01/20/2020 44044 02/20/2020 44113 03/20/2020 44461 04/20/2020 44841 05/20/2020 45256 06/20/2020 45558	O1/20/2020         44044         O1/20/2020           02/20/2020         44113         02/20/2020           03/20/2020         44461         03/20/2020           04/20/2020         44841         04/20/2020           05/20/2020         44556         05/20/2020           06/20/2020         45558         06/20/2020	Internet         Internet         Due bate         Open Balance           01/20/2020         44044         01/20/2020         357.84           02/20/2020         44113         02/20/2020         408.95           03/20/2020         44461         03/20/2020         408.95           04/20/2020         44841         04/20/2020         408.95           05/20/2020         45256         05/20/2020         332.27           06/20/2020         45558         06/20/2020         306.70           pectrum)         2,223.66         2,223.66

PO Box 865 Antioch, IL 60002 224-643-7693

# Invoice

Date	Invoice #
6/20/2020	45558

Bill To

Gold's Gym (Spectrum) 4001 Maple Ave, Suite 200 Dallas, TX 75219

	Account #	Due Date	Terms	P.O. No.		
	1024, 3025, 3026	6/20/2020	Due on receipt			
Amount	Rate	Qty	Description			
23.62T	23.62	1	old, room temperature cooler	Monthly rental white hot/co with Reverse Osmosis RE: Equipment location- 12		
23.61T	23.61	1	oom temperature cooler with	Monthly rental white cold/ro Reverse Osmosis RE: Equipment location- 92		
47.22T	23.61	2	ld temperature cooler with	Monthly rental white hot/col Reverse Osmosis RE: Equipment location- 11		
23.61T	23.61	1	Osmosis Unit with Spigot (	Monthly rental for Reverse at Cafe Vida, Medical Cente		
118.05T	23.61	5	RE: Equipment location- 7431 Merton Minter Monthly rental white cold/room temperature coolers with Reverse Osmosis			
23.61T	23.61	1	Osmosis Unit with Spigot (	at Cafe Vida)		
23.61T	23.61	1		Monthly rental for Oasis hol countertop cooler RE: Equipment location- 27 Ranch		
	Total		Thank you for your business.			
	Payments/Credits Balance Due					

PO Box 865 Antioch, IL 60002 224-643-7693

# Invoice

Date	Invoice #
6/20/2020	45558

Bill To

P.O. No.	Terms	Due Date	Account #	
	Due on receipt	6/20/2020	1024, 3025, 3026	
Des	cription	Qty	Rate	Amount
Please make check payal Antonio #37 also include i month following the invoic Sales Tax	nvoice number. Invoice is for e date!		8.25%	23.37
,,			Total	\$306.70
			Payments/Credits	\$0.00
			Balance Due	\$306.70
			Customer Total B	

PO Box 865 Antioch, IL 60002 224-643-7693

# Invoice

Date	Invoice #
5/20/2020	45256

Bill To

Gold's Gym (Spectrum) 4001 Maple Ave, Suite 200 Dallas, TX 75219

	Account #	Due Date	Terms	P.O. No.			
	1024, 3025, 3026	5/20/2020	Due on receipt				
Amount	Rate	Qty	ription	Desc			
23.621	23.62	1	ld, room temperature cooler	Monthly rental white hot/co with Reverse Osmosis RE: Equipment location- 2			
23.627	23.62	1	ld, room temperature cooler	Monthly rental white hot/co with Reverse Osmosis RE: Equipment location- 12			
23.617	23.61	1	oom temperature cooler with	Monthly rental white cold/ro Reverse Osmosis RE: Equipment location- 92			
47.221	23.61	2	Id temperature cooler with	Monthly rental white hot/co Reverse Osmosis			
23.61T	23.61	1	Osmosis Unit with Spigot ( er) I31 Merton Minter	RE: Equipment location- 11761 Bandera Rd Monthly rental for Reverse Osmosis Unit with Spigot ( at Cafe Vida, Medical Center) RE: Equipment location- 7431 Merton Minter			
118.05T	23.61	5		Monthly rental white cold/rc with Reverse Osmosis			
23.61T	23.61	1	Osmosis Unit with Spigot (	at Cafe Vida)			
23.61T	23.61	1		Monthly rental for Oasis hol countertop cooler RE: Equipment location- 27 Ranch			
	Total		S.	Thank you for your busines			
	Payments/Credits						
	Balance Due	resonan en este de la constance					

PO Box 865 Antioch, IL 60002 224-643-7693

# Invoice

Date	Invoice #
5/20/2020	45256

Bill To

P.O. No.	Terms	Due Date	Account #	
	Due on receipt	5/20/2020	1024, 3025, 3026	
De	scription	Qty	Rate	Amount
Please make check paya Antonio #37 also include month following the invoi Sales Tax	able to Aqua Chill of San invoice number. Invoice is for ice date!		8.25%	25.32
hank you for your busine			Total	\$332.27
			E	
			Payments/Credits	\$0.00

PO Box 865 Antioch, IL 60002 224-643-7693

# Invoice

Date	Invoice #
4/20/2020	44841

Bill To

Gold's Gym (Spectrum) 4001 Maple Ave, Suite 200 Dallas, TX 75219

	Account #	Due Date	Terms	P.O. No.
	1024, 3025, 3026	4/20/2020	Due on receipt	
Amount	Rate	Qty	Description	
23.62T	23.62	1	old, room temperature cooler	Monthly rental white hot/co with Reverse Osmosis
23.62T	23.62	1	old, room temperature cooler	RE: Equipment location- 2 Monthly rental white hot/co with Reverse Osmosis RE: Equipment location- 1
23.61T	23.61	1	oom temperature cooler with	Monthly rental white cold/r Reverse Osmosis RE: Equipment location- 9
47.22T	23.61	2	old temperature cooler with	Monthly rental white hot/co Reverse Osmosis
23.61T	23.61	1	RE: Equipment location- 11761 Bandera Rd Monthly rental for Reverse Osmosis Unit with Spigot ( at Cafe Vida, Medical Center) RE: Equipment location- 7431 Merton Minter	
118.05T	23.61	5	com temperature coolers	Monthly rental white cold/re with Reverse Osmosis
23.61T	23.61	1	Osmosis Unit with Spigot (	
23.61T	23.61	1		Monthly rental for Oasis ho countertop cooler RE: Equipment location- 2
23.61T	23.61	1	ld,room temperature cooler	Monthly rental white hot/co with Reverse Osmosis
23.61T	23.61	1	ld temperature cooler with	Monthly rental white hot/co
	Total		is.	Thank you for your busines
	Payments/Credits			
	23.61 23.61 Total	1	711 Treble Creek, Rogers ld,room temperature cooler 025 Prue Rd ld temperature cooler with	countertop cooler RE: Equipment location- 2 Ranch

Balance Due

PO Box 865 Antioch, IL 60002 224-643-7693

# Invoice

Date	Invoice #
4/20/2020	44841

Bill To

P.O. No.	Terms	Due Date	Account #	
	Due on receipt	4/20/2020	1024, 3025, 3026	
Des	scription	Qty	Rate	Amount
Monthly rental for Revers RE: Equipment location- SA TX 78258	e Osmosis Unit with Spigot 21044 U. S Hwy 281 North,		1 23.61	23.61T
Please make check payal Antonio #37 also include i month following the invoic Sales Tax	invoice number. Invoice is for			
Sales Tax			8.25%	31.17
Thank you for your busine	SS.			
			Total	\$408.95
			Payments/Credits	\$0.00
			Balance Due	\$408.95
			Customer Total B	alance <sub>\$2,223.66</sub>

PO Box 865 Antioch, IL 60002 224-643-7693

# Invoice

Date	Invoice #
3/20/2020	44461

Bill To

Gold's Gym (Spectrum) 4001 Maple Ave, Suite 200 Dallas, TX 75219

	Account #	Due Date	Terms	P.O. No.
	1024, 3025, 3026	3/20/2020	Due on receipt	
Amount	Rate	Qty	Description	
23.62T	23.62	1	old, room temperature cooler	Monthly rental white hot/co with Reverse Osmosis
			14 E Travic Street	RE: Equipment location- 2
00.007	23.62	1	old, room temperature cooler	Monthly rental white bot/co
23.62T	23.02	1	nd, room temperature cooler	with Reverse Osmosis
			246 Austin Highway	RE: Equipment location- 1
23.61T	23.61	1	room temperature cooler with	Monthly rental white cold/r
20.011	20.01			Reverse Osmosis
			204 Gilbeau Rd	RE: Equipment location-9
47.22T	23.61	2	old temperature cooler with	
				Reverse Osmosis
			1761 Bandera Rd	RE: Equipment location-1
23.61T	23.61	1	Osmosis Unit with Spigot (	Monthly rental for Reverse
			ter)	at Cafe Vida, Medical Cen
	00.04	_	431 Werton Winter	RE: Equipment location- 7 Monthly rental white cold/r
118.05T	23.61	5	contemperature coolers	with Reverse Osmosis
23.61T	23.61	1	Osmosis Unit with Spigot (	
25.011	20.01		end end epiget (	at Cafe Vida)
23.61T	23.61	1	ot and cold Aquarius	Monthly rental for Oasis ho
20.011				countertop cooler
			711 Treble Creek, Rogers	RE: Equipment location- 2
				Ranch
23.61T	23.61	1	old,room temperature cooler	Monthly rental white hot/co
			005 D D.I	with Reverse Osmosis
				RE: Equipment location- 5
23.61T	23.61	1	old temperature cooler with	Reverse Osmosis
	Total			Thank you for your busine
	Payments/Credits			

**Balance Due** 

PO Box 865 Antioch, IL 60002 224-643-7693

# Invoice

Date	Invoice #
3/20/2020	44461

Bill To

	Account #	Due Date	Terms	P.O. No.
	1024, 3025, 3026	3/20/2020	Due on receipt	
Amount	Rate	Qty	ription	Desci
23.617	23.61	1	Osmosis Unit with Spigot 1044 U. S Hwy 281 North,	Monthly rental for Reverse RE: Equipment location- 21 SA TX 78258
31.17	8.25%		voice number. Invoice is for	Please make check payable Antonio #37 also include inv month following the invoice Sales Tax
\$408.95	Total		S.	Thank you for your business
\$408.95 \$0.00	Total Payments/Credits		s.	Thank you for your business

PO Box 865 Antioch, IL 60002 224-643-7693

## Invoice

Date	Invoice #
2/20/2020	44113

Bill To

Gold's Gym (Spectrum) 4001 Maple Ave, Suite 200 Dallas, TX 75219

P.O. No.	Terms	Due Date	Account #	
	Due on receipt	2/20/2020	1024, 3025, 3026	
Description		Qty	Rate	Amount
with Reverse Osmosis	cold, room temperature cooler	1	23.62	23.62T
RE: Equipment location- Monthly rental white hot/o with Reverse Osmosis RE: Equipment location-	cold, room temperature cooler	1	23.62	23.62T
Monthly rental white cold. Reverse Osmosis RE: Equipment location-	/room temperature cooler with	1	23.61	23.61T
Monthly rental white hot/o Reverse Osmosis	cold temperature cooler with	2	23.61	47.22T
at Cafe Vida, Medical Ce	e Osmosis Unit with Spigot (	1	23.61	23.61T
with Reverse Osmosis	room temperature coolers	5	23.61	118.05T
Monthly rental for Revers at Cafe Vida)	e Osmosis Unit with Spigot (	1	23.61	23.61T
Monthly rental for Oasis r countertop cooler RE: Equipment location-	not and cold Aquarius 2711 Treble Creek, Rogers	1	23.61	23.61T
Ranch Monthly rental white hot/c with Reverse Osmosis RE: Equipment location-	cold,room temperature cooler	1	23.61	23.61T
Monthly rental white hot/c Reverse Osmosis	old temperature cooler with	1	23.61	23.61T
Thank you for your busine	ess.		Total	
			Payments/Credits	

Balance Due

PO Box 865 Antioch, IL 60002 224-643-7693

# Invoice

Date	Invoice #
2/20/2020	44113

Bill To

P.O. No.	Terms	Due Date	Account #	
	Due on receipt	2/20/2020	1024, 3025, 3026	
Description		Qty	Rate	Amount
Monthly rental for Reverse Osmosis Unit with Spigot RE: Equipment location- 21044 U. S Hwy 281 North, SA TX 78258			1 23.61	23.617
Please make check payab Antonio #37 also include in month following the invoic Sales Tax	nvoice number. Invoice is for		8.25%	31.17
Thank you for your business.			Total	\$408.95
			Payments/Credits	\$0.00
			Payments/Credits Balance Due	\$0.00 \$408.95

PO Box 865 Antioch, IL 60002 224-643-7693

# Invoice

Date	Invoice #
1/20/2020	44044

Bill To

Gold's Gym (Spectrum) 4001 Maple Ave, Suite 200 Dallas, TX 75219

P.O. No.	Terms	Due Date	Account #	
	Due on receipt	1/20/2020	1024, 3025, 3026	
Description		Qty	Rate	Amount
Monthly rental white hot/o with Reverse Osmosis	cold, room temperature cooler	1	23.62	23.62T
RE: Equipment location-	214 E Trovia Streat			
Monthly rental white bot/	cold, room temperature cooler	4	00.00	
with Reverse Osmosis	sold, room temperature cooler	1	23.62	23.62T
	1246 Austin Highway	hale contractions		
RE: Equipment location- 1246 Austin Highway Monthly rental white cold/room temperature cooler with		1	23.61	23.61T
Reverse Osmosis		1	23.01	23.011
RE: Equipment location-	9204 Gilbeau Rd			
Monthly rental white hot/cold temperature cooler with		2	23.61	47.22T
Reverse Osmosis				1 J - Sans Sans 1
RE: Equipment location-	11761 Bandera Rd			
Monthly rental for Revers	e Osmosis Unit with Spigot (	1	23.61	23.61T
at Cafe Vida, Medical Ce				
RE: Equipment location- 7431 Merton Minter				
Monthly rental white cold/room temperature coolers		5	23.61	118.05T
with Reverse Osmosis				
Monthly rental for Reverse Osmosis Unit with Spigot ( at Cafe Vida)		1	23.61	23.61T
Monthly rental for Oasis hot and cold Aquarius		1	22.64	00.047
countertop cooler		1	23.61	23.61T
	2711 Treble Creek, Rogers			
Ranch				
Monthly rental white hot/cold,room temperature cooler		1	23.61	23.61T
with Reverse Osmosis			20.01	20.011
RE: Equipment location-				
Monthly rental white hot/cold temperature cooler with		1	23.61	23.61T
Reverse Osmosis				
Thank you for your business.		Total		
			<b>Payments/Credits</b>	

**Balance Due** 

PO Box 865 Antioch, IL 60002 224-643-7693

# Invoice

Date	Invoice #
1/20/2020	44044

Bill To

P.O. No.	Terms	Due Date	Account #	
	Due on receipt	1/20/2020	1024, 3025, 3026	
Description		Qty	Rate	Amount
Monthly rental for Reverse RE: Equipment location- 21 SA TX 78258	Osmosis Unit with Spigot 1044 U. S Hwy 281 North,		1 23.61	23.617
Please make check payable Antonio #37 also include in month following the invoice Sales Tax	voice number. Invoice is for		8.25%	31.17
Thank you for your business.			Total Payments/Credits	\$408.95
			Balance Due	\$357.84
				4001.01