

**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

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

# 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. <b>Who is the current creditor?</b>	<u>Aqua Chill of San Antonio</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. <b>Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. <b>Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  <u>Aqua Chill of San Antonio</u> Name <u>PO Box 865</u> Number Street <u>Antioch</u> <u>IL</u> <u>60002</u> City State ZIP Code Contact phone <u>(847) 532-2892</u> Contact email <u>blawson@aquachill.com</u>	<b>Where should payments to the creditor be sent? (if different)</b>  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. <b>Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	
	Filed on _____ MM / DD / YYYY	
5. <b>Do you know if anyone else has filed a proof of claim for this claim?</b>	<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

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: 9 3 5 1

7. 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).

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 Sold

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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ 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 06/19/2020  
MM / DD / YYYY

Bridget Lawson

Signature

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

Name Bridget Lawson  
First name Middle name Last name

Title Aqua Chill Director of Operations

Company Aqua Chill of San Antonio  
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 - 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

Type	Date	Num	Memo	Due Date	Open Balance	Amount
Gold's Gym (Spectrum)						
Invoice	01/20/2020	44044		01/20/2020	357.84	408.95
Invoice	02/20/2020	44113		02/20/2020	408.95	408.95
Invoice	03/20/2020	44461		03/20/2020	408.95	408.95
Invoice	04/20/2020	44841		04/20/2020	408.95	408.95
Invoice	05/20/2020	45256		05/20/2020	332.27	332.27
Invoice	06/20/2020	45558		06/20/2020	306.70	306.70
Total Gold's Gym (Spectrum)					2,223.66	2,274.77
TOTAL					2,223.66	2,274.77

Aqua Chill of San Antonio, AC37

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

P.O. No.	Terms	Due Date	Account #	
	Due on receipt	6/20/2020	1024, 3025, 3026...	
Description		Qty	Rate	Amount
Monthly rental white hot/cold, room temperature cooler with Reverse Osmosis RE: Equipment location- 1246 Austin Highway		1	23.62	23.62T
Monthly rental white cold/room temperature cooler with Reverse Osmosis RE: Equipment location- 9204 Gilbeau Rd		1	23.61	23.61T
Monthly rental white hot/cold temperature cooler with Reverse Osmosis RE: Equipment location- 11761 Bandera Rd		2	23.61	47.22T
Monthly rental for Reverse Osmosis Unit with Spigot (at Cafe Vida, Medical Center) RE: Equipment location- 7431 Merton Minter		1	23.61	23.61T
Monthly rental white cold/room temperature coolers with Reverse Osmosis		5	23.61	118.05T
Monthly rental for Reverse Osmosis Unit with Spigot (at Cafe Vida)		1	23.61	23.61T
Monthly rental for Oasis hot and cold Aquarius countertop cooler RE: Equipment location- 2711 Treble Creek, Rogers Ranch		1	23.61	23.61T

Thank you for your business.

Total

Payments/Credits

Balance Due

Customer Total Balance

Aqua Chill of San Antonio, AC37

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

P.O. No.	Terms	Due Date	Account #	
	Due on receipt	6/20/2020	1024, 3025, 3026...	
Description		Qty	Rate	Amount
Please make check payable to Aqua Chill of San Antonio #37 also include invoice number. Invoice is for month following the invoice date!				
Sales Tax			8.25%	23.37

Thank you for your business.

<b>Total</b>	\$306.70
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$306.70

**Customer Total Balance** \$2,223.66



Aqua Chill of San Antonio, AC37

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

P.O. No.	Terms	Due Date	Account #
	Due on receipt	5/20/2020	1024, 3025, 3026...
Description	Qty	Rate	Amount
Monthly rental white hot/cold, room temperature cooler with Reverse Osmosis RE: Equipment location- 214 E. Travis Street	1	23.62	23.62T
Monthly rental white hot/cold, room temperature cooler with Reverse Osmosis RE: Equipment location- 1246 Austin Highway	1	23.62	23.62T
Monthly rental white cold/room temperature cooler with Reverse Osmosis RE: Equipment location- 9204 Gilbeau Rd	1	23.61	23.61T
Monthly rental white hot/cold temperature cooler with Reverse Osmosis RE: Equipment location- 11761 Bandera Rd	2	23.61	47.22T
Monthly rental for Reverse Osmosis Unit with Spigot (at Cafe Vida, Medical Center) RE: Equipment location- 7431 Merton Minter	1	23.61	23.61T
Monthly rental white cold/room temperature coolers with Reverse Osmosis	5	23.61	118.05T
Monthly rental for Reverse Osmosis Unit with Spigot (at Cafe Vida)	1	23.61	23.61T
Monthly rental for Oasis hot and cold Aquarius countertop cooler RE: Equipment location- 2711 Treble Creek, Rogers Ranch	1	23.61	23.61T

Thank you for your business.

**Total**

**Payments/Credits**

**Balance Due**

**Customer Total Balance**



Aqua Chill of San Antonio, AC37

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

P.O. No.	Terms	Due Date	Account #	
	Due on receipt	5/20/2020	1024, 3025, 3026...	
Description		Qty	Rate	Amount
Please make check payable to Aqua Chill of San Antonio #37 also include invoice number. Invoice is for month following the invoice date!				
Sales Tax			8.25%	25.32

Thank you for your business.

<b>Total</b>	\$332.27
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$332.27

**Customer Total Balance** \$2,223.66

Aqua Chill of San Antonio, AC37

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

P.O. No.	Terms	Due Date	Account #
	Due on receipt	4/20/2020	1024, 3025, 3026...
Description	Qty	Rate	Amount
Monthly rental white hot/cold, room temperature cooler with Reverse Osmosis RE: Equipment location- 214 E. Travis Street	1	23.62	23.62T
Monthly rental white hot/cold, room temperature cooler with Reverse Osmosis RE: Equipment location- 1246 Austin Highway	1	23.62	23.62T
Monthly rental white cold/room temperature cooler with Reverse Osmosis RE: Equipment location- 9204 Gilbeau Rd	1	23.61	23.61T
Monthly rental white hot/cold temperature cooler with Reverse Osmosis RE: Equipment location- 11761 Bandera Rd	2	23.61	47.22T
Monthly rental for Reverse Osmosis Unit with Spigot (at Cafe Vida, Medical Center) RE: Equipment location- 7431 Merton Minter	1	23.61	23.61T
Monthly rental white cold/room temperature coolers with Reverse Osmosis	5	23.61	118.05T
Monthly rental for Reverse Osmosis Unit with Spigot (at Cafe Vida)	1	23.61	23.61T
Monthly rental for Oasis hot and cold Aquarius countertop cooler RE: Equipment location- 2711 Treble Creek, Rogers Ranch	1	23.61	23.61T
Monthly rental white hot/cold, room temperature cooler with Reverse Osmosis RE: Equipment location- 5025 Prue Rd	1	23.61	23.61T
Monthly rental white hot/cold temperature cooler with Reverse Osmosis	1	23.61	23.61T

Thank you for your business.

**Total**

**Payments/Credits**

**Balance Due**

**Customer Total Balance**

Aqua Chill of San Antonio, AC37

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

P.O. No.	Terms	Due Date	Account #
	Due on receipt	4/20/2020	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	23.61T
Please make check payable to Aqua Chill of San Antonio #37 also include invoice number. Invoice is for month following the invoice date! Sales Tax		8.25%	31.17

Thank you for your business.

<b>Total</b>	\$408.95
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$408.95

**Customer Total Balance** \$2,223.66



Aqua Chill of San Antonio, AC37

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

P.O. No.	Terms	Due Date	Account #	
	Due on receipt	3/20/2020	1024, 3025, 3026...	
Description		Qty	Rate	Amount
Monthly rental white hot/cold, room temperature cooler with Reverse Osmosis RE: Equipment location- 214 E. Travis Street		1	23.62	23.62T
Monthly rental white hot/cold, room temperature cooler with Reverse Osmosis RE: Equipment location- 1246 Austin Highway		1	23.62	23.62T
Monthly rental white cold/room temperature cooler with Reverse Osmosis RE: Equipment location- 9204 Gilbeau Rd		1	23.61	23.61T
Monthly rental white hot/cold temperature cooler with Reverse Osmosis RE: Equipment location- 11761 Bandera Rd		2	23.61	47.22T
Monthly rental for Reverse Osmosis Unit with Spigot ( at Cafe Vida, Medical Center) RE: Equipment location- 7431 Merton Minter		1	23.61	23.61T
Monthly rental white cold/room temperature coolers with Reverse Osmosis		5	23.61	118.05T
Monthly rental for Reverse Osmosis Unit with Spigot ( at Cafe Vida)		1	23.61	23.61T
Monthly rental for Oasis hot and cold Aquarius countertop cooler RE: Equipment location- 2711 Treble Creek, Rogers Ranch		1	23.61	23.61T
Monthly rental white hot/cold,room temperature cooler with Reverse Osmosis RE: Equipment location- 5025 Prue Rd		1	23.61	23.61T
Monthly rental white hot/cold temperature cooler with Reverse Osmosis		1	23.61	23.61T

Thank you for your business.

Total

Payments/Credits

Balance Due

Customer Total Balance

Aqua Chill of San Antonio, AC37

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

P.O. No.	Terms	Due Date	Account #
	Due on receipt	3/20/2020	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	23.61T
Please make check payable to Aqua Chill of San Antonio #37 also include invoice number. Invoice is for month following the invoice date! Sales Tax		8.25%	31.17

Thank you for your business.

<b>Total</b>	\$408.95
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$408.95

**Customer Total Balance** \$2,223.66



Aqua Chill of San Antonio, AC37

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
Monthly rental white hot/cold, room temperature cooler with Reverse Osmosis RE: Equipment location- 214 E. Travis Street	1	23.62	23.62T
Monthly rental white hot/cold, room temperature cooler with Reverse Osmosis RE: Equipment location- 1246 Austin Highway	1	23.62	23.62T
Monthly rental white cold/room temperature cooler with Reverse Osmosis RE: Equipment location- 9204 Gilbeau Rd	1	23.61	23.61T
Monthly rental white hot/cold temperature cooler with Reverse Osmosis RE: Equipment location- 11761 Bandera Rd	2	23.61	47.22T
Monthly rental for Reverse Osmosis Unit with Spigot (at Cafe Vida, Medical Center) RE: Equipment location- 7431 Merton Minter	1	23.61	23.61T
Monthly rental white cold/room temperature coolers with Reverse Osmosis	5	23.61	118.05T
Monthly rental for Reverse Osmosis Unit with Spigot (at Cafe Vida)	1	23.61	23.61T
Monthly rental for Oasis hot and cold Aquarius countertop cooler RE: Equipment location- 2711 Treble Creek, Rogers Ranch	1	23.61	23.61T
Monthly rental white hot/cold, room temperature cooler with Reverse Osmosis RE: Equipment location- 5025 Prue Rd	1	23.61	23.61T
Monthly rental white hot/cold temperature cooler with Reverse Osmosis	1	23.61	23.61T

Thank you for your business.

**Total**

**Payments/Credits**

**Balance Due**

**Customer Total Balance**



Aqua Chill of San Antonio, AC37

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
Monthly rental for Reverse Osmosis Unit with Spigot RE: Equipment location- 21044 U. S Hwy 281 North, SA TX 78258		1	23.61	23.61T
Please make check payable to Aqua Chill of San Antonio #37 also include invoice number. Invoice is for month following the invoice date! Sales Tax			8.25%	31.17

Thank you for your business.

<b>Total</b>	\$408.95
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$408.95

**Customer Total Balance** \$2,223.66

Aqua Chill of San Antonio, AC37

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/cold, room temperature cooler with Reverse Osmosis RE: Equipment location- 214 E. Travis Street	1	23.62	23.62T
Monthly rental white hot/cold, room temperature cooler with Reverse Osmosis RE: Equipment location- 1246 Austin Highway	1	23.62	23.62T
Monthly rental white cold/room temperature cooler with Reverse Osmosis RE: Equipment location- 9204 Gilbeau Rd	1	23.61	23.61T
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Monthly rental white hot/cold, room temperature cooler with Reverse Osmosis RE: Equipment location- 5025 Prue Rd	1	23.61	23.61T
Monthly rental white hot/cold temperature cooler with Reverse Osmosis	1	23.61	23.61T

Thank you for your business.

**Total**

**Payments/Credits**

**Balance Due**

**Customer Total Balance**

Aqua Chill of San Antonio, AC37

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 for Reverse Osmosis Unit with Spigot RE: Equipment location- 21044 U. S Hwy 281 North, SA TX 78258		1	23.61	23.61T
Please make check payable to Aqua Chill of San Antonio #37 also include invoice number. Invoice is for month following the invoice date! Sales Tax			8.25%	31.17

Thank you for your business.

<b>Total</b>	\$408.95
<b>Payments/Credits</b>	-\$51.11
<b>Balance Due</b>	\$357.84

**Customer Total Balance** \$2,223.66