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JUN 29 2020

BMC GROUP

FILED

JUN 19 2020

CLERK, U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

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

Case number 20-31318

Official Form 410

Proof of Claim

04/16

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? Otis Elevator Company
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?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
Where should notices to the creditor be sent?
Treasury Services - c/o Credit & Collections
Name _____
5500 Village Blvd
Number Street _____
West Palm Beach FL 33407
City State ZIP Code _____
Contact phone 561-618-4931
Contact email kelly.connolly2@otis.com
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



00113

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: 294370; 374140; 377144; 395594

7. How much is the claim? \$ 6,541.45. 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- 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)?

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:*
- | | |
|---|---|
| <input type="checkbox"/> 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
\$ _____ |
| <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/19 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:

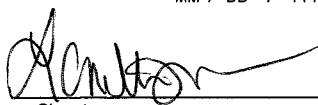
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 06/10/2020
MM / DD / YYYY



Signature

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

Name	<u>Lanette</u>	<u>North</u>
	First name	Last name
Title	<u>Credit and Collections - Associate Director</u>	
Company	<u>Otis Elevator Company</u>	
	Identify the corporate servicer as the company if the authorized agent is a servicer.	
Address	<u>5500 Village BLVD</u>	
	Number	Street
	<u>West Palm Beach</u>	<u>FL 33407</u>
	City	State ZIP Code
Contact phone	<u>561-618-4827</u>	Email <u>Lanette.North@Otis.com</u>

Otis Elevator
5500 Village Blvd, Suite 102
West Palm Beach, FL 33407

Customer No.	Statement Date	Amount Due
294370	6/10/2020	2,406.47

STATEMENT

Mail payment to:
Otis Elevator Company
PO Box 73579
Chicago, IL 60673-7579

GOLDS GYM
11 Currency Dr
BLOOMINGTON, IL 61704-9398

Please provide your name, phone number and/or email address
should we have any questions on how to apply your payment: _____

STATEMENT

For any questions concerning this statement, please contact:
844-636-6847 or Karthik.ab@otis.com

Page 1 of 1

Building Reference:

Customer No.	Statement Date	Amount Due
294370	6/10/2020	2,406.47

Invoice Number	Document Type	Invoice Date	Gross Amount	Open Amount
CTB15508 001	Dispute	3/20/2018	956.00	956.00
CTB65110 619	Dispute	5/20/2019	353.91	353.91
CTB65110 C19	Dispute	11/20/2019	365.52	365.52
CTB65110 320	Dispute	2/20/2020	365.52	365.52
CTB65110 620	Dispute	5/20/2020	365.52	365.52

Above, please find your latest statement of account. This statement does not include invoices turned over to a third party for collection. Disputed Invoices are under investigation. Please remit payment to the address above. If you have already paid, thank you. Collection data is reported to Dun & Bradstreet.

OTIS


One Farm Springs
Farmington, CT 06032

CUSTOMER NO.	DATE	INVOICE NO.
294370	03/20/18	CTB15508001

INVOICE

AMOUNT DUE
956.00

PAYMENT DUE UPON RECEIPT

MAIL PAYMENT TO: 
 OTIS ELEVATOR COMPANY
 P.O. BOX 73579
 CHICAGO IL
 606737579

GOLDS GYM
 11 CURRENCY DR
 BLOOMINGTON IL
 61704

ENCLOSE THIS COUPON WITH YOUR PAYMENT.
 MAKE CHECK PAYABLE TO: OTIS ELEVATOR COMPANY

INVOICE

DETACH RETURN DOCUMENT ALONG PERFORATION

OTIS ELEVATOR COMPANY
 ** INVOICE CHARGES **

BUILDING REFERENCE	CUSTOMER NO.	DATE	INVOICE NO.
GOLDS GYM 11 CURRENCY DR BLOOMINGTON IL 61704	294370	03/20/18	CTB15508001

DATE OF SERVICE: 03/08/18

WORK PERFORMED: REPAIRED NOT EQUIPMENT RELATED -
 WATER IN PIT. REPAIRED SUMP PUMP.
 MACHINE#434187
 2 HRS @ 478/HR REGULAR RATE \$956.00
 SF

SUBTOTAL	956.00
TAX	.00
FREIGHT	.00
TOTAL AMOUNT DUE	956.00

ANY QUESTIONS CONCERNING THIS INVOICE, CONTACT OTIS AT: (217-544-4633)

WE CERTIFY THAT GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7 AND 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED, AND OF REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 HEREOF.

OVERDUE PAYMENTS SHALL BEAR AN INTEREST CHARGE OF THE OVERDUE AMOUNT CALCULATED FROM THE PAYMENT DUE DATE OF THE INVOICE AT THE RATE OF ONE AND ONE HALF PERCENT (1.5%) PER MONTH OR THE MAXIMUM RATE ALLOWED BY APPLICABLE LAW, WHICHEVER IS LESS.



One Farm Springs
Farmington, CT 06032

INVOICE

CUSTOMER NO. 294370	DATE 05/20/19	INVOICE NO. CTB65110619
------------------------	------------------	----------------------------

AMOUNT DUE ON SERVICE CONTRACT: 353.91

Enclose This Coupon With Your Payment.
Make Check Payable To:
OTIS ELEVATOR COMPANY

Mail payment to:



OTIS ELEVATOR COMPANY
P.O. BOX 73579
CHICAGO IL
60673-7579

GOLDS GYM
11 CURRENCY DR
BLOOMINGTON IL 61704



PLEASE SEND CORRESPONDENCE TO YOUR LOCAL OFFICE AS SHOWN BELOW

0CTB65110619 0000035391 2

↑ DETACH RETURN DOCUMENT ALONG PERFORATION ↓

INVOICE

OTIS ELEVATOR ** SERVICE CONTRACT CHARGES **

	<u>CUSTOMER NO.</u>	<u>DATE</u>	<u>INVOICE NO.</u>
	294370	05/20/19	CTB65110619
BUILDING CTB386454 GOLDS GYM			
CONTRACT CTB65110			
SERVICE FROM 06/01/19 TO 08/31/19	353.91		
TOTAL CURRENT CHARGES DUE		353.91	

FOR ANY QUESTIONS CONCERNING THIS INVOICE, CONTACT OTIS AT: 1-217-544-4633
OR WRITE OTIS ELEVATOR 2867 VIA VERDE STREET SPRINGFIELD IL 62703
PAYMENT DUE UPON RECEIPT-PLEASE PAY PROMPTLY

WE CERTIFY THAT THE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7 AND 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED, AND OF REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 HEREOF.

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One Farm Springs
Farmington, CT 06032

CUSTOMER NO. 294370	DATE 11/20/19	INVOICE NO. CTB65110C19
------------------------	------------------	----------------------------

INVOICE

AMOUNT DUE ON SERVICE CONTRACT: 365.52

Enclose This Coupon With Your Payment.
Make Check Payable To:
OTIS ELEVATOR COMPANY

Mail payment to:



OTIS ELEVATOR COMPANY
P.O. BOX 73579
CHICAGO IL
60673-7579

GOLDS GYM
11 CURRENCY DR
BLOOMINGTON IL 61704



PLEASE SEND CORRESPONDENCE TO YOUR LOCAL OFFICE AS SHOWN BELOW

OCTB65110C19 0000036552 4

DETACH RETURN DOCUMENT ALONG PERFORATION

INVOICE

OTIS ELEVATOR

** SERVICE CONTRACT CHARGES **

	<u>CUSTOMER NO.</u>	<u>DATE</u>	<u>INVOICE NO.</u>
	294370	11/20/19	CTB65110C19
BUILDING CTB386454 GOLDS GYM			
CONTRACT CTB65110			
SERVICE FROM 12/01/19 TO 02/29/20	365.52		
TOTAL CURRENT CHARGES DUE		365.52	

FOR ANY QUESTIONS CONCERNING THIS INVOICE, CONTACT OTIS AT: 1-217-544-4633
OR WRITE OTIS ELEVATOR 2867 VIA VERDE STREET SPRINGFIELD IL 62703

PAYMENT DUE UPON RECEIPT-PLEASE PAY PROMPTLY

WE CERTIFY THAT THE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7 AND 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED, AND OF REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 HEREOF.

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One Farm Springs
Farmington, CT 06032

CUSTOMER NO. 294370	DATE 02/20/20	INVOICE NO. CTB65110320
------------------------	------------------	----------------------------

INVOICE

AMOUNT DUE ON SERVICE CONTRACT: 365.52

Pre-petition \$255.47
Post-Petition \$110.05

Enclose This Coupon With Your Payment.
Make Check Payable To:
OTIS ELEVATOR COMPANY

Mail payment to:



OTIS ELEVATOR COMPANY
P.O. BOX 73579
CHICAGO IL
60673-7579

GOLDS GYM
11 CURRENCY DR
BLOOMINGTON IL 61704



PLEASE SEND CORRESPONDENCE TO YOUR LOCAL OFFICE AS SHOWN BELOW

OCTB65110320 0000036552 3

↑ DETACH RETURN DOCUMENT ALONG PERFORATION ↑

INVOICE

OTIS ELEVATOR

** SERVICE CONTRACT CHARGES **

	<u>CUSTOMER NO.</u>	<u>DATE</u>	<u>INVOICE NO.</u>
	294370	02/20/20	CTB65110320
BUILDING CTB386454 GOLDS GYM			
CONTRACT CTB65110			
SERVICE FROM 03/01/20 TO 05/31/20	365.52		
TOTAL CURRENT CHARGES DUE		365.52	

FOR ANY QUESTIONS CONCERNING THIS INVOICE, CONTACT OTIS AT: 1-217-544-4633
OR WRITE OTIS ELEVATOR 2867 VIA VERDE STREET SPRINGFIELD IL 62703

PAYMENT DUE UPON RECEIPT-PLEASE PAY PROMPTLY

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Otis Elevator
5500 Village Blvd, Suite 102
West Palm Beach, FL 33407

Customer No.	Statement Date	Amount Due
374140	6/10/2020	5,036.97

STATEMENT

Mail payment to:
Otis Elevator Company
PO Box 13716
Newark, NJ 07188-0716

GOLDS GYM
4152 QUAKERBRIDGE RD
LAWRENCE TOWNSHIP, NJ 08648-4703

Please provide your name, phone number and/or email address
should we have any questions on how to apply your payment: _____

STATEMENT

For any questions concerning this statement, please contact:
844-636-6847 or Prince.WalterJ@otis.com

Page 1 of 1

Building Reference:

Customer No.	Statement Date	Amount Due
374140	6/10/2020	5,036.97

Invoice Number	Document Type	Invoice Date	Gross Amount	Open Amount
101000526579	Service O Invoice	6/7/2019	31.60	31.60
NPT06005 619	Service O Invoice	5/20/2019	979.81	979.81
NPT06005 919	Service O Invoice	8/20/2019	1,006.39	1,006.39
NPT06005 C19	Service O Invoice	11/20/2019	1,006.39	1,006.39
NPT06005 320	Service O Invoice	2/20/2020	1,006.39	1,006.39
NPT06005 620	Service O Invoice	5/20/2020	1,006.39	1,006.39

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One Farm Springs
Farmington, CT 06032

CUSTOMER NO. 374140	DATE 06/01/19	INVOICE NO. NPT06005619
INVOICE		AMOUNT DUE ON SERVICE CONTRACT 979.81

Mail payment to:
PLEASE SEND
CORRESPONDENCE
TO YOUR
LOCAL OFFICE AS
SHOWN BELOW



OTIS ELEVATOR COMPANY
P.O. BOX 13716
NEWARK NJ
07188-0716

GOLDS GYM
4152 QUAKERBRIDGE RD
LAWRENCE TOWNSHIP NJ
08648-4703

Enclose This Coupon With Your Payment.
Make Check Payable To: OTIS ELEVATOR COMPANY

DETACH RETURN DOCUMENT ALONG PERFORATION

INVOICE

**OTIS ELEVATOR
** SERVICE CONTRACT CHARGES ****

CUSTOMER NO.	DATE	INVOICE NO.
374140	06/01/19	NPT06005619

NJ ATHLETIC CLUB
CONTRACT NPT06005

NPT06005 EFFECTIVE 5/29/19 REINSTATE CONTRACT

SERVICE FROM 06/01/19 TO 08/31/19	918.93
SALES TAX	60.88

TOTAL CURRENT CHARGES DUE 979.81

B FOR ANY QUESTIONS CONCERNING THIS INVOICE, CONTACT OTIS AT: 1-856-235-5200
OR WRITE OTIS ELEVATOR 30 TWOSOME DR STE. 4 MOORESTOWN NJ 08057
PAYMENT DUE UPON RECEIPT

WE CERTIFY THAT GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7 AND 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED, AND OF REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 HEREOF.
OVERDUE PAYMENTS SHALL BEAR AN INTEREST CHARGE OF THE OVERDUE AMOUNT CALCULATED FROM THE PAYMENT DUE DATE OF THE INVOICE AT THE RATE OF ONE AND ONE HALF PERCENT (1.5%) PER MONTH OR THE MAXIMUM RATE ALLOWED BY APPLICABLE LAW, WHICHEVER IS LESS.



One Farm Springs
Farmington, CT 06032

CUSTOMER NO. 374140	DATE 02/20/19	INVOICE NO. 101000526579
DEBIT MEMO		AMOUNT DUE ON SERVICE CONTRACT 31.60

Mail payment to:
PLEASE SEND
CORRESPONDENCE
TO YOUR
LOCAL OFFICE AS
SHOWN BELOW

OTIS ELEVATOR COMPANY
P.O. BOX 13716
NEWARK NJ
07188-0716

GOLDS GYM
4152 QUAKERBRIDGE RD
LAWRENCE TOWNSHIP NJ
08648-4703

Enclose This Coupon With Your Payment.
Make Check Payable To: OTIS ELEVATOR COMPANY

DETACH RETURN DOCUMENT ALONG PERFORATION

DEBIT MEMO

**OTIS ELEVATOR
** SERVICE CONTRACT CHARGES ****

CUSTOMER NO.	DATE	INVOICE NO.
374140	02/20/19	101000526579

NJ ATHLETIC CLUB
CONTRACT NPT06005

SERVICE FROM 03/01/19 TO 05/31/19

INVOICE	DESCRIPTION	DATE	NET	TAX	TOTAL
101000526579	ADJUSTMENT *	06/07/19	29.64	1.96	31.60
			BALANCE DUE		31.60

NPT06005 EFFECTIVE 5/29/19 REINSTATE CONTRACT

REFERENCE: NPT06005 319 02/20/19 979.81

C FOR ANY QUESTIONS CONCERNING THIS INVOICE, CONTACT OTIS AT: 1-856-235-5200
OR WRITE OTIS ELEVATOR 30 TWOSOME DR STE. 4 MOORESTOWN NJ 08057
PAYMENT DUE UPON RECEIPT

WE CERTIFY THAT GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7 AND 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED, AND OF REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 HEREOF.
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Otis Elevator
5500 Village Blvd, Suite 102
West Palm Beach, FL 33407

Customer No.	Statement Date	Amount Due
377144	6/10/2020	1,955.90

STATEMENT

Mail payment to:
Otis Elevator Company
PO Box 13716
Newark, NJ 07188-0716

GOLDS GYM ITNL
4001 Maple Ave STE 200
DALLAS, TX 75219-3249

Please provide your name, phone number and/or email address
should we have any questions on how to apply your payment: _____

STATEMENT

For any questions concerning this statement, please contact:
844-636-6847 or Abhyuday.kanoje@otis.com

Page 1 of 1

Building Reference:	Customer No.	Statement Date	Amount Due
	377144	6/10/2020	1,955.90

Invoice Number	Document Type	Invoice Date	Gross Amount	Open Amount
NQA09574 320	Service O Invoice	2/20/2020	977.95	977.95
NQA09574 620	Service O Invoice	5/20/2020	977.95	977.95

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Otis Elevator
5500 Village Blvd, Suite 102
West Palm Beach, FL 33407

Customer No.	Statement Date	Amount Due
395594	6/10/2020	545.86

STATEMENT

Mail payment to:
Otis Elevator Company
PO Box 73579
Chicago, IL 60673-7579

GOLDS GYM Kirkland
18600 WOODINVILLE SNOHOMISH RD
SUITE 100
WOODINVILLE, WA 98072-8531

Please provide your name, phone number and/or email address
should we have any questions on how to apply your payment:

STATEMENT

For any questions concerning this statement, please contact:
561-618-4850 or James.Slawson2@otis.com

Page 1 of 1

Building Reference:

Customer No.	Statement Date	Amount Due
395594	6/10/2020	545.86

Invoice Number	Document Type	Invoice Date	Gross Amount	Open Amount
SS.04072 420	Service O Invoice	3/20/2020	545.86	545.86

	Invoice	Pre-Petition	Post- Petition
Prorated Invoices:	CTB65110 320	\$ 255.47	\$ 110.05
	NPT06005 320	\$ 703.39	\$ 303.00
	NQA09574 320	\$ 683.41	\$ 294.54
	SS.04072 420	\$ 199.56	\$ 346.30