

Fill in this information to identify the case:

Debtor 1 GOLDS TEXAS HOLDINGS GROUP, INC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN District of TEXAS
(State)

Case number 20-31337-HDH-11

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? American Express Travel Related Services Co, Inc
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?	Where should payments to the creditor be sent? (if different)
<u>Becket and Lee LLP</u> Name	_____ Name
<u>PO Box 3001</u> Number Street	_____ Number Street
<u>Malvern PA 19355-0701</u> City State ZIP Code	_____ City State ZIP Code
Contact phone <u>610-228-2570</u>	Contact phone <u>610-228-2570</u>
Contact email <u>proofofclaim@becket-lee.com</u>	Contact email <u>payments@becket-lee.com</u>
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) 9 Filed on 07/10/2020
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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u> 4 </u> <u> 4 </u> <u> 4 </u> <u> 1 </u>
7. How much is the claim?	\$2,551.47 Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 healthcare information. <u>Merchant Services Account</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage <i>Proof of Claim Attachment</i> (Official Form 410-A) with this Proof of Claim. <input type="checkbox"/> Motor vehicle _____ <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<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 4/01/22 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).

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.

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.

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 7/13/2020
MM / DD / YYYY

/s/ Christopher Cramer
Signature

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

Name Christopher S Cramer
First Name Middle Name Last Name

Title Claims Administrator

Company Becket and Lee LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address POB 3001
Number Street

Malvern PA 19355-0701
City State ZIP Code

Contact phone 610-228-2570 Email proofofclaim@becket-lee.com

GOLDS TEXAS HOLDINGS GROUP, INC

MAY 2020

ACCOUNT		PAY DATE	SUM NBR	ORIG SOC	DISCOUNT	NET	CHECK#/DRAFT#/ ADVISE	CHECKS/DRCT DB AMOUNT	CHK GRP	PROC DATE	BATCH NUM	MAGSEQ	CAP CTR	TRACK ID	NUM CHGS
PAYEE * PAYEE *		SYS	CARD						SE BUS	BLCD	SERV FEE			GROSS	OPT
AP 1112 FOR MONTH 05/20		WROC ACCOUNTS PAYABLE - U S DOLLAR MONTHLY PAID LISTING													
		PAGE 1 RUN: 06/06/20													
	1441*	0502	852970	1620.00-	0.00	1620.00-	121H7450	1620.00-	0	0430	0566	00000000	02	121000006	1
	A	AX		0.00	0.00					0430	691	0.00		0.00	0
		0530	640279	250.00-	0.00	250.00-	149C4528	500.00-	0	0528	0566	00000000	02	149000006	1
	A	AX		0.00	0.00					0528	691	0.00		0.00	0
		0530	640124	250.00-	0.00	250.00-	149C4528	500.00-	0	0528	0566	00000000	02	149000006	1
	A	AX		0.00	0.00					0528	691	0.00		0.00	0

JUNE 2020:

ACCOUNT		PAY DATE	SUM NBR	ORIG SOC	DISCOUNT	NET	CHECK#/DRAFT#/ ADVISE	CHECKS/DRCT DB AMOUNT	CHK GRP	PROC DATE	BATCH NUM	MAGSEQ	CAP CTR	TRACK ID	NUM CHGS
PAYEE * PAYEE *		SYS	CARD						SE BUS	BLCD	SERV FEE			GROSS	OPT
AP 1112 FOR MONTH 06/20		WROC ACCOUNTS PAYABLE - U S DOLLAR MONTHLY PAID LISTING													
		PAGE 367597 RUN: 07/04/20													



██████████	4441*	0602	151016	12.00-	0.00	12.00-	151B0678	512.00-	0	0530	0501	00137584	02	151013016	1
		A	AX	0.00	0.00					0530	000	0.00		0.00	0
		0602	000000	500.00-	0.00	500.00-	151B0678	512.00-	0	0530	0000	00000000	02	150000000	0
		A	AX	0.00	0.00					0528		0.00		0.00	0
		0603	812862	475.00-	0.00	475.00-	153A9647	987.00-	0	0601	0560	00000000	02	153000008	1
		A	AX	0.00	0.00					0601	062	0.00		0.00	0
		0603	000000	512.00-	0.00	512.00-	153A9647	987.00-	0	0601	0000	00000000	02	151000000	0
		A	AX	0.00	0.00					0528		0.00		0.00	0
		0606	155016	19.47-	0.00	19.47-	156B0746	1006.47-	0	0604	0501	00153339	02	155013016	1
		A	AX	0.00	0.00					0603	000	0.00		0.00	0
		0606	000000	987.00-	0.00	987.00-	156B0746	1006.47-	0	0604	0000	00000000	02	155000000	0
		A	AX	0.00	0.00					0528		0.00		0.00	0
		0613	600534	360.00-	0.00	360.00-	163C5845	1966.47-	0	0611	0566	00000000	02	163000006	1
		A	AX	0.00	0.00					0611	691	0.00		0.00	0
		0613	162016	600.00-	0.00	600.00-	163C5845	1966.47-	0	0611	0501	00523701	02	162013016	1
		A	AX	0.00	0.00					0610	000	0.00		0.00	0
		0613	000000	1006.47-	0.00	1006.47-	163C5845	1966.47-	0	0611	0000	00000000	02	162000000	0
		A	AX	0.00	0.00					0528		0.00		0.00	0
		0617	066684	585.00-	0.00	585.00-	167C3266	2551.47-	0	0615	0566	00000000	02	167000006	1
		A	AX	0.00	0.00					0615	691	0.00		0.00	0
		0617	000000	1966.47-	0.00	1966.47-	167C3266	2551.47-	0	0615	0000	00000000	02	165000000	0
		A	AX	0.00	0.00					0528		0.00		0.00	0



Northern District of Texas Claims Register

[20-31337-hdh11 Gold's Texas Holdings Group, Inc.](#)

Judge: Harlin DeWayne Hale

Chapter: 11

Office: Dallas

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (19112132)
American Express Travel Related
Services Co, Inc
c/o Becket and Lee LLP
PO Box 3001
Malvern PA 19355-0701

Claim No: 9
Original Filed
Date: 07/10/2020
Original Entered
Date: 07/10/2020
Last Amendment
Filed: 07/13/2020
Last Amendment
Entered: 07/13/2020

Status:
Filed by: CR
Entered by: Christopher S.
Cramer
Modified:

Amount claimed: \$2551.47

History:

[Details](#) [9-1](#) 07/10/2020 Claim #9 filed by American Express Travel Related Services Co, Inc, Amount claimed: \$2551.47 (Redmond, Elizabeth)

[Details](#) [9-2](#) 07/13/2020 Amended Claim #9 filed by American Express Travel Related Services Co, Inc, Amount claimed: \$2551.47 (Cramer, Christopher)

Description:

Remarks: (9-2) ADD DOCUMENTATION

Claims Register Summary

Case Name: Gold's Texas Holdings Group, Inc.

Case Number: 20-31337-hdh11

Chapter: 11

Date Filed: 05/04/2020

Total Number Of Claims: 1

Total Amount Claimed*	\$2551.47
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		

Fill in this information to identify the case:

Debtor 1 GOLDS TEXAS HOLDINGS GROUP, INC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN District of TEXAS
(State)

Case number 20-31337-HDH-11

RECEIVED
JUL 13 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? American Express Travel Related Services Co, Inc
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?** **Where should payments to the creditor be sent? (if different)**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Becket and Lee LLP</u> Name	_____	Name	_____
	<u>PO Box 3001</u> Number Street	_____	Number Street	_____
	<u>Malvern</u> PA <u>19355-0701</u> City State ZIP Code	_____	City State ZIP Code	_____
	Contact phone <u>610-228-2570</u>	_____	Contact phone <u>610-228-2570</u>	_____
	Contact email <u>proofofclaim@becket-lee.com</u>	_____	Contact email <u>payments@becket-lee.com</u>	_____

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



00156

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: 4 4 4 1

7. How much is the claim? \$2,551.47 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 healthcare information.

Merchant Services Account

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:

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

<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 \$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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<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 4/01/22 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.

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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 7/10/2020
MM / DD / YYYY

/s/ Elizabeth M. Redmond
Signature

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

Name Elizabeth M Redmond
First Name Middle Name Last Name

Title Claims Administrator

Company Becket and Lee LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address POB 3001
Number Street

Malvern PA 19355-0701
City State ZIP Code

Contact phone 610-228-2570 Email proofofclaim@becket-lee.com

Northern District of Texas Claims Register

20-31337-hdh11 Gold's Texas Holdings Group, Inc.

Judge: Harlin DeWayne Hale **Chapter:** 11
Office: Dallas **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (19112132)	Claim No: 9	<i>Status:</i>
American Express Travel Related Services Co, Inc	<i>Original Filed</i>	<i>Filed by:</i> CR
c/o Becket and Lee LLP	<i>Date:</i> 07/10/2020	<i>Entered by:</i> Elizabeth Redmond
PO Box 3001	<i>Original Entered</i>	<i>Modified:</i>
Malvern PA 19355-0701	<i>Date:</i> 07/10/2020	

Amount claimed: \$2551.47

History:

Details 9-1 07/10/2020 Claim #9 filed by American Express Travel Related Services Co, Inc, Amount claimed: \$2551.47 (Redmond, Elizabeth)

Description:

Remarks:

Claims Register Summary

Case Name: Gold's Texas Holdings Group, Inc.
Case Number: 20-31337-hdh11
Chapter: 11
Date Filed: 05/04/2020
Total Number Of Claims: 1

Total Amount Claimed*	\$2551.47
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		