

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 07/20/2020
Claim # 172

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?** Anchor Business Services, LLC
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor The Anchor Group

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>Geoffrey Detrich</u> Name <u>PO Box 1743</u> Number Street <u>Frisco TX 75034</u> City State ZIP Code Contact phone <u>(405) 788-2154</u> Contact email <u>GDetrich@anchorgroup.com</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? \$ 3,362.53. 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 07/20/2020
MM / DD / YYYY

Geoffrey Detrich

Signature

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

Name Geoffrey Detrich
First name Middle name Last name

Title Managing Partner

Company Anchor Business Services, LLC
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 - Invoice INV10694.pdf

Description -

INVOICE

Gold's Gym
4001 Maple Ave, Suite 200
DALLAS TX 75219
USA

Invoice Date
Apr 13, 2020

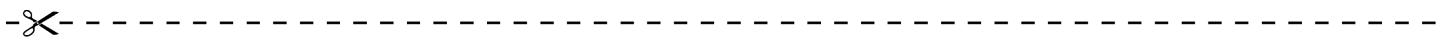
The Anchor Group
P.O. Box 1743
FRISCO TX 75034
USA

Invoice Number
INV10694

Reference
General GP Support -
Gold's - 04/05/2020 -
04/11/2020

Description	Quantity	Unit Price	Tax	Amount USD
04/06/2020 - Geoffrey Detrich - Look at AP SmartList download issue for Evering. - General GP Support : GOLD-GP-DETRICH	0.50	175.00	8.25%	87.50
04/07/2020 - Geoffrey Detrich - Call with Ashlee – build custom SmartList to get data for vendor spend by Location. Add payment data per Ashlee email. - General GP Support : GOLD-GP-DETRICH	2.00	175.00	8.25%	350.00
			Subtotal	437.50
			TOTAL FRISCO 2%	8.75
			TOTAL TEXAS 6.25%	27.35
			TOTAL USD	473.60

Due Date: May 13, 2020



PAYMENT ADVICE

To: The Anchor Group
P.O. Box 1743
FRISCO TX 75034
USA

Customer Gold's Gym

Invoice Number INV10694

Amount Due **473.60**

Due Date May 13, 2020

Amount Enclosed

Enter the amount you are paying above

Attachment 2 - Invoice INV10729.pdf

Description -

INVOICE

Gold's Gym
4001 Maple Ave, Suite 200
DALLAS TX 75219
USA

Invoice Date
Apr 27, 2020

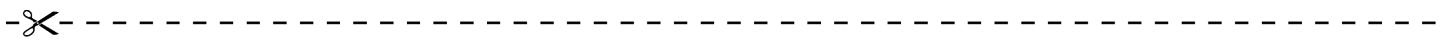
The Anchor Group
P.O. Box 1743
FRISCO TX 75034
USA

Invoice Number
INV10729

Reference
General GP Support -
Gold's - 04/19/2020 -
04/25/2020

Description	Quantity	Unit Price	Tax	Amount USD
04/20/2020 - Geoffrey Detrich - Update SC security for Evering to access IC integration. - General GP Support : GOLD-GP-DETRICH	0.25	175.00	8.25%	43.75
04/24/2020 - Geoffrey Detrich - Call with Ashlee work on AP batch posting issue. Fix stuck batch. - General GP Support : GOLD-GP-DETRICH	2.00	175.00	8.25%	350.00
			Subtotal	393.75
			TOTAL FRISCO 2%	7.88
			TOTAL TEXAS 6.25%	24.61
			TOTAL USD	426.24

Due Date: May 27, 2020



PAYMENT ADVICE

To: The Anchor Group
P.O. Box 1743
FRISCO TX 75034
USA

Customer Gold's Gym
Invoice Number INV10729

Amount Due **426.24**

Due Date May 27, 2020

Amount Enclosed _____

Enter the amount you are paying above

Attachment 3 - Invoice INV10756.pdf

Description -

INVOICE

Gold's Gym
 4001 Maple Ave, Suite 200
 DALLAS TX 75219
 USA

Invoice Date
 May 4, 2020

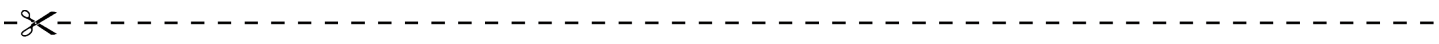
The Anchor Group
 P.O. Box 1743
 FRISCO TX 75034
 USA

Invoice Number
 INV10756

Reference
 General GP Support
 04/26/2020 - 05/02/2020

Description	Quantity	Unit Price	Tax	Amount USD
04/29/2020 - Geoffrey Detrich - Fix corrupt AP transactions – payments and invoices; validate. Update email notification for Aestiva vendor integration – per LT. Grant access to invoice attachments for Evering. - General GP Support : GOLD-GP-DETRICH	2.25	175.00	8.25%	393.75
05/01/2020 - Geoffrey Detrich - Extract vendor master data with Email and send to Ashlee. - General GP Support : GOLD-GP-DETRICH	0.50	175.00	8.25%	87.50
Subtotal				481.25
TOTAL FRISCO 2%				9.62
TOTAL TEXAS 6.25%				30.08
TOTAL USD				520.95

Due Date: Jun 3, 2020



PAYMENT ADVICE

To: The Anchor Group
 P.O. Box 1743
 FRISCO TX 75034
 USA

Customer Gold's Gym
Invoice Number INV10756
Amount Due **520.95**
Due Date Jun 3, 2020

Amount Enclosed _____

Enter the amount you are paying above

Attachment 4 - Invoice INV10710.pdf

Description -

INVOICE

Gold's Gym
 4001 Maple Ave, Suite 200
 DALLAS TX 75219
 USA

Invoice Date
 Apr 20, 2020

Invoice Number
 INV10710

Reference
 General GP Support -
 Gold's - 04/12/2020 -
 04/18/2020

The Anchor Group
 P.O. Box 1743
 FRISCO TX 75034
 USA

Description	Quantity	Unit Price	Tax	Amount USD
04/13/2020 - Geoffrey Detrich - Look at batch stuck issues for Ashlee and fix. Work on custom SmartList logic for IC payments – per Evering. - General GP Support : GOLD-GP-DETRICH	2.00	175.00	8.25%	350.00
04/14/2020 - Geoffrey Detrich - Work on custom SmartList logic for IC payments – per Evering. Testing and validation of data in custom SmartList. - General GP Support : GOLD-GP-DETRICH	4.25	175.00	8.25%	743.75
04/15/2020 - Geoffrey Detrich - Work on custom SmartList logic for IC payments – per Evering. Testing and validation of data in custom SmartList. Look at Ashlee’s outstanding invoices request. - General GP Support : GOLD-GP-DETRICH	3.25	175.00	8.25%	568.75
04/16/2020 - Geoffrey Detrich - Add vendor class ID to new custom SmartList IC payments. Look at custom SmartList I/C payments – fix period selections. - General GP Support : GOLD-GP-DETRICH	0.75	175.00	8.25%	131.25
Subtotal				1,793.75
TOTAL FRISCO 2%				35.88
TOTAL TEXAS 6.25%				112.11
TOTAL USD				1,941.74

Due Date: May 20, 2020



PAYMENT ADVICE

To: The Anchor Group
P.O. Box 1743
FRISCO TX 75034
USA

Customer	Gold's Gym
Invoice Number	INV10710
Amount Due	1,941.74
Due Date	May 20, 2020

Amount Enclosed

Enter the amount you are paying above