

Fill in this information to identify the case:

Debtor 1 Gold's Gym International, Inc.

Debtor 2 _____
(Spouse, if filing)

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

Case number 20-31319-hdh11

E-Filed on 07/27/2020
Claim # 182

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?	<u>Valassis Direct Mail, Inc.</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. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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>Vanessa OConnell</u> Name <u>15955 La Cantera Parkway</u> Number Street <u>San Antonio TX 78256</u> City State ZIP Code Contact phone <u>(210) 694-1933</u> Contact email <u>vanessa.oconnell@vericast.com</u>	_____ 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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 1 8 7

7. How much is the claim? \$ 42,731.86. 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)?

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 07/27/2020
MM / DD / YYYY

Vanessa OConnell

Signature

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

Name Vanessa OConnell
First name Middle name Last name

Title Collection Bad Debt Specialist

Company Valassis Direct Mail, Inc.
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 - GGi open invoices #4699187.pdf

Description -



CUSTOMER ACCT NUMBER	INVOICE NUMBER	INVOICE DATE
4699187	3229254	01/24/2020
GROUPING NUMBER	SALES ORDER NUMBER	
9084413	9084413	
PO NUMBER:		SEE ATTACHED
CONTRACT NUMBER:		701136AGCY
FEDERAL TAX ID -		06-0885252
PAYMENT TERMS:		NET 30
SALES EXEC / LOCATION: ARCHER, AMY E/CONSUMER SVCS		

GOLDS GYM/BEE CAVE/SOUTHWEST MEDIA GRP
 ATTN: MADISON VIDAL
 1717 MAIN ST STE 4000
 DALLAS TX 75201-7332

TO VIEW ONLINE GO TO:	https://valassis.billtrust.com
USE THIS TOKEN:	LVZ PZR DPW

*****FINAL INVOICE*****

DESCRIPTION	CLIENT INVOICE PROMOTION	IN HOME DATE	INVOICE TOTAL
SEE ATTACHED INVOICE DETAIL	DALLAS 1.19.20	01/21/2020	\$14,546.43

PAYMENTS APPLIED \$0.00
CREDITS APPLIED \$0.00
BALANCE DUE \$14,546.43

To Our Client: WE VALUE YOUR BUSINESS.

1. This invoice confirms your order. Unless otherwise agreed by Valassis in writing, all orders are subject to Valassis' standard terms and conditions for its products and services.
2. This invoice may indicate your actual tax liability, which is included in the Invoice Total. You should retain this invoice and any attachments for your records.
3. For inquiries related to payment, please call Valassis at 1-888-238-6437. Detach and mail the remittance portion of the invoice with your payment to the address shown below. Please write your customer account number and invoice number on your check.
4. For Prepayment Invoices - amount shown is an estimate only. Valassis will issue a final invoice reflecting final weights and quantities after all services are completed. Any performance of services without a prepayment shall not be a waiver of our rights to require a prepayment for subsequent services.
5. Fractional piece weights are rounded up to the next hundredth of an ounce. Household counts are subject to a 2% shortage tolerance.
6. Client must notify Valassis within 90 days of the date of this invoice with any discrepancy relating to this invoice.

 Please retain the top portion for your records.

*****FINAL INVOICE*****



CUSTOMER ACCT NUMBER	INVOICE NUMBER	INVOICE TOTAL
4699187	3229254	\$ 14,546.43
PAYMENTS/CREDITS APPLIED	DATE DUE	BALANCE DUE
\$ 0.00	02/23/2020	\$ 14,546.43

Make check or money order payable to:

VALASSIS DIRECT MAIL, INC.
 FILE 70179
 LOS ANGELES, CA 90074-0179



CLIENT NAME: GOLDS GYM/BEE CAVE/SOUTHWEST MEDIA GRP
CUSTOMER ACCOUNT #: 4699187
INVOICE #: 3229254
GROUPING #: 9084413
SALES ORDER #: 9084413
CLIENT INVOICE PROMOTION: DALLAS 1.19.20

PRICING MARKET	IHD	CLIENT PO#	PRODUCT / SERVICE	DEL CHAN	PIECE WT.	QTY	RATE	BILLED AMOUNT	
TX DALLAS/FT WO	01/21/20		WRAP BACK COVER	NEWS		893,098	\$16.14 M	\$14,414.64	
TX DALLAS/FT WO			MARKET SURCHARGE-TX				U	\$131.79	
SUB TOTAL -----								\$14,546.43	
								TOTAL:	\$14,546.43

ADDITIONAL TAX DETAILS STATE PRINT SERVICES DELIVERY



CUSTOMER ACCT NUMBER	INVOICE NUMBER	INVOICE DATE
4699187	3227789	01/22/2020
GROUPING NUMBER	SALES ORDER NUMBER	
9081599	9081599	
PO NUMBER:		SEE ATTACHED
CONTRACT NUMBER:		701136AGCY
FEDERAL TAX ID -		06-0885252
PAYMENT TERMS:		NET 30
SALES EXEC / LOCATION: ARCHER, AMY E/CONSUMER SVCS		

GOLDS GYM/BEE CAVE/SOUTHWEST MEDIA GRP
 ATTN: MADISON VIDAL
 1717 MAIN ST STE 4000
 DALLAS TX 75201-7332

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USE THIS TOKEN:	LVZ PZR DPW

*****FINAL INVOICE*****

DESCRIPTION	CLIENT INVOICE PROMOTION	IN HOME DATE	INVOICE TOTAL
SEE ATTACHED INVOICE DETAIL	SAN ANTONIO 1.19.20	01/21/2020	\$15,249.54

PAYMENTS APPLIED \$0.00
CREDITS APPLIED \$0.00
BALANCE DUE \$15,249.54

To Our Client: WE VALUE YOUR BUSINESS.

1. This invoice confirms your order. Unless otherwise agreed by Valassis in writing, all orders are subject to Valassis' standard terms and conditions for its products and services.
2. This invoice may indicate your actual tax liability, which is included in the Invoice Total. You should retain this invoice and any attachments for your records.
3. For inquiries related to payment, please call Valassis at 1-888-238-6437. Detach and mail the remittance portion of the invoice with your payment to the address shown below. Please write your customer account number and invoice number on your check.
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5. Fractional piece weights are rounded up to the next hundredth of an ounce. Household counts are subject to a 2% shortage tolerance.
6. Client must notify Valassis within 90 days of the date of this invoice with any discrepancy relating to this invoice.

 Please retain the top portion for your records.

*****FINAL INVOICE*****



CUSTOMER ACCT NUMBER	INVOICE NUMBER	INVOICE TOTAL
4699187	3227789	\$ 15,249.54
PAYMENTS/CREDITS APPLIED	DATE DUE	BALANCE DUE
\$ 0.00	02/21/2020	\$ 15,249.54

Make check or money order payable to:

VALASSIS DIRECT MAIL, INC.
 FILE 70179
 LOS ANGELES, CA 90074-0179



CLIENT NAME: GOLDS GYM/BEE CAVE/SOUTHWEST MEDIA GRP
CUSTOMER ACCOUNT #: 4699187
INVOICE #: 3227789
GROUPING #: 9081599
SALES ORDER #: 9081599
CLIENT INVOICE PROMOTION: SAN ANTONIO 1.19.20

PRICING MARKET	IHD	CLIENT PO#	PRODUCT / SERVICE	DEL CHAN	PIECE WT.	QTY	RATE	BILLED AMOUNT
TX SAN ANTONIO	01/21/20		WRAP BACK COVER	NEWS		664,066	\$16.14 M	\$10,718.04
TX SAN ANTONIO	01/21/20		WRAP FRONT COVER	NEWS		273,773	\$16.14 M	\$4,418.70
TX SAN ANTONIO			MARKET SURCHARGE-TX				U	\$112.80
SUB TOTAL -----								\$15,249.54
TOTAL:								\$15,249.54

ADDITIONAL TAX DETAILS **STATE** **PRINT** **SERVICES** **DELIVERY**



CUSTOMER ACCT NUMBER	INVOICE NUMBER	INVOICE DATE
4699187	3227790	01/22/2020
GROUPING NUMBER	SALES ORDER NUMBER	
9081600	9081600	
PO NUMBER:		SEE ATTACHED
CONTRACT NUMBER:		701136AGCY
FEDERAL TAX ID -		06-0885252
PAYMENT TERMS:		NET 30
SALES EXEC / LOCATION:		ARCHER, AMY E/CONSUMER SVCS

GOLDS GYM/BEE CAVE/SOUTHWEST MEDIA GRP
 ATTN: MADISON VIDAL
 1717 MAIN ST STE 4000
 DALLAS TX 75201-7332

TO VIEW ONLINE GO TO:	https://valassis.billtrust.com
USE THIS TOKEN:	LVZ PZR DPW

*****FINAL INVOICE*****

DESCRIPTION	CLIENT INVOICE PROMOTION	IN HOME DATE	INVOICE TOTAL
SEE ATTACHED INVOICE DETAIL	AUSTIN 1.19.20	01/21/2020	\$12,935.89

PAYMENTS APPLIED \$0.00
CREDITS APPLIED \$0.00
BALANCE DUE \$12,935.89

To Our Client: WE VALUE YOUR BUSINESS.

1. This invoice confirms your order. Unless otherwise agreed by Valassis in writing, all orders are subject to Valassis' standard terms and conditions for its products and services.
2. This invoice may indicate your actual tax liability, which is included in the Invoice Total. You should retain this invoice and any attachments for your records.
3. For inquiries related to payment, please call Valassis at 1-888-238-6437. Detach and mail the remittance portion of the invoice with your payment to the address shown below. Please write your customer account number and invoice number on your check.
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 Please retain the top portion for your records.

*****FINAL INVOICE*****



CUSTOMER ACCT NUMBER	INVOICE NUMBER	INVOICE TOTAL
4699187	3227790	\$ 12,935.89
PAYMENTS/CREDITS APPLIED	DATE DUE	BALANCE DUE
\$ 0.00	02/21/2020	\$ 12,935.89

Make check or money order payable to:

VALASSIS DIRECT MAIL, INC.
 FILE 70179
 LOS ANGELES, CA 90074-0179



CLIENT NAME: GOLDS GYM/BEE CAVE/SOUTHWEST MEDIA GRP
CUSTOMER ACCOUNT #: 4699187
INVOICE #: 3227790
GROUPING #: 9081600
SALES ORDER #: 9081600
CLIENT INVOICE PROMOTION: AUSTIN 1.19.20

PRICING MARKET	IHD	CLIENT PO#	PRODUCT / SERVICE	DEL CHAN	PIECE WT.	QTY	RATE	BILLED AMOUNT
TX AUSTIN	01/21/20		WRAP BACK COVER	NEWS		792,348	\$16.14 M	\$12,788.50
TX AUSTIN			MARKET SURCHARGE-TX				U	\$147.39
SUB TOTAL -----								\$12,935.89
TOTAL:								\$12,935.89

ADDITIONAL TAX DETAILS STATE PRINT SERVICES DELIVERY