Fill in this information to identify the case:	
Debtor 1 GGI HOLDINGS, LLC	FILED
Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: Northern District of Texas	JUL 0 8 2020
Case number <u>20-31318-hdh11</u>	JUL 2 7 2020 NORTHERN DISTRICT OF THE

Official Form 410

Proof of Claim

BMC GROUP

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.

	and It Identity the Ci	aim						
1.	Who is the current creditor?	COASTAL LAWN & L/Name of the current creditor (the	e person or ent	tity to be paid for this cla				
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 t COASTAL LAWN & L Name 5010 WILLIAMS DR			different) COASTAL Name	ld payments LAWN & L		itor be sent? (if
	(1101 / 2002(g)	Number Street CORPUS CHRISTI City Contact phone 361-438-47	State	78411 ZIP Code	City	Street CHRISTI 361-438-4	TX State 719	78411 ZIP Code
		Contact email INFO@CC				INFO@CC	LAWN.CO	<u>OM</u>
4.	Does this claim amend one already filed?	☑ No ☐ Yes. Claim number on				File	ed on	/ DD / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made the ea						

GGI HOLDINGS POC

6.	Do you have any number you use to identify the debtor?	No Ses. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$3,572.25 . Does this amount include interest or other charges?
		☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
		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.
		Lawn and landscape maintenance performed March-May 2020.
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	☑ No
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
11.	Is this claim subject to a	☑ No
	right of setoff?	Yes. Identify the property:

12. Is all or part of the claim	☑ No			
entitled to priority under 11 U.S.C. § 507(a)?	☐ Yes. Check one:	Amount entitled to priority		
A claim may be partly priority and partly	☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$		
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	☐ 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).	\$		
Similar to priority.	□ 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.	\$		
	* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after	er the date of adjustment.		
Part 3: Sign Below				
The person completing	Check the appropriate box:			
this proof of claim must sign and date it.	☑ I am the creditor.			
FRBP 9011(b).	☐ I am the creditor's attorney or authorized agent.			
If you file this claim	☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.			
electronically, FRBP 5005(a)(2) authorizes courts	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.			
to establish local rules				
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.			
A person who files a fraudulent claim could be	I have a second the inference of the inf	rmation is true		
fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.			
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.			
3571.	Executed on date OL 30 2020			
	Signature			
ASSESSED AND AREA OF	Print the name of the person who is completing and signing this claim:			
	Name Angela Jackson Matine Last name	•		
	Title Vice Plandent			
	Company Coasta Lawn Landscape Ir Identify the corporate servicer as the company if the authorized agent is a servicer.	nc.		
	Address 5010 Williams Number Street Coxxus (MxiSb) TV 78411			
	City State ZIP Code			
	Contact phone 301 438 4719 Email			

From: Coastal Lawn & Landscape & Perma Grass

5010 Williams Dr.

Corpus Christi, TX 78411

361-438-4719



Email: info@cclawn.com Website: www.cclawn.com

Invoice #	Invoice Date	Payment Due
24675	3/31/2020	4/10/2020

Account Balance	\$2,381.50
Sales Tax	90.75
Invoice #24675 Total	1190.75
Previous Balance	1190.75
Last Payment Received	2381.50

To: Gold's Gym #43031 PO Box 941249 Plano, TX 75094-1249

Cut, Edge & Clean

Cut, Edge & Clean

3/5/2020 3/19/2020

PO# Account # Invoice For: PO Box 941249, Plano TX 75094-1249 Qty Price Total Date Description 1190.75 2/29/2020 Invoice #24584 -- 23 DAYS PAST DUE 2381.50 3/24/2020 Last Payment Received (Ref #: 381382) ******* NEW ACCOUNT ACTIVITY ******* 3/1/2020 1.00 1100.00 1100.00 Monthly Maintenance Fee

Client Name	Gold's Gym #43031	PAYMENT	STUB
For	PO Box 941249, Plano TX 75094- 1249	Coastal Lawn & La	andscape & Perma Grass
Invoice #	24675	5010 Williams Dr.	
Invoice Date	3/31/2020	Corpus Christi, TX	78411
Amount Due	\$2,381.50	Name on Card	
Amount Enclosed		Card #	
	process of going paperless. Please less and cell phone number below.	Exp. Date	
provide your chian addr	ess and cen phone number below.	Security Code	
Email address:		Naparonia na kaominina	
Cell Phone:			
		Signature	

From: Coastal Lawn & Landscape & Perma Grass

5010 Williams Dr.

Corpus Christi, TX 78411

361-438-4719



Email: info@cclawn.com Website: www.cclawn.com

DAVMENT STIIR

Invoice #	Invoice Date	Payment Due
24769	4/30/2020	5/10/2020

Account Balance	\$3,572.25
Sales Tax	90.75
Invoice #24769 Total	1190.75
Previous Balance	2381.50
Last Payment Received	2381.50

To: Gold's Gym #43031 PO Box 941249 Plano, TX 75094-1249

PO# Account # Invoice For: PO Box 941249, Plano TX 75094-1249 Price Total Qty Date Description 1190.75 2/29/2020 Invoice #24584 -- 62 DAYS PAST DUE 2381.50 3/24/2020 Last Payment Received (Ref #: 381382) 1190.75 Invoice #24675 -- 31 DAYS PAST DUE 3/31/2020 ******* NEW ACCOUNT ACTIVITY ******* 1.00 1100.00 1100.00 4/1/2020 Monthly Maintenance Fee 1.00 0.00 4/30/2020 Commercial Landscape Trimming front palms 0.00 4/2/2020 Cut, Edge & Clean Cut, Edge & Clean 4/16/2020 4/30/2020 Cut, Edge & Clean

Client Name	Gold's Gym #43031	PAYMENT STUB
For	PO Box 941249, Plano TX 75094- 1249	Coastal Lawn & Landscape & Perma Grass
Invoice #	24769	5010 Williams Dr.
Invoice Date	4/30/2020	Corpus Christi, TX 78411
Amount Due Amount Enclosed	\$3,572.25	Name on Card
Amount Enclosed		Card #
	ne process of going paperless. Please ddress and cell phone number below.	Exp. Date
provide your email at	adicoo and cen phone number below.	Security Code
Email address:		
Cell Phone:		
		Signature

From: Coastal Lawn & Landscape & Perma Grass

5010 Williams Dr.

Corpus Christi, TX 78411

361-438-4719



Email: info@cclawn.com Website: www.cclawn.com

DAVMENT STIIR

Invoice #	Invoice Date	Payment Due
24842	5/31/2020	6/10/2020

Account Balance	\$1,190.75
Sales Tax	90.75
Invoice #24842 Total	1190.75
Previous Balance	0.00
Last Payment Received	2381.50

To: Gold's Gym #43031 PO Box 941249 Plano, TX 75094-1249

Cut, Edge & Clean

5/21/2020

PO# Invoice For: PO Box 941249, Plano TX 75094-1249 Account # Price Total Qty Date Description 2381.50 3/24/2020 Last Payment Received (Ref #: 381382) ****** NEW ACCOUNT ACTIVITY ******* 5/1/2020 Monthly Maintenance Fee 1.00 1100.00 1100.00 Cut, Edge & Clean 5/7/2020 Cut, Edge & Clean 5/14/2020

Client Name	Gold's Gym #43031	PAYMENT STUB
For	PO Box 941249, Plano TX 75094- 1249	Coastal Lawn & Landscape & Perma Grass
Invoice #	24842	5010 Williams Dr.
Invoice Date	5/31/2020	Corpus Christi, TX 78411
Amount Due Amount Enclosed	\$1,190.75	Name on Card
		Card #
We are currently in the process of going paperless. Please provide your email address and cell phone number below.		Exp. Date
		Security Code
Email address:		
Cell Phone:		
		Signature