

Fill in this information to identify the case:

Debtor 1 Gold's Holding Corp.
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: Northern District of Texas, Dallas Division
Case number 20-31320-hdh11

E-Filed on 08/28/2020
Claim # 261

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?** Engineering Excellence National Accounts, LLC
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>Audra Yacks</u> Name <u>4360 Glendale-Milford Road</u> Number Street <u>Blue Ash</u> <u>OH</u> <u>45242</u> City State ZIP Code Contact phone <u>(513) 544-8364</u> Contact email <u>ayacks@engineeringexcellence.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? \$ 5,228.37. 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 08/28/2020
MM / DD / YYYY

Audra Yacks

Signature

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

Name Audra Yacks
First name Middle name Last name

Title Credit Manager

Company Engineering Excellence National Accounts, 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 - 998886.pdf

Description -

Please remit to:



Terms: See Below
1.5% Monthly (18% Annually)
Service Charge will be Added After 30 Days

National Accounts, LLC
P.O. Box 636294
Cincinnati, OH 45263-6294
(800)540-6707

PLEASE PAY FROM THIS INVOICE

Invoice No.: **998886**
Invoice Date: **04/28/2020**
Client: **Gold's Gym**
Site: **Gold's Gym 43021**
Page: **1 of 1**

Gold's Gym
4001 Maple Avenue
Suite 200
Dallas TX 75219

Service Location
Gold's Gym 43021
7937 Pat Booker Road
Live Oak TX 78233.00

Work Order Id: **21047813** P.O. #: **240548**
Completion Date: **02/26/2020** Job Id: **1TX0311-125845**

Equipment: **PKG ROOFTOP UNIT 05** Serial #: **522101364L**

Work Performed:

Feb 26, 2020

Technician traveled to site and checked in with EENA; Performed diagnosis and Found unit compressor 2 missing a schrader valve cap on liquid side service port on circuit 2.

performed a leak search with compressed nitrogen and found no apparent leak. will quote to add leak sealer and dye, replace 2 schrader valve cores and charge circuit 2 with 7 lbs of R22 refrigerant.

Labor Charges						Ext'd Price
Regular	02/26/2020	HRS.	1.75	@	\$83.3800	\$145.92

Mat/Oth/Sub Charges					Ext'd Price
Miscellaneous	QTY	1.00	@	\$13.2000	\$13.20
Nitrogen	QTY	1.00	@	\$16.5000	\$16.50
Trip Charges	QTY	1.00	@	\$83.3800	\$83.38
Mat/Oth/Sub Subtotal					\$113.08

SUBTOTAL \$259.00
SALES TAX 8.2500 % \$21.37
INVOICE TOTAL \$280.37

DUE ON RECEIPT

Attachment 2 - 1000081.pdf

Description -



Terms: See Below
 1.5% Monthly (18% Annually)
 Service Charge will be Added After 30 Days

National Accounts, LLC
 P.O. Box 636294
 Cincinnati, OH 45263-6294
 (800)540-6707

PLEASE PAY FROM THIS INVOICE

Invoice No.: **1000081**
 Invoice Date: **05/15/2020**
 Client: **Gold's Gym**
 Site: **Gold's Gym 43020**
 Page: **1 of 2**

Gold's Gym
 4001 Maple Avenue
 Suite 200
 Dallas TX 75219

Service Location
 Gold's Gym 43020
 100 Crossroads Blvd.
 Balcones Heights TX 78201.00

Work Order Id: 21046554 **P.O. #: 237703**
Completion Date: 03/05/2020 **Job Id: 1TX0311-125844**

Equipment: PKG ROOFTOP UNIT 06 **Serial #: F461500986**

Work Performed:

01-29-2020 Arrived onsite and gained access to unit. Found the unit to have bad fuse due to broken windings in the compressor. Also found there to be a leak on the condenser coil. Recommend replacing the compressor and condenser coil. 03-05-2020 Technician traveled to site and checked in with EENA. Accessed unit and prepared unit for compressor replacement. Recovered refrigerant per EPA requirements. Properly secured new compressor in unit. Used brazing materials and miscellaneous supplies to install new compressor, liquid line drier and contactor. Pressurized system with nitrogen to verify there are no leaks. After verification of no leaks, pulled deep vacuum on the refrigerant circuit to remove any moisture. Recharged system by proper manufacturer specs. Disassembled, evacuated unit and removed the faulty condenser coil. Installed new condenser coil and filter driers. Pressurized system with nitrogen to verify there are no leaks; none found. Pulled a vacuum on the system to remove any remaining moisture. Recharged unit to factory specifications. Reassembled and restarted unit. Verified operations and put system back into service. Work complete.

Labor Charges						Ext'd Price
Regular	02/14/2020	HRS.	22.50	@	\$83.3800	\$1,876.05

Mat/Oth/Sub Charges						Ext'd Price
Contactora 3P 40A 24V		QTY	1.00	@	\$92.0500	\$92.05
FILTER-DRIER LIQ LINE 163 3/8 ODF		QTY	2.00	@	\$29.0100	\$58.01
REFRIGERANT R-410A (AZ-20)		QTY	25.00	@	\$25.9500	\$648.75
REFRIGERANT R-410A 12.7lb per circuit nitrogen		QTY	1.00	@	\$24.7500	\$24.75
Recovery/ Reclaim / EPA disposal		QTY	1.00	@	\$225.0000	\$225.00
RX11 flush		QTY	1.00	@	\$189.7500	\$189.75
Weld kit and gases		QTY	1.00	@	\$57.7500	\$57.75
40 Amp Fuse		QTY	1.00	@	\$26.7100	\$26.71
Compressor 55-102471-04S *warranty		QTY	1.00	@	\$0.0000	\$0.00
Condenser Coil 65-101478-07 *warranty		QTY	1.00	@	\$0.0000	\$0.00
Freight		QTY	1.00	@	\$350.0000	\$350.00
Hoist/lift		QTY	1.00	@	\$742.5000	\$742.50
Misc Consumables ie flux, soap bubbles		QTY	1.00	@	\$33.0000	\$33.00
Miscellaneous Electrical		QTY	1.00	@	\$13.2000	\$13.20
Trip Charges		QTY	1.00	@	\$83.3800	\$83.38
Warranty return/ processing fee		QTY	1.00	@	\$150.0000	\$150.00

Mat/Oth/Sub Subtotal \$2,694.85

Please remit to:



Terms: See Below
1.5% Monthly (18% Annually)
Service Charge will be Added After 30 Days

National Accounts, LLC
P.O. Box 636294
Cincinnati, OH 45263-6294
(800)540-6707

PLEASE PAY FROM THIS INVOICE

Invoice No.: **1000081**
Invoice Date: **05/15/2020**
Client: **Gold's Gym**
Site: **Gold's Gym 43020**
Page: **2 of 2**

Gold's Gym
4001 Maple Avenue
Suite 200
Dallas TX 75219

Service Location
Gold's Gym 43020
100 Crossroads Blvd.
Balcones Heights TX 78201.00

SUBTOTAL		\$4,570.90
SALES TAX	8.2500 %	\$377.10
INVOICE TOTAL		\$4,948.00

DUE ON RECEIPT