

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, Dallas Division

Case number 20-31318-hdh11

E-Filed on 09/04/2020
Claim # 289

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?** Oklahoma Gas and Electric Services
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>Bankruptcy Clerk</u> Name <u>P.O. Box 321 M223</u> Number Street <u>Oklahoma City</u> <u>OK</u> <u>73101</u> City State ZIP Code Contact phone _____ Contact email <u>kernnd@oge.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?** 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: 9 2 7 0

7. How much is the claim? \$ 12,263.25. 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 09/04/2020
MM / DD / YYYY

Nate Kern

Signature

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

Name Nate Kern
First name Middle name Last name

Title Bankruptcy Clerk

Company Oklahoma Gas and Electric Services
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 Holdings 20-31319 Gold's Gym OGE FBs.pdf

Description -

GOLD'S GYM				CUSTOMER NAME			2301 W MEMORIAL			SERVICE ADDRESS		
BILLING PERIOD		METER READING		METER CONSTANT	KILOWATT HOURS	ACCOUNT NUMBER						
FROM	TO	PREVIOUS	PRESENT									
04/18/2020	05/04/2020	17399	17651	80	20160 F	129359270-3						

LAST PAYMENT CREDITED \$4,263.42 ON 04/09/2020.

PREVIOUS BALANCE	2,213.95
LATE PAYMENT CHARGE ON PAST DUE AMOUNT	33.71
POWER AND LIGHT SECONDARY RATE	
CUSTOMER CHARGE	44.27
ENERGY CHARGE	315.54
DEMAND CHARGE - SEE BELOW **	770.31
FUEL ADJ AMT @ \$0.02422 /KWH	488.28

CHARGE FOR ELECTRIC SERVICE	1,618.40
FRANCHISE FEE	48.55
SALES TAX	143.77
FINAL BILL	1,810.72

TOTAL AMOUNT DUE 4,058.38

**ACTUAL DEMAND 140 POWER FACTOR 68% BILLING DEMAND 185

***** FINAL BILLING FOR THIS ADDRESS - DUE UPON RECEIPT. *****

TO PAY BY PHONE FROM YOUR CHECKING OR SAVINGS ACCOUNT, OR TO PAY BY CREDIT CARD CALL U. S. PAYMENTS AT 877-306-9274. PROCESSING FEES WILL APPLY.

THE CURRENT BILLING PERIOD COVERS 17 DAYS OF SERVICE. YOUR AVERAGE DAILY COST WAS \$106.51 PER DAY.
 REPORT POWER OUTAGE 405-272-9595 BUSINESS CUSTOMER SERVICE 888-988-9747 WWW.OGE.COM

PORTION 13

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129359270-3	4,058.38	SEE ABOVE	4,058.38
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Lend-A-Hand
Amount

Total
Amount Paid

MAKE CHECKS PAYABLE TO OG&E

GOLD'S GYM
 BANKRUPTCY CLERK M223
 P.O. BOX 321
 OKLAHOMA CITY OK 73101

PO BOX 24990
 OKLAHOMA CITY OK
 73124-0990



0001293592703000000022476660000000181072000000004058384

GOLD'S GYM				3625 NW EXPRESSWAY		
CUSTOMER NAME				SERVICE ADDRESS		
BILLING PERIOD		METER READING		METER CONSTANT	KILOWATT HOURS	ACCOUNT NUMBER
FROM	TO	PREVIOUS	PRESENT			
04/17/2020	05/04/2020	83772	83904	80	10560 F	129144860-1

LAST PAYMENT CREDITED \$2,553.33 ON 04/08/2020.

PREVIOUS BALANCE	1,308.40
LATE PAYMENT CHARGE ON PAST DUE AMOUNT	19.63
POWER AND LIGHT SECONDARY RATE	
CUSTOMER CHARGE	46.88
ENERGY CHARGE	165.28
DEMAND CHARGE - SEE BELOW **	493.78
FUEL ADJ AMT @ \$0.02422 /KWH	255.76

CHARGE FOR ELECTRIC SERVICE	961.70
FRANCHISE FEE	28.85
SALES TAX	85.43
FINAL BILL	1,075.98

TOTAL AMOUNT DUE 2,404.01

**ACTUAL DEMAND 93 POWER FACTOR 75% BILLING DEMAND 112

***** FINAL BILLING FOR THIS ADDRESS - DUE UPON RECEIPT. *****

TO PAY BY PHONE FROM YOUR CHECKING OR SAVINGS ACCOUNT, OR TO PAY BY CREDIT CARD CALL U. S. PAYMENTS AT 877-306-9274. PROCESSING FEES WILL APPLY.

THE CURRENT BILLING PERIOD COVERS 18 DAYS OF SERVICE. YOUR AVERAGE DAILY COST WAS \$59.78 PER DAY.
 REPORT POWER OUTAGE 405-272-9595 BUSINESS CUSTOMER SERVICE 888-988-9747 WWW.OGE.COM

PORTION 12

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129144860-1	2,404.01	SEE ABOVE	2,404.01
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Lend-A-Hand
Amount

Total
Amount Paid

MAKE CHECKS PAYABLE TO OG&E

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 73124-0990



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GOLD'S GYM				CUSTOMER NAME			2121 NW 23			SERVICE ADDRESS		
BILLING PERIOD		METER READING				METER CONSTANT	KILOWATT HOURS	ACCOUNT NUMBER				
FROM	TO	PREVIOUS	PRESENT									
04/16/2020	05/04/2020	54547	54601		80	4320 F	129554515-4					

LAST PAYMENT CREDITED \$2,292.60 ON 04/07/2020.

PREVIOUS BALANCE	1,751.50
LATE PAYMENT CHARGE ON PAST DUE AMOUNT	26.27
POWER AND LIGHT SECONDARY RATE	
CUSTOMER CHARGE	49.49
ENERGY CHARGE	67.61
DEMAND CHARGE - SEE BELOW **	218.72
FUEL ADJ AMT @ \$0.02422 /KWH	104.63

CHARGE FOR ELECTRIC SERVICE	440.45
FRANCHISE FEE	13.21
SALES TAX	39.13
FINAL BILL	492.79

TOTAL AMOUNT DUE 2,270.56

**ACTUAL DEMAND 21 POWER FACTOR 43% BILLING DEMAND 47

***** FINAL BILLING FOR THIS ADDRESS - DUE UPON RECEIPT. *****

TO PAY BY PHONE FROM YOUR CHECKING OR SAVINGS ACCOUNT, OR TO PAY BY CREDIT CARD CALL U. S. PAYMENTS AT 877-306-9274. PROCESSING FEES WILL APPLY.

THE CURRENT BILLING PERIOD COVERS 19 DAYS OF SERVICE. YOUR AVERAGE DAILY COST WAS \$25.94 PER DAY.
 REPORT POWER OUTAGE 405-272-9595 BUSINESS CUSTOMER SERVICE 888-988-9747 WWW.OGE.COM

PORTION 11

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129554515-4	2,270.56	SEE ABOVE	2,270.56
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Lend-A-Hand
Amount

Total
Amount Paid

MAKE CHECKS PAYABLE TO OG&E

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 73124-0990



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GOLD'S GYM				CUSTOMER NAME			12701 NW 10			SERVICE ADDRESS		
BILLING PERIOD		METER READING				METER CONSTANT	KILOWATT HOURS	ACCOUNT NUMBER				
FROM	TO	PREVIOUS	PRESENT									
04/18/2020	05/04/2020	00418	00609		40	7640 F	129972337-7					

LAST PAYMENT CREDITED \$2,547.37 ON 04/09/2020.

PREVIOUS BALANCE		1,169.91
LATE PAYMENT CHARGE ON PAST DUE AMOUNT		17.55
POWER AND LIGHT SECONDARY RATE		
CUSTOMER CHARGE	44.27	
ENERGY CHARGE	119.56	
DEMAND CHARGE - SEE BELOW **	345.60	
FUEL ADJ AMT @ \$0.02422 /KWH	185.04	

CHARGE FOR ELECTRIC SERVICE	694.47	
FRANCHISE FEE	20.83	
SALES TAX	63.30	
FINAL BILL		778.60

TOTAL AMOUNT DUE 1,966.06

**ACTUAL DEMAND 76 POWER FACTOR 82% BILLING DEMAND 83

***** FINAL BILLING FOR THIS ADDRESS - DUE UPON RECEIPT. *****

TO PAY BY PHONE FROM YOUR CHECKING OR SAVINGS ACCOUNT, OR TO PAY BY CREDIT CARD CALL U. S. PAYMENTS AT 877-306-9274. PROCESSING FEES WILL APPLY.

THE CURRENT BILLING PERIOD COVERS 17 DAYS OF SERVICE. YOUR AVERAGE DAILY COST WAS \$45.80 PER DAY.
 REPORT POWER OUTAGE 405-272-9595 BUSINESS CUSTOMER SERVICE 888-988-9747 WWW.OGE.COM

PORTION 13

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129972337-7	1,966.06	SEE ABOVE	1,966.06
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Lend-A-Hand
Amount

Total
Amount Paid

MAKE CHECKS PAYABLE TO OG&E

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 OKLAHOMA CITY OK 73101

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 73124-0990



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GOLD'S GYM				CUSTOMER NAME			4721 SE 15			SERVICE ADDRESS		
BILLING PERIOD		METER READING				METER CONSTANT	KILOWATT HOURS	ACCOUNT NUMBER				
FROM	TO	PREVIOUS	PRESENT									
04/16/2020	05/04/2020	43190	43231		40	1640 F	129551377-2					

LAST PAYMENT CREDITED \$753.55 ON 04/07/2020.

PREVIOUS BALANCE		670.08
LATE PAYMENT CHARGE ON PAST DUE AMOUNT		10.05
POWER AND LIGHT SECONDARY RATE		
CUSTOMER CHARGE	49.49	
ENERGY CHARGE	25.65	
DEMAND CHARGE - SEE BELOW **	139.61	
FUEL ADJ AMT @ \$0.02422 /KWH	39.72	
<hr/>		
CHARGE FOR ELECTRIC SERVICE	254.47	
FRANCHISE FEE	7.63	
SALES TAX	23.59	
	FINAL BILL	285.69

TOTAL AMOUNT DUE 965.82

**ACTUAL DEMAND 15 POWER FACTOR 45% BILLING DEMAND 30

***** FINAL BILLING FOR THIS ADDRESS - DUE UPON RECEIPT. *****

TO PAY BY PHONE FROM YOUR CHECKING OR SAVINGS ACCOUNT, OR TO PAY BY CREDIT CARD CALL U. S. PAYMENTS AT 877-306-9274. PROCESSING FEES WILL APPLY.

THE CURRENT BILLING PERIOD COVERS 19 DAYS OF SERVICE. YOUR AVERAGE DAILY COST WAS \$15.04 PER DAY.
 REPORT POWER OUTAGE 405-272-9595 BUSINESS CUSTOMER SERVICE 888-988-9747 WWW.OGE.COM

PORTION 11

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129551377-2

965.82

SEE ABOVE

965.82

Lend-A-Hand
Amount

Total
Amount Paid

MAKE CHECKS PAYABLE TO OG&E

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OKLAHOMA CITY OK
73124-0990



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GOLD'S GYM				CUSTOMER NAME			SERVICE ADDRESS		
				1000 ALAMEDA #100					
BILLING PERIOD		METER READING		METER CONSTANT	KILOWATT HOURS	ACCOUNT NUMBER			
FROM	TO	PREVIOUS	PRESENT						
04/25/2020	05/04/2020	08527	08530	300	900 F	129172156-9			

LAST PAYMENT CREDITED \$948.26 ON 04/16/2020.

PREVIOUS BALANCE 463.20

POWER AND LIGHT SECONDARY RATE

CUSTOMER CHARGE 26.04
ENERGY CHARGE 14.10
DEMAND CHARGE - SEE BELOW ** 58.78
FUEL ADJ AMT @ \$0.02422 /KWH 21.80

CHARGE FOR ELECTRIC SERVICE 120.72
FRANCHISE FEE 3.62
SALES TAX 10.88

FINAL BILL 135.22

TOTAL AMOUNT DUE 598.42

**ACTUAL DEMAND 13 POWER FACTOR 95% BILLING DEMAND 24

***** FINAL BILLING FOR THIS ADDRESS - DUE UPON RECEIPT. *****

TO PAY BY PHONE FROM YOUR CHECKING OR SAVINGS ACCOUNT, OR TO PAY BY CREDIT CARD CALL U. S. PAYMENTS AT 877-306-9274. PROCESSING FEES WILL APPLY.

THE CURRENT BILLING PERIOD COVERS 10 DAYS OF SERVICE. YOUR AVERAGE DAILY COST WAS \$13.52 PER DAY.
REPORT POWER OUTAGE 405-272-9595 BUSINESS CUSTOMER SERVICE 888-988-9747 WWW.OGE.COM

PORTION 18

F

129172156-9

598.42

SEE ABOVE

598.42

Lend-A-Hand
Amount

Total
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MAKE CHECKS PAYABLE TO OG&E

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73124-0990



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