

Fill in this information to identify the case:

Debtor 1 GGI HOLDINGS, LLC
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: _____ District of TEXAS
Case number 20-31318-hdh11 RECEIVED

FILED
AUG 21 2020
CLERK, U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

Official Form 410

SEP 04 2020

Proof of Claim

BMC GROUP

04/16

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? Oregon Department of Revenue
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? **Where should notices to the creditor be sent?**
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
Oregon Department of Revenue
Name
955 Center St NE
Number Street
Salem, OR 97301-2555
City State ZIP Code
Contact phone (503) 945-8317
Contact email cynthia.s.test@oregon.gov
Where should payments to the creditor be sent? (if different)
Oregon Department of Revenue
Name
PO Box 14725
Number Street
Salem, OR 97309-5018
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? _____

GGI HOLDINGS POC



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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: XX-XXX1222

7. How much is the claim? \$ 0.00. 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.
Taxes

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. \$ _____

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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- | | |
|---|------------------------------------|
| <input checked="" type="checkbox"/> No | Amount entitled to priority |
| <input type="checkbox"/> Yes. <i>Check one:</i> | |
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/19 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 08/17/2020
MM / DD / YYYY

/s/ Cynthia Test
Signature

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

Name Cynthia Test
First name Middle name Last name

Title Bankruptcy Technician

Company Oregon Department of Revenue
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 955 Center St NE
Number Street

Salem, OR 97301-2555
City State ZIP Code

Contact phone (503) 945-8317 Email cynthia.s.test@oregon.gov



Oregon

Kate Brown, Governor

Department of Revenue

955 Center St NE

Salem, OR 97301-2555

www.oregon.gov/dor

Oregon Department of Revenue Proof of Claim - Form 410 Attachment

Bankruptcy Case Number: 20-31318-hdh11
 Court: Texas Northern Bankruptcy Court Dallas
 Chapter: Chapter 11
 Date of Petition: May 4, 2020
 Debtor(s): GGI HOLDINGS, LLC

Category Type Priority Precautionary

The following claims are for estimated tax where a tax return had not been filed or an appeal has been filed. The claim will be amended when returns are received, or the appeal has been resolved.

Account Name GOLDS HOLDING CORPORATION

Account type	Period	Assessed	Tax	Penalty	Interest	Balance
Corporation	N Dec 31, 2019	Unassessed	\$0.00	\$0.00	\$0.00	\$0.00
					Total:	\$0.00

* N No return filed for this period.

1. The undersigned is an agent for the Department of Revenue, state of Oregon, and is authorized to make this proof of claim on behalf of the state of Oregon.
2. The debtor is indebted to the state of Oregon for the sum of \$0.00.
3. The amount of all payments on this claim has been credited and deducted for the purposes of making this claim.
4. The ground of liability is taxes due under Oregon Revised Statutes.
5. No note of other negotiable instrument has been received for the account or any part of it except as stated above.
6. No judgment has been rendered on this claim except those attached.
7. This claim is not subject to any setoff or counterclaim except as stated above.
8. Post-petition penalties and interest that are nondischargeable and remain unpaid may be collectible from the debtor.

Penalty for presenting fraudulent claim: Fine of up to \$500,000, imprisonment for up to five years, or both (18 USC Sections 152 and 3571).

/s/ Cynthia Test, Bankruptcy Unit
Collections Division

(503) 945-8317



Oregon

Kate Brown, Governor

Department of Revenue
955 Center St NE
Salem, OR 97301-2555
www.oregon.gov/dor

Oregon Department of Revenue Proof of Claim

Bankruptcy Case Number: 20-31318-hdh11
Court: Texas Northern Bankruptcy Court Dallas
Chapter: Chapter 11
Date of Petition: May 4, 2020
Debtor(s): GGI HOLDINGS, LLC

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CLERK, U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

Category Type Administrative

The following claim is for tax arising during the administration of the bankruptcy estate:

Account Name GOLDS HOLDING CORPORATION

Account Type	Period	Assessed	Tax	Penalty	Interest	Balance
Corporation	Dec 31, 2019	Not Filed	\$0.00	\$0.00	\$0.00	\$0.00
					Total:	\$0.00

1. The undersigned is an agent for the Department of Revenue, state of Oregon, and is authorized to make this proof of claim on behalf of the state of Oregon.
2. The debtor is indebted to the state of Oregon for the sum of \$0.00.
3. The amount of all payments on this claim has been credited and deducted for the purposes of making this claim.
4. The ground of liability is taxes due under Oregon Revised Statutes.
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/s/ Cynthia Test, Bankruptcy Unit
Collections Division
(503) 945-8317

SYGB: STANDARD OVERNIGHT

ORIGIN ID:AVXA (214) 753-2068
ATTN: MARCEY OKAFOR
DALLAS BANKRUPTCY COURT
1100 COMMERCE STREET, RM 1254

SHIP DATE: 21MAY20
ACTWGT: 1.00 LB MAN
CAD: 0794059/CAFE3312

DALLAS, TX 75242
UNITED STATES US

TO **GGI HOLDINGS CLAIMS PROCESSING**
BMC GROUP, INC.
3732 W 120 TH ST

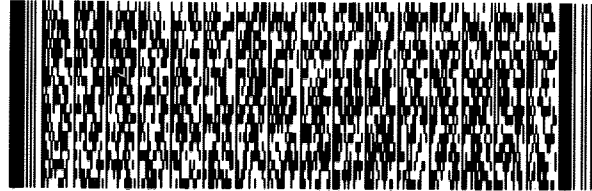
HAWTHORNE CA 90250

(310) 321-6566

REF: GGI HOLDINGS AND RELATED CASES

RMA: ||| |||||

RECEIVED
SEP 04 2020
BMC GROUP



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FedEx

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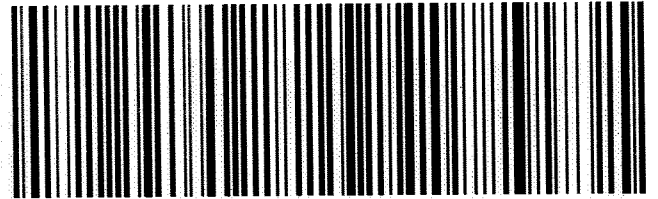
FRI - 04 SEP AA
STANDARD OVERNIGHT

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Part # 155148-434 RIT EXP 07/20 **



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The World On Time.

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