

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, Dallas Division
Case number 20-31319-hdh11

E-Filed on 09/04/2020
Claim # 299

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?** BellSouth Telecommunications, Inc.
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor AT&T

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>% AT&T Services, Inc.</u> Name <u>Karen Cavagnaro, Lead Paralegal. One AT&T W</u> Number Street <u>Bedminster NJ 07921</u> City State ZIP Code Contact phone _____ Contact email _____ 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: 6 1 8 3

7. How much is the claim? \$ 600.70. 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 provided

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

Renee L Christenson

Signature

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

Name Renee L Christenson
First name Middle name Last name

Title Bankruptcy Representative

Company BellSouth Telecommunications, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 4331 Communications Dr. Fl. 4W
Number Street
Dallas TX 75211
City State ZIP Code

Contact phone (888) 827-3238 Email renee.l.christenson@att.com

Attachment 1 - SE_billImageRequest_6183_Redacted.pdf

Description -



GOLDS GYM
250 BUSINESS CENTER DR
STOCKBRIDGE GA 30281-9026

Page 1 of 2
Account Number [REDACTED] 183 [REDACTED]
Billing Date Mar 23, 2020

WebSite att.com

Bill-At-A-Glance

Previous Bill	630.11
Payment	.00
Adjustments	.00
Past Due - Please Pay Immediately	630.11
Current Charges	29.41 CR
Total Amount Due	\$600.70
Current Charges Due in Full by	Apr 11, 2020
REVISED FINAL BILL	

Billing Summary

Online: att.com/myatt Page

Plans and Services

1 800 321-2000		
Repair Service:		
1 866 620-6900		
AT&T Long Distance Service	1	29.41 CR
1 800 321-2000		
Total Current Charges		29.41 CR

AT&T Long Distance Service

Monthly Service

Charges for [REDACTED]		
Type of Service	Period	
1. All For Less Unlimited 4 Plan Part-Month Credit	02/06-02/06	.80CR
2. All For Less Unlimited 4 Plan Part-Month Credit	02/07-03/06	24.00CR
3. 03-06 Federal Universal Service Fee Credit		2.97CR
Total Charges for [REDACTED]		27.77CR
Total Monthly Service		27.77CR

Surcharges and Other Fees

4. Federal Regulatory Fee Adjustment	1.07CR
5. GA UAF Surcharge Credit	.57CR
Total Surcharges and Other Fees	1.64CR

Total AT&T Long Distance Service 29.41 CR

News You Can Use

FEE DESCRIPTIONS

The Administrative Expense Fee recovers a portion of AT&T's internal costs associated with the Federal Communications Commission's Universal Service Fund and related programs. The Federal Regulatory Fee recovers amounts paid to the federal government for regulatory costs and telecommunications services for the hearing impaired, and costs associated with local number portability administration. These fees are not taxes or charges that the government requires AT&T to collect from its customers.

REVISED FINAL BILL

This revised final bill for telephone service includes a past due balance as well as charges not previously billed to your account. If you can not make payment in full, please call 1.800.288.2020 and we will try to establish a payment arrangement which meets your individual needs. Calling cards for this account are now void and should be destroyed.

COLLECTION POLICY

If your final balance remains unpaid after the DUE BY date, it may become necessary to send your account for further collection activity. You may be held responsible for fees associated with the collection efforts, including outside collection agency fees and attorney's fees, as permitted by law. If you have any questions, please contact us at the toll-free number on your bill. AT&T appreciates your business and we look forward to doing business with you in the future.

News You Can Use Summary

. FEE DESCRIPTIONS . REVISED FINAL BILL
. COLLECTION POLICY
See "News You Can Use" for additional information.

Local Services provided by AT&T Georgia.

Return bottom portion with your check in the enclosed envelope.

Total Amount DUE BY Apr 11, 2020 \$600.70



Past Due Charges - \$630.11 - Please Pay Immediately

Billing Date Mar 23, 2020

Account Number [REDACTED]

Please include your account number on your check.

6 183 [REDACTED]

GOLDS GYM
250 BUSINESS CENTER DR
STOCKBRIDGE GA 30281-9026

Make checks payable to:

AT&T
P.O. BOX 105262
ATLANTA, GA 30348-5262