

Fill in this information to identify the case:

Debtor 1 Gold's Oklahoma, LLC
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: Northern District of Texas
Case number 20-31330

RECEIVED
SEP 09 2020
BMC GROUP

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? CRG Financial LLC (As Assignee of South Penn Plaza 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? South Penn Plaza LLC

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?
CRG Financial LLC
Name
100 Union Avenue
Number Street
Cresskill, NJ 07626
City State ZIP Code
Contact phone 201.266.6988
Contact email aaxenrod@crgfinancial.com
Where should payments to the creditor be sent? (if different)
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: _____

7. How much is the claim? \$ 218,356.40. 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.
Lease Rejection Damage/Prepetition Amounts Owed

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.

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

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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 09/08/2020
MM / DD / YYYY

Shannon Kall
Signature

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

Name Shannon Kall
First name Middle name Last name

Title _____

Company CRG Financial LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 100 Union Avenue
Number Street
Cresskill, NJ 07626
City State ZIP Code

Contact phone 201.266.6988 Email aaxenrod@crgfinancial.com

Proof of Claim Rider

Club Name:	Penn Crossing
Landlord Name:	South Penn Plaza LLC
Property Address:	2117 NW 23 rd Street, Oklahoma City, OK 73107
Lease Termination Date:	01/07/2023
Remaining Term of Lease: (from petition date)	32.13
Lease Rejection Calculation Methodology:	1 Yr
Pre-petition Claim*:	\$33,551.00
Pre-petition Claim Basis:	April + May 2020 rent, January – March 2020 reconciliation
502(b)(6) Claim:	\$184,805.40
502(b)(6) Claim Basis:	
Base Rent:	\$11,250.00
Cam:	\$1,627.32
RE Tax:	\$1,888.04
Insurance:	\$635.09
Other	
Security Deposit:	none
Total Filed Amount:	\$218,356.40

*Supporting documentation is voluminous, and can be provided upon request to any party in interest.

Claimant does not waive or release any rights at law or equity, or any rights or causes of action that Claimant has or may have against Debtors, or any other entity or person. The Proof of Claim and this Rider are not intended to be, and shall not be construed as, (i) an election of remedies, (ii) a waiver of any defaults, (iii) a waiver or limitation of any rights, remedies, claims or interests of Claimant.

Claimant reserves the right to file additional claims against Debtors and to amend, revise, or supplement the Proof of Claim and this Addendum in any respect, including without limitation, to (i) reflect any additional claims against Debtors, (ii) specify interest, costs, fees, expenses or other charges or claims incurred by Claimant, (iii) change the priority or classification of the claim, or (iv) fix, increase or amend in any respect the Claim Amount, including to provide additional evidence in support of the claimed amount.



Oklahoma City, OK 73107

Phone: 405-732-8899

FAX: 405-732-4499

January 2020 - March 2020 CAM Reconciliation	
Shopping Center Sq Ft	101,702 Sq. Ft.
Tenant	Gold's Gym
Gold's Gym Sq. Ft.	19,350 Sq. Ft.
Tenant Pro Rate Share	19.0200%
2019 Expenses	
Accounting & Bookkeeping	\$2,230.00
Lawn Maintenece	\$13,646.50
Maintenance Crew & Truck Charges	\$8,500.00
Parking Lot Sweeping	\$13,200.00
Repairs & Maintenance	\$25,828.46
Security	\$4,457.00
Sidewalk Wash	\$2,082.00
Trash Service	\$8,926.94
Subtotal	\$78,870.90
Management fee 7%	\$5,520.96
Total	\$84,391.86
Total 2019 CAP Plus 5%	\$81,501.75
Tenant Share	\$15,501.63
Fire alarm monitoring	\$1,438.20
Water sewer	\$1,963.53
Electricity	\$17,766.69
None CAP Total	\$21,168.42
Tenant share	\$4,026.23
Property Real Estate Taxes	\$119,119.00
Property Insurance	\$40,068.88
Total Cost of Real Estate Taxes and Insurance	\$159,187.88
Tenant Share	\$30,277.54
Total Tenant Share	\$49,805.40 per year
\$49,805.40/12 = \$4,150.45 actual per month total,	
\$4,150.45 actual - \$3,233.75 paid = \$916.70, \$916.70 x 3 =	
\$2,750.10 reimbursement owed from Jan- March 2020	
2015 cap expenses	\$70,248.75
2016 cap expenses	\$73,761.19
2017 cap expenses	\$77,449.25
2018 CAP Expenses	\$73,924.49
2019 CAP Expenses	\$77,620.71
2020 CAP Expenses	\$81,501.75

2020
 Base Rent: \$11,250.00
 CAM : \$1,627.32
 RE Tax : \$1,888.04
 Ins : \$ 635.09
 \$15,400.45 per month
 \$15,400.45 x 2 = \$30,800.90
 April & May 20:

ORIGIN ID:GMVA (201) 266-6988
CRG FINANCIAL LLC
SHANNON KALB
100 UNION AVENUE

SHIP DATE: 08SEP20
ACTWGT: 1.00 LB
CAD: 108555815/NET4280

CRESSKILL, NJ 07626
UNITED STATES US

BILL SENDER

TO **BMC GROUP, INC.**
ATTN: GGI HOLDINGS CLAIM PROCESSING
3732 WEST 120TH STREET

HAWTHORNE CA 90250

(310) 321-5555
INV
PO

REF.

DEPT.

56B.6/1545/B766

FedEx Ship Manager - Print Your Label(s)



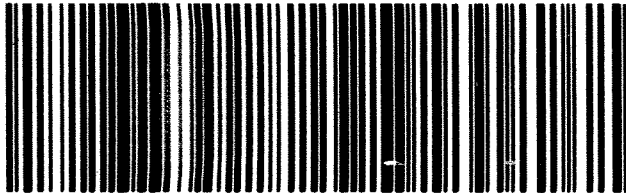
FedEx
Express

FedEx
TRK# 7714 7255 6329
0201

WED - 09 SEP 10:30A
PRIORITY OVERNIGHT

XH AVXA

90250
CA-US **LAX** **30A**
GHT



250
AX

#378546 09/08 56B.6/1545/B766

9/8/2020

RECEIVED

SEP 09 2020

BMC GROUP

RT **846**
ST **1**

1
10:30
C
6329
09.09

LAUNDRY ORIGINAL