

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

RECEIVED
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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?** Gopher Sport
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>Gopher Sport</u> Name <u>2525 Lemond St SW</u> Number Street <u>Owatonna MN 55060</u> City State ZIP Code Contact phone <u>(507) 446-2296</u> Contact email <u>jenwoods@gophersport.com</u>	<u>Gopher Sport</u> Name <u>NW 5634 PO Box 1450</u> Number Street <u>Minneapolis MN 55485</u> City State ZIP Code Contact phone <u>(877) 699-7927</u> Contact email <u>accountservices@gophersport.com</u>

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? \$ 636.60. 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).

Amount entitled to priority

\$ _____ **0.00**

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).

\$ _____ **0.00**

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).

\$ _____ **0.00**

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____ **0.00**

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____ **0.00**

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____ **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 09/10/2020
MM / DD / YYYY

Jennifer Woods

Signature

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

Name Jennifer Woods
First name Middle name Last name

Title Account Services Leader

Company Gopher Sport
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 - Gopher Invoice 9696366 for PO 8018679.pdf

Description -



Phone: 1-800-533-0446 Fax: 1-800-451-4855
 Online: www.gophersport.com

*GGI Holdings, LLC
 CAC# 20-31318-hdh/1
 Claim # 365*

Invoice

Thank you for choosing Gopher®!

Please Remit To:
 NW 5634
 PO Box 1450
 Minneapolis MN 55485

Invoice Number below must be referenced on all payments.

Invoice Number: 9696366 Invoice Date: 18-FEB-20 Customer PO number: 8018679 Payment Method: Net 30 Due Date: 19-MAR-20 Bill To: Gold's Gym 4001 Maple Avenue - Ste 200 DALLAS TX 75219 United States Attn: GST Number:	Customer Number: 4077925 Order Date: 18-FEB-20 Order Number: 4285840 Date Shipped: 18-FEB-20 Ship To: Gold's Gym 1602 Babcock Road SAN ANTONIO TX 78229 United States Attn: Order Placed By:
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ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	QTY SHIPPED	QTY BACK ORDERED	UNIT PRICE	EXTENDED PRICE
66-227	No-Whip Polyethylene Basketball Net	4	4		\$9.95	\$39.80
Sub Total:						\$39.80
Tax Total :						\$3.84
Shipping, Handling & Processing:						\$6.77
Invoice Total:						\$50.41
Payments & Credits:						\$0.00
Balance Due:						\$50.41

Upon delivery: Examine your order, ensuring there are no visible signs of damaged, missing or incorrect packages. In the unlikely event of damaged, missing or incorrect packages, sign for damaged or short on the delivery receipt and contact Customer Service within 24 hours.

FOB Shipping Point.

Tracking numbers associated with your order below.

167783723855



Unconditional 100% Satisfaction Guarantee

Your satisfaction is our #1 concern. If you are not satisfied with any Gopher® purchase for any reason at any time, contact us and we will replace the product, credit your account, or refund the purchase price.

No questions. No hassles. No exclusions. No kidding!

Attachment 2 - Gopher Invoice 9704174 for PO 8019640.pdf

Description -



Phone: 1-800-533-0446 Fax: 1-800-451-4855
 Online: www.gophersport.com

GGI Holdings, LLC
Case # 20-31318-tdhll
Claim # 365

Invoice

Thank you for choosing Gopher®!

Please Remit To:
 NW 5634
 PO Box 1450
 Minneapolis MN 55485

Invoice Number below must be referenced on all payments.

Invoice Number: 9704174 Invoice Date: 11-MAR-20 Customer PO number: 8019640 Payment Method: Net 30 Due Date: 10-APR-20 Bill To: Golds Gym Holdings 4001 Maple Ave. Ste 200 Attn: Accounts Payable DALLAS TX 75219 United States Attn: GST Number:	Customer Number: 4004727 Order Date: 11-MAR-20 Order Number: 4293695 Date Shipped: 11-MAR-20 Ship To: Gold's Gym - Brassfield 3711 Battleground Avenue GREENSBORO NC 27410 United States Attn: Norris, Kenny Order Placed By:
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ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	QTY SHIPPED	QTY BACK ORDERED	UNIT PRICE	EXTENDED PRICE
69-064	UltraFit ProTex Resistance Tubing - Light, Green	3	3		\$12.55	\$37.65
69-065	UltraFit ProTex Resistance Tubing - Medium, Red	4	4		\$13.40	\$53.60
69-066	UltraFit ProTex Resistance Tubing - Heavy, Blue	3	3		\$14.25	\$42.75
Sub Total:						\$134.00
Tax Total :						\$9.04
Shipping, Handling & Processing:						\$0.00
Invoice Total:						\$143.04
Payments & Credits:						\$0.00
Balance Due:						\$143.04

Upon delivery: Examine your order, ensuring there are no visible signs of damaged, missing or incorrect packages. In the unlikely event of damaged, missing or incorrect packages, sign for damaged or short on the delivery receipt and contact Customer Service within 24 hours.

FOB Shipping Point.

Tracking numbers associated with your order below.

167783960156



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No questions. No hassles. No exclusions. No kidding!

Attachment 3 - Gopher Invoice 9704459 for PO 8019577.pdf

Description -



Phone: 1-800-533-0446 Fax: 1-800-451-4855
 Online: www.gophersport.com

GGI Holdings, LLC
Case # 20-31318-hdh11
Claim # 365

Invoice

Thank you for choosing Gopher®!

Please Remit To:
 NW 5634
 PO Box 1450
 Minneapolis MN 55485

Invoice Number below must be referenced on all payments.

Invoice Number: 9704459 Invoice Date: 12-MAR-20 Customer PO number: 8019577 Payment Method: Net 30 Due Date: 11-APR-20 Bill To: Golds Gym Holdings 4001 Maple Ave. Ste 200 DALLAS TX 75219 United States Attn: GST Number:	Customer Number: 4004727 Order Date: 10-MAR-20 Order Number: 4293165 Date Shipped: 12-MAR-20 Ship To: Gold's Gym-Hester's Crossing 2400 South IH-35 ROUND ROCK TX 78681 United States Attn: Anders, Justin Order Placed By:
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ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	QTY SHIPPED	QTY BACK ORDERED	UNIT PRICE	EXTENDED PRICE
66-154	Gared Collegiate 2000 Plus Breakaway Basketball Goal	1	1		\$206.10	\$206.10
Sub Total:						\$206.10
Tax Total :						\$0.00
Shipping, Handling & Processing:						\$0.00
Invoice Total:						\$206.10
Payments & Credits:						\$0.00
Balance Due:						\$206.10

Upon delivery: Examine your order, ensuring there are no visible signs of damaged, missing or incorrect packages. In the unlikely event of damaged, missing or incorrect packages, sign for damaged or short on the delivery receipt and contact Customer Service within 24 hours.

FOB Shipping Point.

Tracking numbers associated with your order below.

777987418731



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No questions. No hassles. No exclusions. No kidding!

Attachment 4 - Gopher Invoice 9705714 for PO 8020057.pdf

Description -



Phone: 1-800-533-0446 Fax: 1-800-451-4855
 Online: www.gophersport.com

*Gol Holdings, LLC
 Case # 20-31318-hdh11
 Claim # 365*

Invoice

Thank you for choosing Gopher®!

Please Remit To:
 NW 5634
 PO Box 1450
 Minneapolis MN 55485

Invoice Number below must be referenced on all payments.

Invoice Number: 9705714 Invoice Date: 17-MAR-20 Customer PO number: 8020057 Payment Method: Net 30 Due Date: 16-APR-20 Bill To: Golds Gym Holdings 4001 Maple Ave. Ste 200 Attn: Accounts Payable DALLAS TX 75219 United States Attn: GST Number:	Customer Number: 4004727 Order Date: 17-MAR-20 Order Number: 4295252 Date Shipped: 17-MAR-20 Ship To: Golds Gym Holdings 3120 Randleman Road GREENSBORO NC 27406 United States Attn: Order Placed By:
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ITEM NUMBER	ITEM DESCRIPTION	QTY ORDERED	QTY SHIPPED	QTY BACK ORDERED	UNIT PRICE	EXTENDED PRICE
65-295	Gopher TruBound Flex Breakaway Basketball Goal	1	1		\$179.10	\$179.10
66-227	No-Whip Polyethylene Basketball Net	6	6		\$7.16	\$42.96
Sub Total:						\$222.06
Tax Total :						\$14.99
Shipping, Handling & Processing:						\$0.00
Invoice Total:						\$237.05
Payments & Credits:						\$0.00
Balance Due:						\$237.05

Upon delivery: Examine your order, ensuring there are no visible signs of damaged, missing or incorrect packages. In the unlikely event of damaged, missing or incorrect packages, sign for damaged or short on the delivery receipt and contact Customer Service within 24 hours.

FOB Shipping Point.

Tracking numbers associated with your order below.

167784757595 167784758319



Unconditional 100% Satisfaction Guarantee

Your satisfaction is our #1 concern. If you are not satisfied with any Gopher® purchase for any reason at any time, contact us and we will replace the product, credit your account, or refund the purchase price.

No questions. No hassles. No exclusions. No kidding!

COPPER

P.O. Box 998

Owatonna, MN 55060-0998 U.S.A.

ADDRESS SERVICE REQUESTED

BMC Group

*ATTN: Claims Processing
3732 W 125th St.
Hawthorne, CA 90250*

Hasler

09/11/2020

FIRST-CLASS MAIL

US POSTAGE \$000.65

BMC Group ZIP 55060
01E11678847

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SEP 14 2020

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