

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, Dallas Division

Case number 20-31330-hdh11

E-Filed on 09/25/2020
Claim # 398

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?** Griffin Communications, llc
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor KWTV, News9.com

2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>My Nguyen</u> Name <u>7401 N Kelley Ave</u> Number Street <u>Oklahoma City</u> <u>OK</u> <u>73111</u> City State ZIP Code Contact phone <u>(405) 841-3683</u> Contact email <u>my.nguyen@griffin.news</u> 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: _____

7. **How much is the claim?** \$ 3,000.00. **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.
Services Performed

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 09/25/2020
MM / DD / YYYY

My Nguyen
Signature

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

Name My Nguyen
First name Middle name Last name

Title A/R Supervisor

Company Griffin Communications LLC
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 - Golds Gym 94494-1.pdf

Description -

DUPLICATE INVOICE



KWTV-TV
7401 N. Kelley Ave
Oklahoma City, OK 73111
Main: (405) 843-6641
Billing: (405) 843-6641

Oklahoma's Own
www.news9.com

Billing Address:

Golds Gym
Attention: Accounts Payable
3625 NW Expressway
Oklahoma City, OK 73122

Send Payment To:

KWTV-TV
PO Box 960042
Oklahoma City, OK 73196

Property	KWTV-TV		
Invoice #	94494-1	Order #	94494
Invoice Date	03/31/20	Alt Order #	
Invoice Month	March 2020	Deal #	
Invoice Period	03/01/20 - 03/27/20	Flight Dates	03/09/20 - 03/27/20
Advertiser	Golds Gym		
Product	Enter to Win		
Estimate #			
Account Executive	Susan Sinn		
Sales Office	OKC		
Sales Region	Local		
Agency Code			
Advertiser Code			
Billing Calendar	Calendar		
Billing Type	Cash		
Special Handling			
Agency Ref			
Advertiser Ref			
Product 1			
Product 2			

Line	Start Date	End Date	Description	Start/End Time	MTWTFSS	Length	Spots/ Week	Rate	Type	
1	03/09/20	03/27/20	Snipe	9a-10a	MTWTF--	:03	5	\$50.00	TI	
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 03/09/20 03/15/20 MTWTF-- 5 \$50.00										
<u>Spots: #</u>	<u>Ch</u>	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
2	KWTV	M	03/09/20	9:07 AM	Snipe	9a-10a	:03	KELLYMI CHAELSNI PE	\$50.00	TI
1	KWTV	Tu	03/10/20	9:15 AM	Snipe	9a-10a	:03	KELLYMI CHAELSNI PE	\$50.00	TI
3	KWTV	W	03/11/20	9:42 AM	Snipe	9a-10a	:03	KELLYMI CHAELSNI PE	\$50.00	TI
5	KWTV	Th	03/12/20	9:25 AM	Snipe	9a-10a	:03	KELLYMI CHAELSNI PE	\$50.00	TI
4	KWTV	F	03/13/20	9:07 AM	Snipe	9a-10a	:03	KELLYMI CHAELSNI PE	\$50.00	TI
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 03/16/20 03/22/20 MTWTF-- 5 \$50.00										
<u>Spots: #</u>	<u>Ch</u>	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
9	KWTV	M	03/16/20	9:07 AM	Snipe	9a-10a	:03	KELLYMI CHAELSNI PE	\$50.00	TI
8	KWTV	Tu	03/17/20	9:15 AM	Snipe	9a-10a	:03	KELLYMI CHAELSNI PE	\$50.00	TI
6	KWTV	W	03/18/20	9:42 AM	Snipe	9a-10a	:03	KELLYMI CHAELSNI PE	\$50.00	TI
10	KWTV	Th	03/19/20	9:25 AM	Snipe	9a-10a	:03	KELLYMI CHAELSNI PE	\$50.00	TI
7	KWTV	F	03/20/20	9:07 AM	Snipe	9a-10a	:03	KELLYMI CHAELSNI PE	\$50.00	TI
Weeks: <u>Start Date</u> <u>End Date</u> <u>MTWTFSS</u> <u>Spots/Week</u> <u>Rate</u> 03/23/20 03/29/20 MTWTF-- 5 \$50.00										
<u>Spots: #</u>	<u>Ch</u>	<u>Day</u>	<u>Air Date</u>	<u>Air Time</u>	<u>Description</u>	<u>Start/End Time</u>	<u>Length</u>	<u>Ad-ID</u>	<u>Rate</u>	<u>Type</u>
14	KWTV	M	03/23/20	9:07 AM	Snipe	9a-10a	:03	KELLYMI CHAELSNI PE	\$50.00	TI
12	KWTV	Tu	03/24/20	9:15 AM	Snipe	9a-10a	:03	KELLYMI CHAELSNI PE	\$50.00	TI
13	KWTV	W	03/25/20	9:42 AM	Snipe	9a-10a	:03	KELLYMI CHAELSNI PE	\$50.00	TI
11	KWTV	Th	03/26/20	9:25 AM	Snipe	9a-10a	:03	KELLYMI CHAELSNI PE	\$50.00	TI
15	KWTV	F	03/27/20	9:07 AM	Snipe	9a-10a	:03	KELLYMI CHAELSNI PE	\$50.00	TI

Total Spots 15

We warrant that the actual broadcast information shown on this invoice was taken from the official program log.
 Griffin Communication's CBS Affiliates, KWTV and KOTV, are members of CBS All Access and TVE. Commercials/Programming may be streamed/broadcasted outside the present market with CBS All Access and/or Griffin Interactive Properties and/or other OTT streaming companies.
 Agency and/or Advertiser takes full responsibility, and assumes all liability, that each and any commercial spot/program Advertiser/Agency submits for play on a Griffin station is in full compliance with the FCC's CALM Act.
 Closed Captioning assistance for KWTV/KSBI: ph 405-841-9197, fax 405-841-9907, e-mail CaptionProblems@News9.net. Closed Captioning assistance for KOTV/KQCW: ph 918-732-6290, fax 918-732-6298, e-mail CaptionProblems@News9.net.

A Convenience Fee of 3.0% will be assessed to each Credit/Debit card payment.



Send Payment To:
KWTV-TV
PO Box 960042
Oklahoma City, OK 73196

DUPLICATE INVOICE

Invoice #	94494-1	Invoice Month	March 2020
Invoice Date	03/31/20	Invoice Period	03/01/20 - 03/27/20
Advertiser	Golds Gym		
Product	Enter to Win		
Estimate #			

Oklahoma's OwnSM
www.news9.com

Payment Terms 30 Days

Net Total **\$750.00**

Invoice Balance as of 09/25/20 9:14:31 AM CT **\$750.00**

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Attachment 2 - Golds Gym 94897-1.pdf

Description -



news9.com
7401 North Kelley Ave.
Oklahoma City, OK 73111
Main: (405) 843-6641
Billing:

News9.com
 news9.com

Billing Address:

Golds Gym
Attention: Accounts Payable
3625 NW Expressway
Oklahoma City, OK 73122

Send Payment To:

news9.com
PO Box 960042
Oklahoma City, OK 73196

news9.com

Line	Start Date	End Date	Description
1	03/09/20	03/27/20	Contest Page
2	03/24/20	03/24/20	Email Blast
3	03/10/20	03/10/20	Email Blast
4	03/09/20	03/27/20	Facebook Mention
5	03/09/20	03/27/20	Facebook Mention
6	03/09/20	03/27/20	300x250, 320x50 & 728x90 All Sites R OS

DUPLICATE INVOICE

Property	DKWTV		
Invoice #	94897-1	Order #	94897
Invoice Date	03/31/20	Alt Order #	
Invoice Month	March 2020	Deal #	
Invoice Period	03/01/20 - 03/27/20	Flight Dates	03/09/20 - 03/27/20
Advertiser	Golds Gym		
Product	Digital Campaign 2020		
Estimate #			
Account Executive	Susan Sinn		
Sales Office	OKC		
Sales Region	Local		
Agency Code			
Advertiser Code			
Billing Calendar	Calendar		
Billing Type	Cash		
Special Handling			
Agency Ref			
Advertiser Ref			
Product 1			
Product 2			

Payment Terms 30 Days

<u>Net Total</u>	\$2,250.00
<u>Invoice Balance as of 09/25/20 9:13:59 AM CT</u>	\$2,250.00

We warrant that the actual broadcast information shown on this invoice was taken from the official program log.
 Griffin Communication's CBS Affiliates, KWTV and KOTV, are members of CBS All Access and TVE. Commercials/Programming may be streamed/broadcasted outside the present market with CBS All Access and/or Griffin Interactive Properties and/or other OTT streaming companies. Agency and/or Advertiser takes full responsibility, and assumes all liability, that each and any commercial spot/program Advertiser/Agency submits for play on a Griffin station is in full compliance with the FCC's CALM Act.
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