

United States Bankruptcy Court for the District of Delaware

Fill in this information to identify the case:

Debtor: KIKO USA, Inc.

Case No.: 18-10069

RECEIVED

MAR 06 2018

BMC GROUP

ID: 1618
S&P LOCKSMITH
27 WEST 47TH ST.
STORE #14
NEW YORK, NY 10036

YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID: s184
CaseNbr: 18-10069
Debtor Name: KIKO USA, Inc.
Amount/Classification
\$3,979.87 Unsecured

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.
THIS SPACE IS FOR COURT USE ONLY

04/16

Official Form 410

Proof of Claim

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, except for administrative expenses under 11 U.S.C. § 503(b)(9).

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.

The original of this completed form (faxes not accepted), together with accompanying documentation, must be either (a) delivered to the Claims and Noticing Agent at the address set forth on the Bar Date Notice, or (b) filed using the online claim filing system of BMC Group at www.bmcgroup.com/kiko, in either event so as to be received no later than the General Bar Date of March 26, 2018 at 4:00 p.m. (prevailing Eastern Time) or for governmental entities the Government Bar Date of July 10, 2018 at 4:00 p.m. (prevailing Eastern Time).

Part 1: Identify the Claim

1. Who is the current creditor?

Name of the current creditor (the person or entity to paid for this claim)

Other name 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?

Where should payments to the creditor be sent? (if different)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Name

Name

Number

Street

Number

Street

City

State

ZIP Code

City

State

ZIP Code

Contact phone

Contact phone

Contact email

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?

Our Tax ID # 13-375-7092

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? \$ 3979.87 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 & 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. \$ _____

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 all that apply:

Amount entitled to priority

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

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ 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).

\$ _____

☐ 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).

\$ _____

☐ 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.

\$ _____

* 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.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

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.

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 02/28/2018
MM/DD/YYYY

Signature

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

Name

Petrut I

First name

Middle name

Bujari

Last name

Title

Vice President

Company

SBP Locksmith

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

27 West 47th Street Store #14

Number

Street

New York

City

N.Y. 10036

State

ZIP Code

Contact phone

212-302-1110
917-579-5525

Email

Snplocksm,th@yahoo.com



42066858001618

S&P LOCKSMITH
27 WEST 47TH ST.
STORE #14
NEW YORK, NY 10036

Official Form 410

Instructions for Proof of Claim

United States Bankruptcy Court

04/16

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

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.

How to fill out this form

■ Fill in all of the information about the claim as of the date the case was filed.

■ Fill in the caption at the top of the form.

■ If the claim has been acquired from someone else, then state the identity of the last party who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.

■ Attach any supporting documents to this form. Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *redaction* on the next page.)

Also attach redacted copies of any documents that show perfection of any security interest or any assignments or transfers of the debt. In addition to the documents, a summary may be added. Federal Rule of Bankruptcy Procedure (called "Bankruptcy-Rule") 3001(c) and (d).

■ Do not attach original documents because attachments may be destroyed after scanning.

■ If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.

■ A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth. See Bankruptcy Rule 9037.

■ For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian. For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, enclose a stamped self-addressed envelope and a copy of this form. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at: www.bmcgroup.com/kiko.

Understand the terms used in this form

Administrative expense: Generally, an expense that arises after a bankruptcy case is filed in connection with operating, liquidating, or distributing the bankruptcy estate.
11 U.S.C. § 503.

Claim: A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Creditor: A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. §101 (10).

Debtor: A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

Evidence of perfection: Evidence of perfection of a security interest may include documents showing that a security interest has been filed or recorded, such as a mortgage, lien, certificate of title, or financing statement.

Information that is entitled to privacy: A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

Priority claim: A claim within a category of unsecured claims that is entitled to priority under 11 U.S.C. §507(a). These claims are paid from the available money or property in a bankruptcy case before other unsecured claims are paid. Common priority unsecured claims include alimony, child support, taxes, and certain unpaid wages. Claims entitled to administrative priority under 11 U.S.C. §503(b)(9) should be asserted by filling in the appropriate information on this *Proof of Claim* form. All other administrative claims must be asserted by an appropriate "request" under 11 U.S.C. §503(a) and should not be asserted on this *Proof of Claim* form.

Proof of claim: A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

Redaction of information: Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

Secured claim under 11 U.S.C. §506(a): A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

Setoff: Occurs when a creditor pays itself with money belonging to the debtor that it is holding, or by canceling a debt it owes to the debtor.

Uniform claim identifier: An optional 24-character identifier that some creditors use to facilitate electronic payment.

Unsecured claim: A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

Please send completed Proof(s) of Claim to:

If by Regular Mail:

BMC Group, Inc.
Attn: KIKO USA, Inc. Claims Processing
PO Box 90100
Los Angeles, CA 90009

If by Messenger or Overnight Delivery:

BMC Group, Inc.
Attn: KIKO USA, Inc. Claims Processing
3732 W 120th Street
Hawthorne, CA 90250

Do not file these instructions with your form
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S & P LOCKSMITH
27 West 47th Street Store #14
NEW YORK, NEW YORK 10036
(212) 302-1110
FAX (212) 302-0535

4527

<input type="checkbox"/> SERVICE <input type="checkbox"/> INSTALL	<input type="checkbox"/> PICK UP <input type="checkbox"/> DELIVER	PHONE	REPAIR IN <input type="checkbox"/> HOME <input type="checkbox"/> SHOP	DATE OF ORDER 12-11-17
NAME Kiko Milano			DATE PROMISED	
ADDRESS 1515 BROADWAY			APARTMENT	
CITY NYC NY 10036			DATE OF ORIG. INSTAL 12-11-17	
MAKE	MODEL	SERIAL NO.		
NATURE OF SERVICE REQUEST			<input type="checkbox"/> ESTIMATE	
			<input type="checkbox"/> WARRANTY	
			<input type="checkbox"/> CONTRACT	
			<input type="checkbox"/> CASH	
			<input type="checkbox"/> CHARGE	
		<input type="checkbox"/> C.O.D.		

QUAN.	PART NO.	DESCRIPTION	PRICE	AMOUNT
4		TO SUPPLY MEDCO MORTICE CYLINDERS CARD CONTROL	190 ⁻	760 ⁰⁰
3		TO REKEY MEDCO CYLINDERS	65 ⁰⁰	195 ⁰⁰
6		MEDCO KEYS CARD CONTROL	25 ⁰⁰	150 ⁰⁰

SERVICE PERFORMED

TOTAL MATERIAL 1305⁰⁰

TECHNICAL SERVICE TIME

TAX 98⁰⁶

TOTAL 1203⁰⁶

Thank You!

DATE COMPLETED
12-11-17

CASH ON COMPLETION OF WORK

INVOICE

Technician

Kiko Milano

Customer's Signature

I hereby accept above performed service, and charges, as being satisfactory and acknowledge that equipment has been left in good condition.



S & P LOCKSMITH
27 West 47th Street Store #14
NEW YORK, NEW YORK 10036
(212) 302-1110
FAX (212) 302-0535

2125452144
Michael
4516

<input type="checkbox"/> SERVICE <input type="checkbox"/> INSTALL	<input type="checkbox"/> PICK UP <input type="checkbox"/> DELIVER	PHONE	REPAIR IN <input type="checkbox"/> HOME <input type="checkbox"/> SHOP	DATE OF ORDER 12-1-17
NAME KIKO			DATE PROMISED 12-1-17	
ADDRESS 1515 BROADWAY			APARTMENT	
CITY NYC			DATE OF ORIG. INSTAL	
MAKE	MODEL	SERIAL NO.		
NATURE OF SERVICE REQUEST			<input type="checkbox"/> ESTIMATE	
			<input type="checkbox"/> WARRANTY	
			<input type="checkbox"/> CONTRACT	
			<input type="checkbox"/> CASH	
			<input type="checkbox"/> CHARGE	
		<input type="checkbox"/> C.O.D.		

QUAN.	PART NO.	DESCRIPTION	PRICE	AMOUNT
1		TO SUPPLY FOLLOW ADAM ELLERMAN HAYDUTY	775 ⁻	775 ⁵⁰
1		SCHLAGE MD-80 OMIC-CA H. DUTY LOCK HANDLE with	485 ⁻	485 ⁻
1		MULTY DEADBOLT DISTINCTION		480 ⁻
1		TO SUPPLY DOOR CLOSURE MORTON 1603-8303		280 ⁻
8		MULTY KEY COPY	20 ⁻	160 ⁻
8		SCHWAB C123 KEY COPY	10 ⁻	80 ⁻
1		TO		

SERVICE PERFORMED

TOTAL MATERIAL 2250⁵⁰

TECHNICAL SERVICE TIME

TAX 276³¹

TOTAL 2776⁸¹

STEFANO
917 3708126

Thank You!

DATE COMPLETED

CASH ON COMPLETION OF WORK

INVOICE

Technician

Customer's Signature

I hereby accept above performed service, and charges, as being satisfactory and acknowledge that equipment has been left in good condition.