

Fill in this information to identify the case:

Debtor: KIKO USA, Inc.

Case No.: 18-10069

ID: 1345
IOSA GHINI ASSOCIATES SRL
VIA CASTIGLIONE, 6
BOLOGNA, EMILIA-ROM, 40124
ITALY

YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID: s160
CaseNbr: 18-10069
Debtor Name: KIKO USA, Inc.
Amount/Classification
\$11,989.00 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

RECEIVED

MAR 28 2018

BMC GROUP

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?

IOSA GHINI ASSOCIATI SRL
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?

[X] 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)

MILEVA MUSSI
Name

Name

6 VIA CASTIGLIONE
Number Street

Number Street

40124 BOLOGNA ITALY
City State ZIP Code

City State ZIP Code

Contact phone +39051236563

Contact phone

Contact email milena.mussi@iosaghini.it

Contact email

or amministrazione@iosaghini.it

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

[X] 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?

[X] No

[ ] Yes. Who made the earlier filing?

KIKO USA POC



00078

**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? \$ EURO 10,000.00 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 (ATTACHED INVOICE # 210 DATED 29/12/17)

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: KIKO MAKE UP SHOP

**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

- 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.

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

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 23/03/18  
MM/DD/YYYY

Signature

*[Handwritten Signature]*

Print the name of the person completing this claim:

**IOSA GINI ASSOCIATI S**  
**Via Castiglione, 6 - 40124 Bologna**  
**tel. 051.205563 Fax 051.205570**  
**P. IVA 02511021202**

Name

MILENA MUSSI

First name Middle name Last name

Title

MANAGING DIRECTOR

Company

IOSA GINI ASSOCIATI SRL

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

Address

6 Via CASTIGLIONE  
Number Street

BOLOGNA  
City

ITALY 40124  
State ZIP Code

Contact phone

+39051236563

Email milena.mussi@ioghini.it  
or

amministrazione@ioghini.it



42066858001345

IOSA GHINI ASSOCIATES SRL  
VIA CASTIGLIONE, 6  
BOLOGNA, EMILIA-ROM, 40124  
ITALY

IOSA GHINI ASSOCIATES SRL  
VIA CASTIGLIONE, 6  
BOLOGNA, EMILIA-ROM, 40124  
ITALY

Spett.le  
KIKO USA Inc.  
350 fifth Avenue, 41st Floor  
New York, NY 10118

via Castiglione, 6 - 40124 Bologna  
tel +39 051 236563  
fax +39 051 237712

via Gentilino, 6 - 20136 Milano  
tel +39 02 58106183  
fax +39 02 58106700

info@iosaghini.it  
www.iosaghini.it

Fattura n. 210

Bologna, 29/12/2017

Relativa alle ns.competenze come da Lettera di Incarico, per  
applicazione del progetto KIKO Make Up ai seguenti punti vendita:

In base alle norme generali sulla tutela del diritto d'autore, qualsiasi utilizzo anche parziale in luoghi e tempi diversi da quelli iniziali, di qualsiasi elemento, prodotto e modello o progetto da noi disegnato dovrà essere esplicitamente approvato dalla Iosa Ghini Associati S.R.L..

La Iosa Ghini Associati S.R.L. ha diritto di impedire qualsiasi imitazione, derivazione, deformazione, alterazione, utilizzo o modificazione anche parziale dell'opera, del prodotto, del modello e del progetto, da parte del committente. (Riferimento articolo 7 Norme di Carattere Generale ADI)

L'utilizzo anche parziale di qualsiasi prodotto, modello, progetto comporterà la dazione di un compenso da calcolarsi a parte.

Dopo 10gg dal ricevimento fattura progetti e manufatti forniti si intendono integralmente accettati e privi di qualsiasi difetto contestabile.

. Negozio Luxury NYC Time Square

€ 10.000,00

Totale Imponibile

€ 10.000,00

S.E.e O.

Escluso dal campo di applicazione Iva Art. 7 quater del DPR 633/72

Pagamento a mezzo bonifico bancario a vista fattura  
CREDITO DI ROMAGNA – Succursale Bologna B  
IBAN: IT62 P032 7302 4000 0060 0100 366  
BIC: CRDRIT2FXXX - - C/C: 000600100366  
CP:IT - CD: 62 - C:P - Abi:03273 - Cab: 02400

Iosa Ghini Associati S.r.l.

Sede legale  
Iosa Ghini Associati S.r.l.  
via Castiglione, 6 - 40124 Bologna  
Capitale sociale € 100.000  
C.F./P. IVA. 02511021202  
Registro imprese n. 02511021202  
R.E.A. n. 445183

**Extremely Urgent**

WWW.

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M 239 916 803 1  
LETTERA DI VETTURA / NUMERO DI RICERCA  
WAYBILL / TRACKING NUMBER



**LETTERA DI VETTURA**  
(Non-Negoziabile) (Non-Negotiable)

CODICE UPS DEL MITTENTE / SHIPPER'S ACCOUNT NO.	
NOME DEL MITTENTE / SENDER	N. TELEFONO / TELEPHONE No.
78-051236-563	
D A F R O M	
KIKO USA PEARL PROCESSING SRL VIA VASTIGLIONE 8 VIETATO INVIARE DENARO E ARTICOLI DI VALORE. BOLIGNA efectivo y otros valores negociables están prohibidos. Niedozwolone przesyłanie pieniędzy lub przedmiotów wartościowych.	
PAESE / COUNTRY	
CODICE POSTALE / POSTAL CODE	
CODICE UPS DEL DESTINATARIO / RECEIVER'S UPS ACCOUNT NO.	
P. IVA DEL DESTINATARIO / NUMERO DI IDENTIFICAZIONE PER USI DOGANALI / RECEIVER'S V.A.T. No./IDENTIFICATION No. FOR CUSTOMS PURPOSES	
PERSONA DA CONTATTARE / CONTACT	N. TELEFONO / TELEPHONE No.
KIKO USA PEARL PROCESSING +13103215555	
CONSEGNA A DOMICILIO PRIVATO <input type="checkbox"/>	
A T O	
BMC GROUP, INC / KIKO USA, INC. CLAIMS PROCESSING 3732 W. 120th Street CODICE POSTALE / POSTAL CODE 90250 Hawthorne CALIFORNIA USA	

TIPO DI SERVIZIO	AD USO UPS	UPS USE
Express Plus	<input type="checkbox"/>	1+
Express	<input type="checkbox"/>	1
Express Freight Midday	<input type="checkbox"/>	1
Express Freight	<input type="checkbox"/>	1P
Express Saver	<input checked="" type="checkbox"/>	1P
Expedited	<input type="checkbox"/>	2
Standard	<input type="checkbox"/>	

SERVIZI OPZIONALI (Vedere istruzioni)

CONSEGNA IL SABATO **RECEIVED**

ISTRUZIONI PARTICOLARI

**MAR 28 2018**

**DATI SULLA SPEDIZIONE / SHIPMENT INFORMATION**

N. DI PACCHI / PALLET NELLA SPEDIZIONE / NO. OF PACKAGES / PALLETS IN SHIPMENT	PESO TOTALE EFFETTIVO / TOTAL ACTUAL WEIGHT	PESO VOLUMETRICO TOTALE O DIMENSIONI DEL PALLET (SE APPLICABILE) / TOTAL DIMENSIONAL WEIGHT OR DIMENSIONS OF PALLET (IF APPLICABLE)
1	0,100 kg	

UPS EXPRESS ENVELOPE

CONTRASSEGNARE CON UNA "X" SE TUTTI I PACCHI/PALLET HANNO LA STESSA DIMENSIONE E PESO. MARK "X" IF ALL PACKAGES/PALLETS ARE SAME SIZE & WEIGHT.

SI APPLICA SUPPL. MOVIMENTAZIONE AGGIUNTIVA / ADDITIONAL HANDLING CHARGE APPLIES

SI APPLICA SUPPLEMENTO PACCHI GRANDI / LARGE PACKAGE SURCHARGE APPLIES

Il mittente accetta i Termini e le Condizioni della UPS esposti sul retro della Copia della Lettera di vettura del mittente. A meno che non sia indicato un valore superiore per il trasporto sulla lettera di vettura, sono applicabili i limiti di tempo stabiliti nelle convenzioni di Varsavia, Montreal o CMR (se applicabili) o stabiliti nella Clausola 9 di Termini e Condizioni. I limiti di tempo per presentare qualsiasi richiesta di rimborso sono stabiliti nella clausola 12. Il mittente autorizza UPS ad agire da agente di spedizione per il controllo dell'esportazione e per le operazioni doganali.

DATA DELLA SPEDIZIONE / DATE OF SHIPMENT	FIRMA DEL MITTENTE / SHIPPER'S SIGNATURE
GG MM AA 6 28 18	[Signature]



**TERMINI DI PAGAMENTO / PAYMENT OF CHARGES**

FATTURARE SPESE DI TRASPORTO A: / BILL SHIPPING CHARGES TO:

MITTENTE (M) / SHIPPER  DESTINATARIO (D) / RECEIVER  TERZA PARTE PAGANTE (T) / THIRD PARTY

NOME SOCIETA' TERZA PARTE PAGANTE:

FATTURA ONERI DOGANALI (DAZI E I.V.A.) A: / BILL DUTIES & TAXES TO:

MITTENTE (M) / SHIPPER  DESTINATARIO (D) / RECEIVER  TERZA PARTE PAGANTE (T) / THIRD PARTY

NOME SOCIETA' TERZA PARTE PAGANTE / THIRD PARTY COMPANY NAME:

INDICARE CODICE UPS (TERZA PARTE PAGANTE) / ENTER UPS ACCOUNT NO. (THIRD PARTY)

SCALA PAESE TERZA PARTE PAGANTE / THIRD PARTY COUNTRY CODE

RIFERIMENTO N. 1 / REFERENCE No. 1

RIFERIMENTO N. 2 / REFERENCE No. 2

DESCRIZIONE DELLE MERCI / DESCRIPTION OF GOODS

**Documenti**

MERCI NON IN LIBERA CIRCOLAZIONE NELL'UE  SOLO DOCUMENTI / DOCUMENTS ONLY

GOODS NOT IN FREE CIRCULATION IN THE EU.

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