

Fill in this information to identify the case:

Debtor 1 Limetree Bay Services, LLC  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: Southern District of Texas, Houston Division  
Case number 21-32351

E-Filed on 07/27/2021  
Claim # 9

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? MISTRAS GROUP, INC.  
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>Luz Ortiz</u> Name	_____ Name
<u>195 Clarksvilee Road</u> Number Street	_____ Number Street
<u>Princeton Junction NJ 08550</u> City State ZIP Code	_____ City State ZIP Code
Contact phone <u>(609) 716-4170</u>	Contact phone _____
Contact email <u>luz.ortiz@mistrasgroup.com</u>	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: 5 2 2 6

7. How much is the claim? \$ 96,744.16. 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 07/27/2021  
MM / DD / YYYY

Luz Ortiz  
Signature

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

Name Luz Ortiz  
First name Middle name Last name

Title Credit and Collections Representative

Company Mistras Group, Inc.  
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 - Limetree Bay Terminals LLC 70035226.pdf

Description -

## Statement of Account

Customer ID: 70035226

**Customer Address:**

Limetree Bay Terminals LLC  
1 Estate Hope  
Christiansted, VI 00820-5662

### REMITTANCE INFORMATION

**Remit to:**

MISTRAS Group Inc.  
P.O. Box 405694  
Atlanta, GA 30384-5694

**Electronic deposits can be made to:**

**INTERNATIONAL PAYMENTS:**

ACCT NAME: MISTRAS  
Swift No.: BOFAUS3M  
ACCT NO: 003812670175

**DOMESTIC PAYMENTS:**

ACCT NAME: MISTRAS  
For ACH ABA No.: 021200339  
For Wire ABA No.: 026009593  
ACCT NO: 003812670175

Dear Customer,

Thank you for using MISTRAS Group Inc.. We trust that we have been successful in providing the service you have expected.

As a courtesy to our customers, we are providing this statement of account for your review. Please advise as soon as possible if there are any issues or problems regarding any of the invoices listed on the statement. Should you have any questions or require additional information, please contact your personal representative, Luz Maria Ortiz, in the Credit Services Department.

Thank You,

**Luz Maria Ortiz**

**Phone:** 609-716-4170

**Email:** Luz.Ortiz@mistrasgroup.com

**Fax:** 609-716-4155

<u>Invoice Number</u>	<u>Invoiced PO #</u>	<u>Invoice Date</u>	<u>Due Date</u>	<u>Balance</u>
CD 11213348	6200001015	1/31/2021	3/2/2021	12,525.50
CD 11213368	6200001015	1/31/2021	3/2/2021	3,722.61
CD 11216154	6200001015	2/11/2021	3/13/2021	4,817.51
CD 11225880	6200001015	3/23/2021	4/22/2021	13,927.00
CD 11225882	6200001015	3/23/2021	4/22/2021	4,160.57
CD 11227631	6200001015	3/29/2021	4/28/2021	12,744.46
CD 11233066	6200001015	4/20/2021	5/20/2021	3,021.89



## Statement of Account

<u>Invoice Number</u>	<u>Invoiced PO #</u>	<u>Invoice Date</u>	<u>Due Date</u>	<u>Balance</u>
CD 11235284	6200001015	4/28/2021	5/28/2021	4,051.08
CD 11237341	6200001015	4/30/2021	5/30/2021	8,452.52
CD 11240693	6200001015	5/18/2021	6/17/2021	4,182.48
CD 11243988	6200001015	5/28/2021	6/27/2021	6,744.48
CD 11251118	6200001015	6/29/2021	7/29/2021	14,780.94
CD 11251517	6200001015	6/30/2021	7/30/2021	3,613.12
			Lab# 576	<u>\$ 96,744.16</u>



**MISTRAS**  
A World of NDT Solutions

Services  
Division