

**Fill in this information to identify the case:**

Debtor Avianca Holdings S.A.

United States Bankruptcy Court for the: Southern District of New York  
(State)

Case number 20-11133

## 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 or 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?	<u>Auxitrol Weston USA Inc</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	<b>Where should notices to the creditor be sent?</b> <u>Auxitrol Weston USA Inc</u> <u>6900 Orangethorpe Ave Suite A</u> <u>Buena Park, CA 90620, USA</u>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  Contact phone <u>714 7367522</u> Contact email <u>See summary page</u>	<b>Where should payments to the creditor be sent? (if different)</b>   Contact phone _____ Contact email _____  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<b>6. Do you have any number you use to identify the debtor?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:   __ __ __ __
<b>7. How much is the claim?</b> \$ <u>5127.00</u>	<b>Does this amount include interest or other charges?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
<b>8. What is the basis of the claim?</b>	<p>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.</p> <p><u>Goods sold</u></p>
<b>9. Is all or part of the claim secured?</b>	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature or property:</b> <div><input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div> <b>Basis for perfection:</b> _____ <small>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.)</small>  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <div><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div></div>
<b>10. Is this claim based on a lease?</b>	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b>   \$ _____</div>
<b>11. Is this claim subject to a right of setoff?</b>	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Identify the property: _____</div>



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

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

☒ No

☐ Yes. Check all that apply:

☐ 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

\$ \_\_\_\_\_

☐ 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.

\$ \_\_\_\_\_

\* 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.

13. Is all or part of the claim 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).

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 acknowledgement 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 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 06/10/2020  
MM / DD / YYYY

/s/Rosanna B Magbitang  
Signature

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

Name Rosanna B Magbitang  
First name Middle name Last name

Title Assistant Controller

Company Auxitrol Weston USA Inc  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



# KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-1780 | International + 1 (310) 751-2680

<b>Debtor:</b> 20-11133 - Avianca Holdings S.A. <b>District:</b> Southern District of New York, New York Division		
<b>Creditor:</b> Auxitrol Weston USA Inc 6900 Orangethorpe Ave Suite A  Buena Park, CA, 90620 USA <b>Phone:</b> 714 7367522 <b>Phone 2:</b> 657 4652505 <b>Fax:</b>  <b>Email:</b> rosanna.magbitang@auxitrolweston.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Creditor	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Goods sold	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 5127.00	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Rosanna B Magbitang on 10-Jun-2020 7:00:47 p.m. Eastern Time <b>Title:</b> Assistant Controller <b>Company:</b> Auxitrol Weston USA Inc		

Aging Date 5/23/2020

Customer: AV6

Name:

AVIANCA, S.A. COLOMBIA

Document Number	Customer PO	Due Date	Type	Terms	BALANCE DUE	Current	1-30 Days	31 - 60 Days	61 - 90 Days	1 - 120 Day	120 + Days
INV20200543	P0528220	5/2/2020	NET 30		3,418.00	0.00	3,418.00	0.00	0.00	0.00	0.00
INV20200542	P0528320	5/2/2020	NET 30		1,709.00	0.00	1,709.00	0.00	0.00	0.00	0.00
Customer Totals:						0.00	5,127.00	0.00	0.00	0.00	0.00



Auxitrol Weston USA, Inc.  
6900 ORANGETHORPE AVE  
SUITE A  
BUENA PARK , CA 90620  
USA  
Ph: 714 736 7570, Fax: 714 736 7580  
essa.customerservice@auxitrolweston.com

## Invoice

Invoice No.: INV20200542  
Invoice Date: 02-Apr-2020  
Page: 1 of 1

**BILL TO:**  
AVIANCA, S.A. COLOMBIA  
Avenida Calle 26 #106 - 74  
Bogota, Colombia  
Colombia  
ATTN: Michael Medina Sarmiento

**SHIP TO:**  
AVIANCA, S.A. COLOMBIA  
1950 NW 66th Ave  
Bldg 708  
Doors 71 to 79  
Miami, FL 33126  
United States

Contact : Michael Medina Sarmiento	Terms : NET 30	Cust. PO : P0528320	PO Date : 17-Mar-2020
Ship Via : FEDGRND	Airway Bill : 135560600070	Delivery Terms : EXW	Ship Date : 02-Apr-2020
VAT : None Specified	SO Number : S20200227		

Item	Part Number/Description	Shipped	BackOrd	CD	Unit Price	UOM	Total Amt
1	ZAW623-01 Hydraulic Pressure Transducer ECCN: 9A991.d CoO:FR Serial #: ASAR53959	1.00	0.00		1,709.00	EA	1,709.00
		NE					

To help us credit your account properly, please email remittance advice to [ARfinance.awusa@auxitrolweston.com](mailto:ARfinance.awusa@auxitrolweston.com) or fax to (714) 736-7526.

Please remit wire transfers to:  
Auxitrol Weston USA, Inc.  
ABA# 041000124  
Account#: 4130097232  
Swift Code: PNCCUS33  
Bank Name: PNC Bank, 500 First Ave,  
Pittsburg, PA 15219

Please remit check payments to:  
Auxitrol Weston USA, Inc.  
P.O. Box 31001-2757  
Pasadena, CA 91110-2757

For overnight payments:  
PNC Bank C/O Auxitrol Weston USA, Inc.  
ATTN: Lockbox Number 912757  
Pasadena Tech Center  
465 N Halstead St Suite 160  
Pasadena, CA 91107

SubTotal: 1,709.00

Tax Total: 0.00

Misc Charge: 0.00

Freight: 0.00

Total: 1,709.00

Payment Amt: 0.00

Payment Type:

Payment Owed: 1,709.00

Payable in USD

