

Fill in this information to identify the case:

Debtor Aerovias del Continente Americano S.A. Avianca

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

Case number 20-11134

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>Afilias Limited</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?	Where should notices to the creditor be sent? Afilias Limited Legal 300 Welsh Rd Bldg 3, Ste 105 Horsham, PA 19044, United States Contact phone <u>215-706-5700</u> Contact email <u>legal@afilias.info</u>	Where should payments to the creditor be sent? (if different) Afilias Limited Finance Level 2, Plaza 3 Custom House Plaza, Harbourmaster Place Dublin, 1 D01 VY76, IRELAND Contact phone _____ Contact email _____
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) 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

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: 2AVI ____

7. How much is the claim? \$ 4165.00 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 or property:
☐ Real estate: If the claim is secured by the debtor's principle 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 amount 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)?

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 07/23/2020
MM / DD / YYYY

/s/David Payne
Signature

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

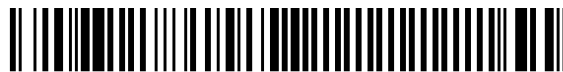
Name David Payne
First name Middle name Last name

Title Vice President, Deputy General Counsel

Company Afilias Limited
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

Debtor: 20-11134 - Aerovias del Continente Americano S.A. Avianca District: Southern District of New York, New York Division		
Creditor: Afiliat Limited Legal 300 Welsh Rd Bldg 3, Ste 105 Horsham, PA, 19044 United States Phone: 215-706-5700 Phone 2: 215-703-2203 Fax: 215-706-5701 Email: legal@afiliat.info	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Disbursement/Notice Parties: Afiliat Limited Finance Level 2, Plaza 3 Custom House Plaza Harbourmaster Place Dublin, 1, D01 VY76 IRELAND Phone: Phone 2: Fax: E-mail: DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: services performed	Last 4 Digits: Yes - 2AVI	Uniform Claim Identifier:
Total Amount of Claim: 4165.00	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	

Submitted By:

David Payne on 23-Jul-2020 6:15:17 p.m. Eastern Time

Title:

Vice President, Deputy General Counsel

Company:

Afilias Limited



Afilias Limited

www.afilias.info

phone 353.1.854.1100

Bill to:

Avianca S.A
Avianca Administrative Center
Avenida calle 26 #59-15 Piso 4
Bogota
Colombia

Invoice No. INV49210

Date 12/31/2019

Cust ID 2 AVI

Purchase Order # AVIANCA

Payment Terms: Upon Receipt

Quantity	U/M	Description	Rate	Amount
1	Each	Monthly minimum service fee	\$833.00	\$833.00

Wire Transfer Instructions:

Beneficiary Name: Afilias Limited
Beneficiary Address: 3 Harbourmaster Place, Dublin D01 K8F1, Ireland
Bank Name: HSBC Bank plc
Bank Address: 1 Grand Canal Square, Dublin D02 P820, Ireland
SWIFT BIC: HSBCIE2D
IBAN: IE74HSBC99023135874441

Subtotal \$833.00

VAT \$0.00

Total Due \$833.00



Afilias Limited

www.afilias.info

phone 353.1.854.1100

Bill to:

Avianca S.A
Avianca Administrative Center
Avenida calle 26 #59-15 Piso 4
Bogota
Colombia

Invoice No. INV49255

Date 1/31/2020

Cust ID 2 AVI

Purchase Order # AVIANCA

Payment Terms: Upon Receipt

Quantity	U/M	Description	Rate	Amount
1	Each	Monthly minimum service fee	\$833.00	\$833.00

Wire Transfer Instructions:

Beneficiary Name: Afilias Limited
Beneficiary Address: 3 Harbourmaster Place,Dublin D01 K8F1,Ireland
Bank Name: HSBC Bank plc
Bank Address:1 Grand Canal Square, Dublin D02 P820,Ireland
SWIFT BIC: HSBCIE2D
IBAN: IE74HSBC99023135874441

Subtotal \$833.00

VAT \$0.00

Total Due \$833.00



Afilias Limited

www.afilias.info

phone 353.1.854.1100

Bill to:

Avianca S.A
Avianca Administrative Center
Avenida calle 26 #59-15 Piso 4
Bogota
Colombia

Invoice No. INV49296

Date 2/29/2020

Cust ID 2 AVI

Purchase Order # AVIANCA

Payment Terms: Upon Receipt

Quantity	U/M	Description	Rate	Amount
1	Each	Monthly minimum service fee	\$833.00	\$833.00

Wire Transfer Instructions:

Beneficiary Name: Afilias Limited
Beneficiary Address: 3 Harbourmaster Place, Dublin D01 K8F1, Ireland
Bank Name: HSBC Bank plc
Bank Address: 1 Grand Canal Square, Dublin D02 P820, Ireland
SWIFT BIC: HSBCIE2D
IBAN: IE74HSBC99023135874441

Subtotal \$833.00

VAT \$0.00

Total Due \$833.00



Afilias Limited

www.afilias.info

phone 353.1.854.1100

Bill to:

Avianca S.A
Avianca Administrative Center
Avenida calle 26 #59-15 Piso 4
Bogota
Colombia

Invoice No. INV49327
Date 3/31/2020
Cust ID 2 AVI
Purchase Order # AVIANCA
Payment Terms: Upon Receipt

Quantity	U/M	Description	Rate	Amount
1	Each	Monthly minimum service fee	\$833.00	\$833.00

Wire Transfer Instructions:

Beneficiary Name: Afilias Limited
Beneficiary Address: Level 2, Plaza3, Custom House Plaza,
Harbourmaster Place, Dublin, D01VY76, Ireland
Bank Name: HSBC Bank
Bank Address:1 Grand Canal Square, Dublin D02 P820,Ireland
SWIFT BIC: HSBCIE2D
IBAN: IE74HSBC99023135874441

Subtotal	\$833.00
VAT	\$0.00
Total Due	\$833.00



Afilias Limited

www.afilias.info

phone 353.1.854.1100

Bill to:

Avianca S.A
Avianca Administrative Center
Avenida calle 26 #59-15 Piso 4
Bogota
Colombia

Invoice No. INV49362

Date 4/30/2020

Cust ID 2 AVI

Purchase Order # AVIANCA

Payment Terms: Upon Receipt

Quantity	U/M	Description	Rate	Amount
1	Each	Monthly minimum service fee	\$833.00	\$833.00

Wire Transfer Instructions:

Beneficiary Name: Afilias Limited
Beneficiary Address: Level 2, Plaza3, Custom House Plaza,
Harbourmaster Place, Dublin, D01VY76, Ireland
Bank Name: HSBC Bank
Bank Address:1 Grand Canal Square, Dublin D02 P820,Ireland
SWIFT BIC: HSBCIE2D
IBAN: IE74HSBC99023135874441

Subtotal \$833.00

VAT \$0.00

Total Due \$833.00