

Fill in this information to identify the case:

Debtor Avianca-Ecuador S.A

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

Case number 20-11152

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>1st Choice Aerospace 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?	Where should notices to the creditor be sent? 1st Choice Aerospace Inc. Daniel H. Petkoff, Esq. 6348 Walker Lane Alexandria, VA 22310 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Contact phone <u>571-329-1916</u> Contact email <u>dhpetkoff@vsecorp.com</u>	Where should payments to the creditor be sent? (if different) 1st Choice Aerospace Inc. c/o Ashlee Thomas 3361 Enterprise Way Miramar, FL 33025 Contact phone <u>754-230-8272</u> Contact email <u>Ashlee.Thomas@firstchoice.aero</u>
	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?	<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: __ __ __ __
7. How much is the claim? \$ <u>715.00</u>	Does this amount include interest or other charges? <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).
8. What is the basis of the claim?	<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>Services performed. See attached.</u></p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <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> Basis for perfection: _____ <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> 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) _____ % <div><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div></div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<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 01/13/2021
MM / DD / YYYY

/s/AshLee Thomas
Signature

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

Name Ashlee Thomas
First name Middle name Last name

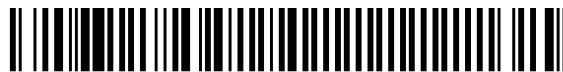
Title Director, Accounting

Company 1st Choice Aerospace Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 3361 Enterprise Way, Miramar, FL, 33025

Contact phone 754-230-8272

Email Ashlee.Thomas@firstchoice.a



KCC ePOC Electronic Claim Filing Summary

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

Debtor: 20-11152 - Avianca-Ecuador S.A District: Southern District of New York, New York Division		
Creditor: 1st Choice Aerospace Inc. Daniel H. Petkoff, Esq. 6348 Walker Lane Alexandria, VA, 22310 Phone: 571-329-1916 Phone 2: Fax: Email: dhp@petkoff@vsecorp.com	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: 1st Choice Aerospace Inc. c/o Ashlee Thomas 3361 Enterprise Way Miramar, FL, 33025 Phone: 754-230-8272 Phone 2: Fax: E-mail: Ashlee.Thomas@firstchoice.aero DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Services performed. See attached.	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 715.00	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: Ashlee Thomas on 13-Jan-2021 1:57:23 p.m. Eastern Time Title: Director, Accounting Company: 1st Choice Aerospace Inc.		

Optional Signature Address:

Ashlee Thomas
3361 Enterprise Way

Miramar, FL, 33025

Telephone Number:

754-230-8272

Email:

Ashlee.Thomas@firstchoice.aero

AVIANCA ECUADOR S.A. **\$715.00**

Inv Date	Acc#	Customer Name	Com	Invoice#	Terms	Due	Customer PO/RO #	Inv Amount	Balance
4/17/2020	AER052	AVIANCA ECUADOR S.A.	FL	51902	30	5/17/2020	R1008120	\$ 715.00	\$ 715.00



INVOICE 51902

1ST CHOICE AEROSPACE

3361 Enterprise Way

Miramar, FL. 33025

Fax: 954/430-6601

Telephone 954/430-6600

FAA Repair Station 9QAR940B

Customer No. AER052

**Bill To:****AVIANCA ECUADOR S.A.**

AV. REPUBLICA DEL SALVADOR

N34-107 Y SUIZA. ED.BRESCIA II

QUITO, 4TO PISO

ECUADOR

Ship To:**AVIANCA ECUADOR S.A.**

AEROLINEAS GALAPAGOS, AEROGAL

2196 NW 89TH PLACE

DORAL, FL 33172 USA

Date		Ship Via		F.O.B.		Terms				
17/Apr/2020		tba				NET 30				
Customer Order Number			Order Date	Salesperson		Contact			Our Order No.	
R1008120			19/Mar/2020	JW		CARLOS ALBERTO			38739	
Quantity			Part Number / Description				CD	Tax	U.Price	Amount
Req.	Ship.	B.O.								
1	1	0	PARTS					N	20.0000	20.00
			PARTS							
1	1	0	LABOR					N	695.0000	695.00
			LABOR AND MATERIAL							
Part Number : 8862-101-1150/707-9 / F/O DETECTOR										
Serial Number : 67663										
Manufacturer : MEGGITT										
Service Performed : Bench Checked										
All returns must have a written RMA. No RMA's or Exchanges after 15 days.										
Refused packages will be subject to a 50% restocking fee, plus shipping cost.										
returns may be subject to a 25% restocking fee, plus shipping cost.										
Nontaxable Subtotal										715.00
Taxable Subtotal										
Tax 0.00%										0.00
TOTAL ORDER US										715.00