

Fill in this information to identify the case:

Debtor Islena de Inversiones, S.A. de C.V.

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

Case number 20-11160

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>BARFIELD, 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? BARFIELD, INC. DINO NOTO 4101 NW 29TH STREET MIAMI, FL 33142, United States Contact phone <u>3058945323</u> Contact email <u>dino.noto@barfieldinc.com</u>	Where should payments to the creditor be sent? (if different) 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

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: 4363 ____

7. How much is the claim? \$ 1742.52 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 06/15/2020
MM / DD / YYYY

/s/DINO NOTO
Signature

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

Name DINO NOTO
First name Middle name Last name

Title VICE PRESIDENT - LEGAL AFFAIRS

Company BARFIELD, 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

Debtor: 20-11160 - Islana de Inversiones, S.A. de C.V. District: Southern District of New York, New York Division		
Creditor: BARFIELD, INC. DINO NOTO 4101 NW 29TH STREET MIAMI, FL, 33142 United States Phone: 3058945323 Phone 2: 3059269648 Fax: 3058945321 Email: dino.noto@barfieldinc.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party:	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: SERVICES PERFORMED	Last 4 Digits: Yes - 4363	Uniform Claim Identifier:
Total Amount of Claim: 1742.52	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: DINO NOTO on 15-Jun-2020 1:47:27 p.m. Eastern Time Title: VICE PRESIDENT - LEGAL AFFAIRS Company: BARFIELD, INC.		



Invoice #: 300213251
Invoice Date: 10/28/2016

Ship To:
ISLENA DE INVERSIONES S.A. DE C.V.
EDIFICIO TACA SANTA ELENA
ANTIGUO CUSCATLAN
CUSCATLAN, EL SALVADOR

Date			Ship Via	F.O.B.	Terms		
10/28/2016			DELIVER	MIAMI	NET 30 DAYS		
Customer Order Number			Order Date	AWB:	Contact	Our Order Number	
R4348316			10/04/2016	7052-0235-6103		SO-3210188502	
Quantity			Part Number / Description		Condition	Unit Price	Amount
Req.	Ship.	B.O.					
1	1	0	SIGHT COMPASS, SC063 P/N: 101-01200 S/N: 1253		CA	\$ 153.00	\$ 153.00
						Freight Amount	\$ 153.00
						Nontaxable Subtotal	
						Taxable Subtotal	
						Tax 0.00%	
						TOTAL	\$ 153.00

**BARFIELD****Barfield, Inc.**

4101 NW 29TH STREET

MIAMI, FL 33142

USA

Ph: +1 (305) 894-5300, Fax: +1 (305) 894-530

1

Invoice**Invoice #:** AR1052680**Invoice Date:** 1/2/2019**Time:** 5:53:41 PM**Page:** 1**Bill To:**ISLENA DE INVERSIONES S.A.
MALL MEGAPLAZA LA CEIBA
TEGUCIGALPA
Honduras**Ship To:**ISLENA DE INVERSIONES S.A.
MALL MEGAPLAZA LA CEIBA
TEGUCIGALPA
Honduras**Your Ref #:** R5957718**Terms:** NET 30**Ship Via:** FedEx Ground**Ship Via Acc:** 148448825**Work Order:** WO1039783**# of Items:** 1**Ship Date:** 1/2/2019**AWB:** 463110413434**Service Perf:** TESTED**Acct #:** 1004363**Gross Weight:****Ship Order:** SH1062238

Part Number/Description	Shipped	CD	Unit Price	UOM	Total Amt
101-01200 SIGHT COMPASS, SC063 MFG: BARFIELD INSTRUMENT CORP SN: 1253	1.00	RP	\$153.00	EA	\$153.00

Payment Instructions**Electronic**

ABA Number (Wire) 121000248

ABA Number (ACH) 121000248

Account Number: 2694909568028

SWIFT Number: WFBIUS6S

Account Name: Barfield, Inc.

Bank name: WELLS FARGO BANK, N.A.

Bank Address: 420 Montgomery, San Francisco, CA 94104

Check

Remit to: Barfield, Inc.

P.O. Box 931565

Atlanta, GA 31193-1565

OR by Credit Card

Special Instructions:	
	SubTotal: \$0.00
	Tax Total: \$0.00
	Misc Charge: \$0.00
	Freight: \$0.00
	Total: \$153.00
	Payment Amt: \$0.00
	Payment Type:
Authorized Signature:	Payment Owed: \$153.00
	US Dollars

Sender: 4101 NW 29th Street

Miami, FL 33142 US

**BARFIELD****Barfield, Inc.**

4101 NW 29TH STREET

MIAMI, FL 33142

USA

Ph: +1 (305) 894-5300, Fax: +1 (305) 894-530

1

Invoice**Invoice #:** AR1066715**Invoice Date:** 4/25/2019**Time:** 5:49:37 PM**Page:** 1**Bill To:**ISLENA DE INVERSIONES S.A.
MALL MEGAPLAZA LA CEIBA
TEGUCIGALPA
Honduras**Ship To:**ISLENA DE INVERSIONES S.A.
MALL MEGAPLAZA LA CEIBA
TEGUCIGALPA
Honduras**Your Ref #:** R1971619**Terms:** NET 90**Ship Via:** FedEx Ground**Ship Via Acc:** 148448825**Work Order:** WO1050428**# of Items:** 1**Ship Date:** 4/25/2019**AWB:** 485913630313**Service Perf:** REPAIRED**Acct #:** 1004363**Gross Weight:****Ship Order:** SH1078047

Part Number/Description	Shipped	CD	Unit Price	UOM	Total Amt
CGDU2200-00 SMOKE DETECTOR MFG: SIEMENS BUILDING TECHNOLOGIES SN: 70062	1.00	RP	\$310.00	EA	\$310.00

Payment Instructions**Electronic**

ABA Number (Wire) 121000248

ABA Number (ACH) 121000248

Account Number: 2694909568028

SWIFT Number: WFBIUS6S

Account Name: Barfield, Inc.

Bank name: WELLS FARGO BANK, N.A.

Bank Address: 420 Montgomery, San Francisco, CA 94104

Check

Remit to: Barfield, Inc.

P.O. Box 931565

Atlanta, GA 31193-1565

OR by Credit Card

Special Instructions:	
	SubTotal: \$0.00
	Tax Total: \$0.00
	Misc Charge: \$0.00
	Freight: \$0.00
	Total: \$310.00
	Payment Amt: \$0.00
	Payment Type:
Authorized Signature:	Payment Owed: \$310.00
	US Dollars

Sender: 4101 NW 29th Street

Miami, FL 33142 US

**BARFIELD****Barfield, Inc.**

4101 NW 29TH STREET

MIAMI, FL 33142

USA

Ph: +1 (305) 894-5300, Fax: +1 (305) 894-530

1

Invoice**Invoice #:** AR1068419**Invoice Date:** 5/6/2019**Time:** 5:50:55 PM**Page:** 1**Bill To:**ISLENA DE INVERSIONES S.A.
MALL MEGAPLAZA LA CEIBA
TEGUCIGALPA
Honduras**Ship To:**ISLENA DE INVERSIONES S.A.
MALL MEGAPLAZA LA CEIBA
TEGUCIGALPA
Honduras**Your Ref #:** R2020119**Terms:** NET 90**Ship Via:** FedEx Ground**Ship Via Acc:** 148448825**Work Order:** WO1050727**# of Items:** 1**Ship Date:** 5/6/2019**AWB:** 485913635430**Service Perf:** REPAIRED**Acct #:** 1004363**Gross Weight:** 5430**Ship Order:** SH1079622

Part Number/Description	Shipped	CD	Unit Price	UOM	Total Amt
CGDU2200-00 SMOKE DETECTOR MFG: SIEMENS BUILDING TECHNOLOGIES SN: 10230	1.00	RP	\$310.00	EA	\$310.00

Payment Instructions**Electronic**

ABA Number (Wire) 121000248

ABA Number (ACH) 121000248

Account Number: 2694909568028

SWIFT Number: WFBIUS6S

Account Name: Barfield, Inc.

Bank name: WELLS FARGO BANK, N.A.

Bank Address: 420 Montgomery, San Francisco, CA 94104

Check

Remit to: Barfield, Inc.

P.O. Box 931565

Atlanta, GA 31193-1565

OR by Credit Card

Special Instructions:	
	SubTotal: \$0.00
	Tax Total: \$0.00
	Misc Charge: \$0.00
	Freight: \$0.00
	Total: \$310.00
	Payment Amt: \$0.00
	Payment Type:
Authorized Signature:	Payment Owed: \$310.00
	US Dollars

Sender: 4101 NW 29th Street

Miami, FL 33142 US

**BARFIELD****Barfield, Inc.**

4101 NW 29TH STREET

MIAMI, FL 33142

USA

Ph: +1 (305) 894-5300, Fax: +1 (305) 894-530

1

Invoice**Invoice #:** AR1072989**Invoice Date:** 6/4/2019**Time:** 5:51:21 PM**Page:** 1**Bill To:**ISLENA DE INVERSIONES S.A.
MALL MEGAPLAZA LA CEIBA
TEGUCIGALPA
Honduras**Ship To:**ISLENA DE INVERSIONES S.A.
MIAMI LOGISTIC CENTER
1950 NW 66TH AVE BUILDING 708
MIAMI, FL 33126
UNITED STATES OF AMERICA**Your Ref #:** R2029119**Terms:** NET 90**Ship Via:** FedEx Ground**Ship Via Acc:** 148448825**Work Order:** WO1051331**# of Items:** 1**Ship Date:** 6/4/2019**AWB:** 485913650430**Service Perf:** REPAIRED**Acct #:** 1004363**Gross Weight:****Ship Order:** SH1084246

Part Number/Description	Shipped	CD	Unit Price	UOM	Total Amt
101-00901 DIG. TURBINE TEMP T/S, TT1000A MFG: BARFIELD INSTRUMENT CORP SN: 3298	1.00	RP	\$816.54	EA	\$816.54

Payment Instructions**Electronic**

ABA Number (Wire) 121000248

ABA Number (ACH) 121000248

Account Number: 2694909568028

SWIFT Number: WFBIUS6S

Account Name: Barfield, Inc.

Bank name: WELLS FARGO BANK, N.A.

Bank Address: 420 Montgomery, San Francisco, CA 94104

Check

Remit to: Barfield, Inc.

P.O. Box 931565

Atlanta, GA 31193-1565

OR by Credit Card

Special Instructions:	
	SubTotal: \$0.00
	Tax Total: \$0.00
	Misc Charge: \$0.00
	Freight: \$0.00
	Total: \$816.54
	Payment Amt: \$0.00
	Payment Type:
Authorized Signature:	Payment Owed: \$816.54
	US Dollars

Sender: 4101 NW 29th Street

Miami, FL 33142 US