

Fill in this information to identify the case:

Debtor 1 FIBRANT, LLC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN District of GEORGIA  
(State)

Case number 18-10274

Official Form 410

**Proof of Claim**

04/16

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? American Express Travel Related Services Company, 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>Becket and Lee LLP</u><br>Name   | _____<br>Name   |
| <u>PO Box 3001</u><br>Number Street   | _____<br>Number Street  |
| <u>Malvern PA 19355-0701</u><br>City State ZIP Code                                       | _____<br>City State ZIP Code                                  |
| Contact phone <u>610-228-2570</u>   | Contact phone <u>610-228-2570</u>                             |
| Contact email <u>proofofclaim@becket-lee.com</u>  | Contact email <u>payments@becket-lee.com</u>                  |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one):<br>_____ |   |

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? \_\_\_\_\_



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**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:   1     0     0     4  

7. **How much is the claim?**  \$679.00  **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 healthcare information.  
  
  CREDIT CARD  

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.** \$ \_\_\_\_\_

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)?

- Yes/No checkboxes and 'Check one' instruction

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

- Domestic support obligations
Up to \$2,850\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use.
Wages, salaries, or commissions (up to \$12,850\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier.
Taxes or penalties owed to governmental units.
Contributions to an employee benefit plan.
Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

Amount entitled to priority

\$
\$
\$
\$
\$
\$

\* Amounts are subject to adjustment on 4/01/19 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).

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.

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.

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 3/15/2018 MM / DD / YYYY

/s/ Larry Butler Signature

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

Name Larry Butler First Name Middle Name Last Name

Title Claims Administrator

Company Becket and Lee LLP Identify the corporate servicer as the company if the authorized agent is a servicer.

Address POB 3001 Number Street

Malvern PA 19355-0701 City State ZIP Code

Contact phone 610-228-2570 Email proofclaim@becket-lee.com



### Corporate Card Statement of Account

**Sign-up For Online  
Statements**  
[www.americanexpress.com/checkyourbill](http://www.americanexpress.com/checkyourbill)

Prepared For  
TREASURY  
DSM CHEMICALS NA INC

Account Number  
1004

Closing Date  
08/10/10

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| Previous Balance \$ | New Charges \$ | Other Debits \$ | Payments \$ | Other Credits \$ | Balance Please Pay By<br>Due \$ 08/25/10 |
|---------------------|----------------|-----------------|-------------|------------------|--|
| 664.00              | 0.00           | 15.00           | 0.00        | 0.00             | <b>679.00</b>                            |

For important information regarding your account refer to page 2.

**Seriously past due. Possible cancellation. Pay by 08/25/10 and avoid further delinquency charge.**

To manage your Account online or to pay your bill, please visit us at [corp.americanexpress.com](http://corp.americanexpress.com). For additional contact information, please see the reverse side of this page.

**Activity** Date reflects either transaction or posting date

| Card Number               | Reference Code                                     | Amount \$     |
|---------------------------|--|---------------|
| 1004                      |  |               |
| 08/10/10                  | DELINQUENCY CHARGE ON 499.00                       | 15.00         |
| <b>Total for TREASURY</b> | New Charges/Other Debits<br>Payments/Other Credits | 15.00<br>0.00 |

↓ Please fold on the perforation below, detach and return with your payment ↓

Do not staple or use paper clips  
**Payment Coupon**

Account Number  
1004

**Please Pay By 08/25/10** Payable upon receipt in U.S. Dollars.



TREASURY  
DSM CHEMICALS NA INC  
P O BOX 2451  
AUGUSTA GA 30903-2451

**Amount Due \$679.00** Checks or drafts must be drawn against banks located in the U.S.

Check here if address, telephone number, or e-mail address has changed. Note changes on reverse side.

Mail Payment to:



AMERICAN EXPRESS  
P.O. BOX 650448  
DALLAS TX 75265-0448

