

Fill in this information to identify the case:

Debtor Complete Energy Services, Inc.

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

Case number 20-35815

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>A AND I DISTRIBUTORS</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? See summary page Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Contact phone <u>4062456443</u> Contact email <u>CREDIT@AIDISTRIBUTORS.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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>0298</u> <u> </u> <u> </u>
7. How much is the claim? \$ <u>1585.55</u>	Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" 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>GOODS SOLD</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>.</div><div><input type="checkbox"/> Motor vehicle</div><div><input type="checkbox"/> Other. Describe: _____</div></div> <div>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.)</div> <div>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.)</div> <div>Amount necessary to cure any default as of the date of the petition: \$ _____</div> <div>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</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.

\$ 1585.04

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 12/31/2020
MM / DD / YYYY

/s/LISA SANDAU
Signature

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

Name LISA SANDAU
First name Middle name Last name

Title CREDIT AND ACCOUNTS RECEIVABLE MANAGER

Company AUTOMOTIVE AND INDUSTRIAL DISTRIBUTORS OF BILLINGS
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 (888) 802-7207 | International (781) 575-2107

Debtor: 20-35815 - Complete Energy Services, Inc. District: Southern District of Texas, Houston Division		
Creditor: A AND I DISTRIBUTORS AUTOMOTIVE AND INDUSTRIAL DISTRIBUTORS OF BILLINGS PO BOX 1999 BILLINGS, MT, 59103-1999 Phone: 4062456443 Phone 2: 4062456445 Fax: 4062561113 Email: CREDIT@AIDISTRIBUTORS.COM	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: GOODS SOLD	Last 4 Digits: Yes - 0298	Uniform Claim Identifier:
Total Amount of Claim: 1585.55	Includes Interest or Charges: Yes	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): Yes: 1585.04 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: LISA SANDAU on 31-Dec-2020 4:02:45 p.m. Eastern Time Title: CREDIT AND ACCOUNTS RECEIVABLE MANAGER Company: AUTOMOTIVE AND INDUSTRIAL DISTRIBUTORS OF BILLINGS		

Co/Cust#? 01 740298
BANK HAMM & PHILLIPS SER
COMPLETE ENERGY SERVICES INC
CS 20-35815 11/09CLRAG
ENID OK 73702

STATEMENT OF ACCT 12/31/20

Invoice#	Inv Date	Age Date	Invoice Amt	Open Amt	Lst Tran	Days	Note
3553282	11/17/20	11/17/20	367.97	367.97		42	Open Invoice
3555029	11/20/20	11/20/20	-36.75	-36.75		41	Open Credit Memo
3557916	11/30/20	11/30/20	1,253.82	1,253.82		31	Open Invoice
20201029	10/29/20	10/29/20	0.51	0.51		63	Late Fee
			Total	1,585.55			

BRANCH OFFICE PHONE (701) 222-8790 BISMARCK, N.D.	BRANCH OFFICE PHONE (605) 348-2601 RAPID CITY S.D.	BRANCH OFFICE PHONE (509) 535-7820 SPOKANE, WA
BRANCH OFFICE PHONE (406) 549-2341 MISSOULA, MT	BRANCH OFFICE PHONE (208) 376-9596 BOISE, ID	BRANCH OFFICE PHONE (208) 478-6601 POCAHELLO, ID
BRANCH OFFICE PHONE (903) 965-2245 PORTLAND, OR		

ORIGINAL INVOICE

A & I Distributors

(Automotive & Industrial Distributors)

PHONE (406) 245-6443 FAX NO. (406) 256-1113
900 1st AVENUE NORTH P.O. BOX 1999
BILLINGS, MONTANA 59103-1999

INVOICE NO. 0553200

SHIP VIA	DATE SHIPPED	FILLED BY	CHECKED BY	DELIVERED BY
DEL	11/17/20			MS

RECEIVED BY *Bob R* PRINT NAME *Bob R*

Order #: 68092/00

SOLD TO HAMM & PHILLIPS SER 11/09CLRA6
COMPLETE ENERGY SERVICES INC
PO BOX 3907
ENID OK 73702

SHIPPED TO HAMM & PHILLIPS SERVICE
VENDOR 12543
2670 131 AVENUE NW
ARNEGARD ND 58835

WRITTEN BY	PRICE CHECKED	SORT	YOUR ORDER NO.	ORDER DATE	SALES TAX NO.	PROOF NO.	PRE PAID	CN. LECT	CREDIT	ACCOUNT NO.	LIST PRICE	NET PRICE	AMOUNT
DM	QUANTITY ORDERED	QUANTITY SHIPPED	B.O.	PRODUCT CODE	PART / ITEM NUMBER	DESCRIPTION	NTI		15	740298-6			
3	3	3		891	55DEF	55 GAL. DEF.					115.50	346.50	
3	3	3		051	2855	55GAL DEF					35.00	105.00	
3	3	3		051	2855	55GAL DEF					35.00	105.00	
1	1	1		601	780	ENVIRONMENTAL & DELIVERY SURCHRG					3.95	3.95	
* NO HAND WRITTEN CORRECTIONS *													
VENDOR # 12543													

GIVE TO CREDIT TO EMAIL													
BARBARA.CAMPESAGRADO@COMPLETEENERGY.COM													
APDEPARTMENT@COMPLETEENERGY.COM													

THANKS FOR YOUR BUSINESS!!													
SALES TAX													
TOTAL													

(701) 440-8364

SPECIAL INSTRUCTIONS:
NO HAND WRITTEN CORRECTS

In addition to the balance due hereon, buyer agrees to pay a time pay differential at the rate of 2% per month on all past due balances. This differential is equivalent to a finance charge of 24% per annum. In the event that it is necessary to collect the amount shown above by judicial process, occasioned by purchasers default, purchaser agrees to pay all costs of collection, all court costs, and a reasonable attorney's fee. Please inspect Contents of Shipment Upon Delivery. Report any damage or shortage and file claim immediately to CARRIER. Our responsibility ceases when carrier issues receipt for shipment. By accepting said merchandise shown on this invoice purchaser hereby agrees to all terms contained herein.

● G = GALLONS
E = EACH C = CASE

☆ INVOICE DUE: 12/10/20 3553282

REMIT TO: P.O. Box 1999 • Billings, MT 59103-19

INVOICE NO.

BRANCH OFFICE PHONE (701) 222-5790 BISMARCK, N.D.	BRANCH OFFICE PHONE (605) 348-2601 RAPID CITY S.D.	BRANCH OFFICE PHONE (509) 535-7820 SPOKANE, WA
BRANCH OFFICE PHONE (406) 549-2341 MISSOULA, MT	BRANCH OFFICE PHONE (208) 376-9596 BOISE, ID	BRANCH OFFICE PHONE (208) 478-6501 POCATELLO, ID
BRANCH OFFICE PHONE (503) 395-2245 PORTLAND, OR	www.a1distributors.com	

ORIGINAL INVOICE

A & I Distributors
(Automotive & Industrial Distributors)
PHONE (406) 245-6443 FAX NO. (406) 256-1113
900 1ST AVENUE NORTH
BILLINGS, MONTANA 59103-1999

SHIP VIA 1

INVOICE NO. 3557916

DATE SHIPPED 1/30/20

FILED BY MT

CHECKED BY MT

DELIVERED BY MT

RECEIVED BY X

PRINT NAME MT

SOLD TO
HANN & PHILLIPS SER 11/09CLRAG
COMPLETE ENERGY SERVICES INC
PO BOX 3907
ENID

OK 73702

SHIPPED TO
HANN & PHILLIPS SERVICE
VENDOR 12543
2670 131 AVENUE NW
ARMENGAARD
ND 56835

QUANTITY ORDERED	QUANTITY SHIPPED	PRICE CHECKED	BRAND	PRODUCT CODE	PART / ITEM NUMBER	YOUR ORDER NO.	ORDER DATE	SALES TAX NO.	PROOF NO.	PRE PAID	COLLECT	CREDIT	ACCOUNT NO.	LIST PRICE	NET PRICE	AMOUNT
1	1	✓	B.O.	141	55PT68	206557 TOM	11/24/20								735.71	735.71
1	1			051	1435										85.00	35.00
1	1			441	55ZELHD5050										384.45	384.45
1	1			051	4455										35.00	35.00
1	1			601	780										3.95	3.95
556AL C1700 PACEMAKER T68 556AL 6 - 14 DRUM DEPOSIT 556AL 2EXEX HD ELIF-5050 2XEDRUG 556AL ANTI-FREEZE DRUM DEPOSIT ENVIRONMENTAL & DELIVERY SURCHRG * NO HAND WRITTEN CORRECTIONS * VENDOR # 12543 ***** GIVE TO CREDIT TO EMAIL BARBARA.CAMP@SAGRADOCOMPLETEEN AFDEPARTMENT@COMPLETEENERGY.COM ***** THANKS FOR YOUR BUSINESS!!																
SALES TAX																59.71
SPECIAL INSTRUCTIONS:																

(701) 440-8364

NO HAND WRITTEN CORRECTS

TOTAL

1,253.82

In addition to the balance due hereon, buyer agrees to pay a time pay differential at the rate of 2% per month on all past due balances. This differential is equivalent to a finance charge of 24% per annum. In the event that it is necessary to collect the amount shown above by judicial process, occasioned by purchasers default, purchaser agrees to pay all costs of collection, all court costs, and a reasonable attorney's fee. Please inspect Contents of Shipment Upon Delivery. Report any damage or Shortage and File Claim Immediately to CARRIER. Our responsibility ceases when carrier issues receipt for shipment. By accepting said merchandise shown on this invoice purchaser hereby agrees to all terms contained herein.

• G = GALLONS
E = EACH C = CASE

REMIT TO: P.O. Box 1999 • Billings, MT 59103-1999

★ INVOICE DUE: 12/10/20 3557916

INVOICE NO.

BRANCH OFFICE PHONE (701) 222-8790 BISMARCK, N.D.	BRANCH OFFICE PHONE (855) 346-2601 RAPID CITY S.D.	BRANCH OFFICE PHONE (509) 535-7820 SPOKANE, WA
BRANCH OFFICE PHONE (406) 549-2341 MISSOULA, MT	BRANCH OFFICE PHONE (208) 376-9596 BOISE, ID	BRANCH OFFICE PHONE (208) 478-6901 POCATELLO, ID
BRANCH OFFICE PHONE (803) 906-2245 PORTLAND, OR		

ORIGINAL INVOICE

A & I Distributors

(Automotive & Industrial Distributors)
 PHONE (406) 245-6443 FAX NO. (406) 256-1113
 900 1st AVENUE NORTH P.O. BOX 1999
 BILLINGS, MONTANA 59103-1999

INVOICE NO. 3555029		SHIP VIA DEL	
DATE SHIPPED	FILLED BY	CHECKED BY	DELIVERED BY
RECEIVED BY: X		PRINT NAME	

SOLD TO
 HAMM & PHILLIPS SER 11/09CLRAG
 COMPLETE ENERGY SERVICES INC
 PO BOX 3907
 ENID OK 73702

Order #: 74285/00
 HAMM & PHILLIPS SERVICE
 VENDOR 12543 11/09RAG
 2670 131 AVENUE NW
 ARNEGARD ND 58835

WRITTEN BY		PRICE CHECKED	SORT		YOUR ORDER NO.		ORDER DATE	SALES TAX NO.	PROOF NO.	PRE PAID	COL. LEFT	CREDIT	ACCOUNT NO.	TERMS				
R.B		QUANTITY ORDERED	QUANTITY SHIPPED	✓	B.O.	PRODUCT CODE	PART / ITEM NUMBER	DESCRIPTION	*NONE			LS	740298-5	CREDIT MEMO				
1	1					051	1455	55GAL. 6 - 14 DRUM DEPOSIT GIVE TO CREDIT TO EMAIL BARBARA.CAMPOS@RADO@COMPLETEENERGY.COM APDEPARTMENT@COMPLETEENERGY.COM ***** PURCHASED ON INVOICE 3549049					●	LIST PRICE	NET PRICE	AMOUNT	*	
															35.00		35.00	
SPECIAL INSTRUCTIONS:																		
SALES TAX																	1.75	

(701) 440-8364

NO HAND WRITTEN CORRECTS

• G = GALLONS
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REMIT TO: P.O. Box 1999 • Billings, MT 59103-1999

☆ INVOICE DUE: 12/10/20 3555029

INVOICE NO.

In addition to the balance due hereon, buyer agrees to pay a time pay differential at the rate of 2% per month on all past due balances. This differential is equivalent to a finance charge of 24% per annum. In the event that it is necessary to collect the amount shown above by judicial process, occasioned by purchasers default, purchaser agrees to pay all costs of collection, all court costs, and a reasonable attorney's fee.
 Please inspect Contents of Shipment Upon Delivery. Report any damage or Shortage and File Claim immediately to CARRIER. Our responsibility ceases when carrier issues receipt for shipment. By accepting said merchandise shown on this invoice purchaser hereby agrees to all terms contained herein.