

Fill in this information to identify the case:

Debtor 1 _____

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of _____

Case number _____

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 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? 3P Processing, LLC
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>3P Processing, LLC</u> Name <u>1702 S. Knight St.</u> Number Street <u>Wichita KS 67213</u> City State ZIP Code Contact phone <u>316-529-0503</u> Contact email <u>accounting@3p-p.com</u>	Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____

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Uniform claim identifier for electronic payments in chapter 13 (if you use one):

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? _____



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 4 5

7. How much is the claim? \$ 600.00. 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 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: _____

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12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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.

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.

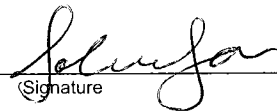
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an 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 04/14/2021
MM / DD / YYYY



(Signature)

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

Name Solinna Sam
First name Middle name Last name

Title Accounting Coordinator

Company 3P Processing, LLC.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1702 S. Knight St.
Number Street

Wichita KS 67213
City State ZIP Code

Contact phone 316-529-0503 Email accounting@3p-p.com

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3P Processing LLC
 A/R Aging QuickZoom
 As of April 14, 2021

1:42 PM
 04/14/21

Type	Date	Num	P. O. #	Name	Terms	Due Date	Aging	Open Balance
TECT AEROSPACE-PARK CITY								
Invoice	03/03/2021	00478043	372149	TECT AEROSPACE...	Net 30	04/02/2021	12	120.00
Invoice	03/17/2021	00479468	372873	TECT AEROSPACE...	Net 30	04/16/2021		300.00
Invoice	04/01/2021	00481136	WMAC-373631	TECT AEROSPACE...	Net 30	05/01/2021		300.00
Total TECT AEROSPACE-PARK CITY								720.00
TOTAL								<u>720.00</u>



3P Processing
1702 S. Knight St.
Wichita, KS
316-943-0731

Invoice: 00479468

Date: 03/17/2021

Terms: NET 30

Bill To:

TECT AEROSPACE-PARK CITY
 ACCTS PAYABLE DEPT 1211 OLD ALBANY RD
 THOMASVILLE, GA 31792

Ship To:

TECT AEROSPACE-PARK CITY
 ACCTS PAYABLE DEPT 1211 OLD
 ALBANY RD
 THOMASVILLE, GA 31792

Ship Via: CUSTOMER PICK UP
Your P.O.: 372873

Plan: **SIK010 FP DP CF AN PR**

Order#	BO#	PO#	Part#	Pricing QTY
10564839	0	372873	06201-02016-109	1

Reference: JOB# PC342580

Product	Description	Quantity	Price	Amount	Unit
ITEM	Part Charge	1	\$290.00	\$290.00	POMIN
WASTE1	Waste Handling Fee	1	\$10.00	\$10.00	POMIN
	Total for order 10564839-0	0	\$0.00	\$300.00	
				Total: \$300.00	

Thank you for choosing 3P!

Failure to notify 3P Processing in writing of any invoice discrepancies within 14 days from invoice date, constitutes acceptance of invoice by customer.

Remit To:

3P Processing LLC
 Dept. # 10434
 PO Box 87618
 Chicago, IL 60680-0618

Via Electronic - ACH or Wires Payments:

Fifth Third Bank
 F/B/O - 3P Processing LLC
 800 W Madison
 Chicago, IL 60607
 ABA# 071923909
 Account# 1700008176



3P Processing
1702 S. Knight St.
Wichita, KS
316-943-0731

Invoice: 00481136

Date: 04/01/2021

Terms: NET 30

Bill To:

TECT AEROSPACE-PARK CITY
 ACCTS PAYABLE DEPT 1211 OLD ALBANY RD
 THOMASVILLE, GA 31792

Ship To:

TECT AEROSPACE-PARK CITY
 ACCTS PAYABLE DEPT 1211 OLD
 ALBANY RD
 THOMASVILLE, GA 31792

Ship Via: CUSTOMER PICK UP

Your P.O.: WMAC-373631

Plan: SIK010 FP DP CF AN PR

Order#	BO#	PO#	Part#	Pricing QTY
10567026	0	WMAC-373631	06201-02016-110	1

Reference: JOB# PC342961

Product	Description	Quantity	Price	Amount	Unit
ITEM	Part Charge	1	\$290.00	\$290.00	POMIN
WASTE1	Waste Handling Fee	1	\$10.00	\$10.00	POMIN
	Total for order 10567026-0	0	\$0.00	\$300.00	
				Total: \$300.00	

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 F/B/O - 3P Processing LLC
 800 W Madison
 Chicago, IL 60607
 ABA# 071923909
 Account# 1700008176