

Fill in this information to identify the case:

Debtor Waypoint Leasing (Ireland) Limited

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

Case number 18-13650

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 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>Amsterdam RAI Hotel and Travel Service</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? Amsterdam RAI Hotel and Travel Service Amsterdam RAI Hotel and Travel Service PO Box 77777 NL 1070 MS Amsterdam, Europaplein 2-22 Amsterdam, . NL-1078 GZ, Netherlands Contact phone <u>0031 020 549 19 12</u> Contact email <u>s.schindeler@rai.nl</u>	Where should payments to the creditor be sent? (if different) Contact phone _____ Contact email _____
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) 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>00477785</u>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div>\$ € <u>3.952,53</u></div><div>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).</div></div>
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>catering</u></p>
9. Is all or part of the claim secured?	<div style="margin-bottom: 10px;"><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <div style="margin-top: 5px;"><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> <div style="margin-top: 20px;">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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div></div>
10. Is this claim based on a lease?	<div style="margin-bottom: 10px;"><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 style="margin-bottom: 10px;"><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 \$2,850* 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 \$12,850*) 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 4/01/19 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 05/13/2019
MM / DD / YYYY

/s/S. Schindeler
Signature

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

Name S. Schindeler
First name Middle name Last name

Title credit control

Company RAI Amsterdam B.V.
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) 733-1446 | International (310) 751-2635

Debtor: 18-13650 - Waypoint Leasing (Ireland) Limited District: Southern District of New York, New York Division		
Creditor: Amsterdam RAI Hotel and Travel Service Amsterdam RAI Hotel and Travel Service PO Box 77777 NL 1070 MS Amsterdam Europaplein 2-22 Amsterdam, ., NL-1078 GZ Netherlands Phone: 0031 020 549 19 12 Phone 2: Fax: Email: s.schindeler@rai.nl	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: catering	Last 4 Digits: Yes - 00477785	Uniform Claim Identifier:
Total Amount of Claim: € 3.952,53	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: S. Schindeler on 13-May-2019 6:43:01 a.m. Eastern Time Title: credit control Company: RAI Amsterdam B.V.		

RAI Hotel Services

Waypoint Leasing (Ireland) Ltd.
Financial Department
8 Riverpoint, Bishops Quay
LIMERICK DB
Ireland

P.O. Box 77777
NL-1070 MS Amsterdam
Europaplein 2-22
NL-1078 GZ Amsterdam
Credit Control Department
E: creditcontrol@rai.nl
T +31 (0)20 549 12 12

Bank details:

Beneficiary name: RAI Amsterdam B.V.
Bank address: De entree 99
1101 HE Amsterdam
Deutsche Bank: 54.96.42.528
IBAN: NL28 DEUT 0549 6425 28
Swiftcode: DEUTNL2N

Final Invoice

Event: Helitech International 2018
Period: 16-10-2018 - 18-10-2018
Your contact person: Ms. S Ward
Customer number: 00477785
VAT number: IE2978580AH
Order number(s): 814.582
Number of invoice: **400779762**
Reference: 27635 - Waypoint Leasing / HELI18 / BB
Date of invoice: 10-Nov-2018

Description	Amount (EUR)
Hotel American Hotel Amsterdam	1.965,84
Hotel Marriott Amsterdam	11.867,35
Total order amount (excl. VAT)	13.833,19
City Tax (non-refundable) ³	792,88
o VAT 0% over € -15.668,06	0,00
1 VAT 6% over € 13.347,19	800,83
Total Order amount (incl. VAT and City Tax)	15.426,90
Already charged with invoice 400761502 4-9-2018	4.236,74
Already charged with invoice 400761503 4-9-2018	4.236,73
Already charged with invoice 400761504 4-9-2018	8.473,47
Total already invoiced	16.946,94
Invoice Total (incl. VAT)	-1.520,04

Number of invoice: 400779762 Description	Quantity	Rate ex. VAT	Amount (EUR)
27635 - Waypoint Leasing / HELI18 / BB			
Hotel American Hotel Amsterdam			
Althoff, Oliver-3005430:			
14-10-2018 - 19-10-2018			
City Tax (non-refundable) ³	4	12,17	48,68 °
Room rate ¹	4	216,98	867,92 ¹
Total charges No show night / Cancellations	1	230,00	230,00 °
Total charges			1.146,60
Schechter, Marc-3005432:			
15-10-2018 - 19-10-2018			
City Tax (non-refundable) ³	4	12,17	48,68 °
Room rate ¹	4	216,98	867,92 ¹
Total charges			916,60
Total Hotel American Hotel Amsterdam			2.063,20
Hotel Marriott Amsterdam			
Barber, Con-2989085:			
14-10-2018 - 18-10-2018			
City Tax (non-refundable) ³	4	14,49	57,96 °
Room rate ¹	4	241,51	966,04 ¹
Total charges			1.024,00
Bay, Steffen-2989093:			
15-10-2018 - 18-10-2018			
City Tax (non-refundable) ³	3	14,49	43,47 °
Room rate ¹	3	241,51	724,53 ¹
Total charges			768,00
Dahm, Peter-2989089:			
14-10-2018 - 19-10-2018			
City Tax (non-refundable) ³	5	14,49	72,45 °
Room rate ¹	5	241,51	1.207,55 ¹
Total charges			1.280,00
Dahm, Simon-2989091:			
14-10-2018 - 19-10-2018			
City Tax (non-refundable) ³	5	14,49	72,45 °
Room rate ¹	5	241,51	1.207,55 ¹
Total charges			1.280,00
Gorsky, David-2989087:			
15-10-2018 - 18-10-2018			
City Tax (non-refundable) ³	3	14,49	43,47 °
Room rate ¹	3	241,51	724,53 ¹
Total charges			768,00
Graebner, Fabian-3007137:			
15-10-2018 - 19-10-2018			
City Tax (non-refundable) ³	4	14,49	57,96 °
Room rate ¹	4	241,51	966,04 ¹
Total charges			1.024,00

Number of invoice: 400779762 Description	Quantity	Rate ex. VAT	Amount (EUR)
Hotel Marriott Amsterdam			
Gurekian, Ian-2989083:			
15-10-2018 - 18-10-2018			
City Tax (non-refundable) ³	3	14,49	43,47 °
Room rate ¹	3	241,51	724,53 ¹
Total charges			768,00
Jenkins, Alan-2989096:			
16-10-2018 - 17-10-2018			
Total charges No show night / Cancellations	1	256,00	256,00 °
Total charges			256,00
Kessler, Nadav #-2993468:			
15-10-2018 - 19-10-2018			
Total charges			0,00
Leonard, Shane-2989094:			
15-10-2018 - 18-10-2018			
City Tax (non-refundable) ³	3	14,49	43,47 °
Room rate ¹	3	241,51	724,53 ¹
Total charges			768,00
McNee, Kyle-2989086:			
15-10-2018 - 19-10-2018			
City Tax (non-refundable) ³	4	14,49	57,96 °
Room rate ¹	4	241,51	966,04 ¹
Total charges			1.024,00
Rasselet, Julien-2989095:			
15-10-2018 - 18-10-2018			
City Tax (non-refundable) ³	3	14,49	43,47 °
Extra charge excl. 6% VAT ¹	1	18,87	18,87 ¹
Room rate ¹	3	241,51	724,53 ¹
<i>Extra breakfast</i>			
Total charges			786,87
Sackowitz, Karen-2989081:			
12-10-2018 - 19-10-2018			
City Tax (non-refundable) ³	7	14,49	101,43 °
Room rate ¹	7	241,51	1.690,57 ¹
Total charges			1.792,00
Tiago, Melinda #-2989090:			
15-10-2018 - 20-10-2018			
City Tax (non-refundable) ³	4	14,49	57,96 °
Room rate ¹	4	241,51	966,04 ¹
Total charges			1.024,00
Total Hotel Marriott Amsterdam			12.562,87
Total charges 27635 - Waypoint Leasing / HELI18 / BB			14.626,07

Total order amount (excl. VAT)		14.626,07
Already charged with invoice	400761502 4-Sep-2018	4.236,74
Already charged with invoice	400761503 4-Sep-2018	4.236,73
Already charged with invoice	400761504 4-Sep-2018	8.473,47
Total (excl. VAT)		-2.320,87
o	VAT 0% over € -15.668,06	0,00
1	VAT 6% over € 13.347,19	800,83
Invoice total (incl. VAT)		-1.520,04

The amount of this credit invoice will be refunded to your account or deducted from your outstanding invoices. In case of a refund, please send us your bank details.
(e-mail: creditcontrol@rai.nl).

Exhibitor Services

Waypoint Leasing (Ireland) Ltd.
Financial Department
8 Riverpoint, Bishops Quay
LIMERICK DB
Ireland

P.O. Box 77777
NL-1070 MS Amsterdam
Europaplein 2-22
NL-1078 GZ Amsterdam
Credit Control Department
E: creditcontrol@rai.nl
T +31 (0)20 549 12 12

Bank details:

Beneficiary name: RAI Amsterdam B.V.
Bank address: De entree 99
1101 HE Amsterdam
Deutsche Bank: 46.62.68.157
IBAN: NL42 DEUT 0466 2681 57
Swiftcode: DEUTNL2N

Final invoice

Subject: Helitech International 2018
Period: 16-10-2018 - 18-10-2018
Your contact person: Ms. K. Sackowitz
Customer number: 00477785
VAT number: IE2978580AH
Number of invoice: **400778797**
Your reference: .
Date of invoice: 6-Nov-2018
Due Date: Please pay directly

Number of invoice: 400778797				
Description		Quantity	Price p/u	Amount (EUR)
16-10-2018				
Location G50				
Champagne Laurent-Perrier Brut (Champagne, France)		4,00 btl	56,30	225,20 ⁴
Cocktail reception Deluxe (2 hrs.)		75,00 prs	46,30	3.472,50 ^x
x 21% VAT non deductible over € 585,00, 6% VAT non deductible over € 1.946,25, shifted to recipient € 941,25				
Shakerboys		1,00 ea	1.210,00	1.210,00 ²
Total Location G50				4.907,70
Total order amount (excl. VAT)				4.907,70
Total (excl. VAT)				4.907,70
0 VAT shifted to recipient over € 941,25				0,00
3 VAT 6% non deductible over € 1.946,25				116,78
2 VAT 21% over € 1.210,00				254,10
4 VAT 21% non deductible over € 810,20				170,14
Invoice total (incl. VAT)				5.448,72

Credit Card Form

Invoice:

400778797

Hereby we authorize RAI Amsterdam B.V. to debit our credit-card for the amount of

EUR: 5.448,72

NAME COMPANY: Waypoint Leasing (Ireland) Ltd.

CLIENT NUMBER: 00477785 / 0001057127

NAME CREDIT-CARD HOLDER:

.....

PHONE NUMBER CARD HOLDER:

.....

ADDRESS CARD HOLDER:

.....

NAME CREDIT-CARD:

☐ Visa ☐ Amex ☐ Master ☐ Diners

CREDIT-CARD NUMBER *:

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CARD VALIDATION CODE (CVC)**:

--	--	--	--

EXPIRATION DATE:

		/		
--	--	---	--	--

SIGNATURE CARD HOLDER:

.....

Please, mail this form to RAI Amsterdam

Thank you in advance

RAI Amsterdam B.V.

Credit Control

Phone: +31 20 549 1922

creditcontrol@rai.nl

* (16 digits for Visa, Master and Diners; 15 digits for AMEX)

** 3 digits, written on the back side of the credit card signature, 4 digits for AMEX(CID) written on the front side

Exhibitor Services

Waypoint Leasing (Ireland) Ltd.
Financial Department
8 Riverpoint, Bishops Quay
LIMERICK DB
Ireland

P.O. Box 77777
NL-1070 MS Amsterdam
Europaplein 2-22
NL-1078 GZ Amsterdam
Credit Control Department
E: creditcontrol@rai.nl
T +31 (0)20 549 12 12

Bank details:

Beneficiary name: RAI Amsterdam B.V.
Bank address: De entree 99
1101 HE Amsterdam
Deutsche Bank: 46.62.68.157
IBAN: NL42 DEUT 0466 2681 57
Swiftcode: DEUTNL2N

Invoice

Subject: Helitech International 2018
Period: 16-10-2018 - 18-10-2018
Your contact person: Ms. K. Sackowitz
Customer number: 00477785
VAT number: IE2978580AH
Order number(s): 830.491
Number of invoice: **400774298**
Date of invoice: 24-Oct-2018
Due Date: Please pay directly

Booth number: G50

Number of invoice: 400774298				
Description		Quantity	Price p/u	Amount (EUR)
General				
Residual waste wheelie bin (240 l)		1,00 ea	23,85	23,85 ⁰
Total General				23,85
	Total order amount			23,85
	Payable in advance 100 %			23,85
	Total			23,85
	0 VAT shifted to recipient over € 23,85			0,00
	Invoice total			23,85

Credit Card Form

Invoice:

400774298

Hereby we authorize RAI Amsterdam B.V. to debit our credit-card for the amount of

EUR: 23,85

NAME COMPANY: Waypoint Leasing (Ireland) Ltd.

CLIENT NUMBER: 00477785 / 0001057127

NAME CREDIT-CARD HOLDER:

.....

PHONE NUMBER CARD HOLDER:

.....

ADDRESS CARD HOLDER:

.....

NAME CREDIT-CARD:

☐ Visa ☐ Amex ☐ Master ☐ Diners

CREDIT-CARD NUMBER *:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CARD VALIDATION CODE (CVC)**:

--	--	--	--

EXPIRATION DATE:

		/		
--	--	---	--	--

SIGNATURE CARD HOLDER:

.....

Please, mail this form to RAI Amsterdam

Thank you in advance

RAI Amsterdam B.V.

Credit Control

Phone: +31 20 549 1922

creditcontrol@rai.nl

* (16 digits for Visa, Master and Diners; 15 digits for AMEX)

** 3 digits, written on the back side of the credit card signature, 4 digits for AMEX(CID) written on the front side