Fill in this information to identify the case:					
Debtor	Garrett Motion Inc.				
United States Ba	inkruptcy Court for the: Southern	District of New York (State)			
Case number	20-12212				

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.

P	Part 1: Identify the Claim					
1.	Who is the current creditor?	A ECONOMIA REALE BILANCIATO ITALIA 55 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? A ECONOMIA REALE BILANCIATO ITALIA 55 DRRT FBO Arca Fondi SGR S.p.A. 340 West Flagler Street Suite 201 Miami, Florida 33130 Contact phone 7862355000 Contact email ppmclaims@drrt.com Uniform claim identifier for electronic payments in chapter 13 (if you use of	Where should payments to the creditor be sent? (if different) Contact phone Contact email			
4.	Does this claim amend one already filed?	 No ✓ Yes. Claim number on court claims registry (if known)	Filed on			
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?				

Official Form 410 Proof of Claim

Part 2: Give Information Abo		out the Claim as of the Date the Case Was Filed
6 Do v	ou have any number	No.

6.	Do you have any number you use to identify the	No No
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$ See Attachment 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.
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.
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:

Proof of Claim

12. Is all or part of the claim	☑ No			
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Chec	ck all that apply:	Amount entitled to priority	
A claim may be partly priority and partly		estic support obligations (including alimony and child support) under S.C. § 507(a)(1)(A) or (a)(1)(B).	\$	
nonpriority. For example, in some categories, the law limits the amount		\$3,025* of deposits toward purchase, lease, or rental of property rvices for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$	
entitled to priority.	days	es, salaries, or commissions (up to \$13,650*) earned within 180 before the bankruptcy petition is filed or the debtor's business ends, never is earlier. 11 U.S.C. § 507(a)(4).	\$	
	☐ Taxes	s or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$	
	Contr	ibutions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$	
	Other	r. 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)?	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.	I am the trus I am a guara I understand that a the amount of the I have examined t	ditor. ditor's attorney or authorized agent. tee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. Intor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. In authorized signature on this <i>Proof of Claim</i> serves as an acknowled claim, the creditor gave the debtor credit for any payments received to the information in this <i>Proof of Claim</i> and have reasonable belief that the enalty of perjury that the foregoing is true and correct. 02/25/2021 MM / DD / YYYYY MM / DD / MM / DD	ward the debt.	
	/ <i>S/ALEXanaer</i> Signature	· Keus		
Print the name of the person who is completing and signing this claim:				
	Name	Alexander Reus First name Middle name Last r	name	
	Title	Managing Partner		
	Company	_DRRT Identify the corporate servicer as the company if the authorized agent is a servicer		
	Address			
	Contact phone	Fmail		

Official Form 410 Proof of Claim