


**Fill in this information to identify the case:**

Debtor 1 Avianca Holdings S.A., et al

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

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

Case number 20-11133 (MG)

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? Aerofab NDT 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)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>Aerofab NDT LLC</u> Name <u>8629 S 212th St</u> Number Street <u>Kent WA 98031</u> City State ZIP Code Contact phone <u>253-395-8706</u> Contact email <u>sswanstrom@aerofabndt.com</u>	_____ Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email

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JUN 25 2020

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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? \_\_\_\_\_



201113320062500000000015

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: \_\_\_\_\_

7. How much is the claim? \$ 980.10 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. Goods sold. Invoices 6582 and 6590

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.)

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Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_

Annual Interest Rate (when case was filed) \_\_\_\_\_%

Fixed  Variable

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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)?  No

Yes. Check one:

<input type="checkbox"/> 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 \$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> 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.

**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:

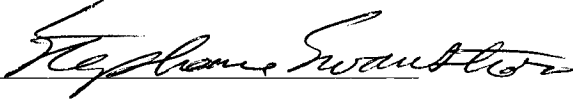
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 06/18/2020  
MM / DD / YYYY

Stephanie Swanstrom   
Signature

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

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KURTZMAN CARSON CONSULTANTS

Name Stephanie R Swanstrom  
First name Middle name Last name

Title Office Manager

Company Aerofab NDT LLC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 8629 S 212th St  
Number Street

Kent WA 98031  
City State ZIP Code

Contact phone 253-395-8706 Email sswanstrom@aerofabndt.com

Claim #11133 (MG)

# Original Invoice



8629 S 212th St  
 Kent, WA 98031  
 USA  
 sales@aerofabndt.com

Date	Invoice #
4/20/2020	6582

Bill To
Avianca Inc Attn: Accounts Payable PO BOX 523987 Miami, FL 33152

Ship To
Avianca Holding / TACA Internaitonal 1950 NW 66TH AVE, BLDG 708 DOORS 71 TO 79 MIAMI, FLORIDA 33126

P.O. No.	Terms	Ship Via
PO672720	Net 30	Federal Express

Part Number	Description	Equivalent	Qty	Rate	Amount
99N28207315000	AIRBUS REFERENCE STANDARD A318-A321 28-28-03-PB6. Includes Test Report and Certificate of Conformance.	N/A	1	387.00	387.00
AF-5019/TF	CUSTOM ROHMANN HIGH FREQUENCY PROBE, 100KHz-500KHz SUPPLIED WITH A TRIAX FISCHER/LEMO PUSH/PULL CONNECTOR. REFERENCE: AIRBUS A318/A319/A320/A321 CARGO DOOR. Includes Test Report and Certificate of Conformance	KDB7H1658-03-1	1	209.00	209.00
10% DISCOUNT		N/A		-10.00%	596.00 -59.60
ALL GOODS MANUFACTURED IN THE USA Shipper's EIN: 46-2683414					

Tariff Code : 90249000 ECCN: EAR99 No License Required EIN: 46-2683414	Signature:	<b>Total \$USD</b>	<b>\$536.40</b>
	Phone # (253)395-8706		

1 844-495-9219 Toll Free

Claim # 11133 (MG)

# Original Invoice



8629 S 212th St  
 Kent, WA 98031  
 USA  
 sales@aerofabndt.com

Date	Invoice #
4/22/2020	6590

Bill To
Avianca Inc Attn: Accounts Payable PO BOX 523987 Miami, FL 33152

Ship To
Avianca Holding / TACA Internaitonal 1950 NW 66TH AVE, BLDG 708 DOORS 71 TO 79 MIAMI, FLORIDA 33126

P.O. No.	Terms	Ship Via
P0674720	Net 30	Federal Express

Part Number	Description	Equivalent	Qty	Rate	Amount
99D57103014000	AIRBUS REFERENCE STANDARD A318 - A321 57-11-85-PB 4. Surface Annodizing, Primer+ Top Coat. Includes Test Report and Certificate of Conformance.	N/A	1	219.00	219.00
AFX-535AT	EXTRA SMALL 5MHz 35° DEGREE MINI ANGLE BEAM TRANSDUCER(SSX 535AT). CASE SIZE: .300" LONG x .250" WIDE. Includes Test Report and Certificate of Conformance.	SSX535AT	1	274.00	274.00
10% DISCOUNT		N/A		-10.00%	493.00 -49.30
ALL GOODS MANUFACTURED IN THE USA Shipper's EIN: 46-2683414					

Tariff Code : 90249000 ECCN: EAR99 No License Required EIN: 46-2683414	Signature:	<b>Total \$USD</b>	<b>\$443.70</b>
Phone # (253)395-8706	1 844-495-9219 Toll Free		