

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

Debtor Avianca Holdings S.A.

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

Case number 20-11133

**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**

<b>1. Who is the current creditor?</b>	<u>ABM Industries, Inc.</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>ABM, ABM Aviation</u>	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  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>
	ABM Industries, Inc. Jacob Alexander Thomas 4151 Ashford Dunwoody Rd, #600 Atlanta, GA 30319, United States	
	Contact phone <u>4049269576</u>	Contact phone _____
	Contact email <u>bankruptcy@abm.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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?  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? \$ 32,311.60. 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 or property:**  
 Real estate: If the claim is secured by the debtor's principle 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 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) \_\_\_\_\_ %  
 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: \_\_\_\_\_



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:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<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.

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 01/20/2021  
MM / DD / YYYY

/s/Jacob Alexander Thomas  
Signature

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

Name Jacob Alexander Thomas  
First name Middle name Last name

Title Assistant Secretary

Company ABM  
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 (866) 967-1780 | International + 1 (310) 751-2680

<b>Debtor:</b> 20-11133 - Avianca Holdings S.A.		
<b>District:</b> Southern District of New York, New York Division		
<b>Creditor:</b> ABM Industries, Inc. Jacob Alexander Thomas 4151 Ashford Dunwoody Rd, #600  Atlanta, GA, 30319 United States <b>Phone:</b> 4049269576 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> bankruptcy@abm.com	<b>Has Supporting Documentation:</b> Yes, please mail physical supporting documentation	
	<b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No	
		<b>Related Claim Filed By:</b>
		<b>Filing Party:</b> Authorized agent
<b>Other Names Used with Debtor:</b> ABM, ABM Aviation	<b>Amends Claim:</b> No	
	<b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Services performed	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 32,311.60	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No	<b>Nature of Secured Amount:</b>	
<b>Amount of 503(b)(9):</b> No	<b>Value of Property:</b>	
<b>Based on Lease:</b> No	<b>Annual Interest Rate:</b>	
<b>Subject to Right of Setoff:</b> No	<b>Arrearage Amount:</b>	
	<b>Basis for Perfection:</b>	
	<b>Amount Unsecured:</b>	
<b>Submitted By:</b> Jacob Alexander Thomas on 20-Jan-2021 8:50:53 p.m. Eastern Time		
<b>Title:</b> Assistant Secretary		
<b>Company:</b> ABM		



AIR SERV  
4151 ASHFORD DUNWOODY ROAD, SUITE 600  
ATLANTA, GA 30319

# INVOICE

INVOICE # INVOICE DATE

15038484 04/08/20

CLIENT # JOB #

7265822 75180015

CLIENT PO # DUE DATE

05/08/20

CLIENT

AVIANCA AIRLINES IAD LOBBY  
POST OFFICE BOX 20025  
DULLES INTERNATIONAL  
WASHINGTON, DC 20041

SERVICE LOCATION

IAD AVIANCA LSQM  
1 SAARINEN CIR SAARINEN CENTER MA-210  
DULLES, VA 20166

### SERVICES FOR DECEMBER 2019

REMARKS	UNITS	RATE	AMOUNT	TAX RATE	TAX	TOTAL
PASSENGER VERIFICATION AGENT	2,343.99EA	1.0000	2,343.99	0.000%	0.00	2,343.99

RECEIVED

JAN 28 2021

KURTZMAN CARSON CONSULTANTS

Send ACH Payments To:  
BANK OF AMERICA  
Account # 1499505328  
Transit # 122000030  
Remittances: ACH@ABM.com

Please note:  
Our NEW Remit To address:  
PO BOX 419860  
BOSTON, MA 02241-9860

PRE-TAX TOTAL	\$2,343.99
TAX	\$0.00
TOTAL	\$2,343.99

For questions about this invoice, email [ABM.Billing@abm.com](mailto:ABM.Billing@abm.com).  
For all other inquiries, please contact your ABM Representative.

!!!IMPORTANT NOTICE!!! PLEASE CALL ABM AT 713-776-5052 TO REPORT ANY ATTEMPT TO CHANGE THE REMITTANCE INSTRUCTIONS LISTED ON THIS INVOICE



AIR SERV  
 4151 ASHFORD DUNWOODY ROAD, SUITE 600  
 ATLANTA, GA 30319

# INVOICE

**INVOICE #** **INVOICE DATE**

15043196 04/09/20

**CLIENT #** **JOB #**

7265822 75180015

**CLIENT PO #** **DUE DATE**

05/09/20

**CLIENT**

AVIANCA AIRLINES IAD LOBBY  
 POST OFFICE BOX 20025  
 DULLES INTERNATIONAL  
 WASHINGTON, DC 20041

**SERVICE LOCATION**

IAD AVIANCA LSQM  
 1 SAARINEN CIR SAARINEN CENTER MA-210  
 DULLES, VA 20166

### SERVICES FOR JANUARY 2020

REMARKS	UNITS	RATE	AMOUNT	TAX RATE	TAX	TOTAL
PASSENGER VERIFICATION AGENT	2,879.14 EA	1.0000	2,879.14	0.000%	0.00	2,879.14

**Send ACH Payments To:**

BANK OF AMERICA  
 Account # 1499505328  
 Transit # 122000030  
 Remittances: ACH@ABM.com

**Please note:**

**Our NEW Remit To address:**

PO BOX 419860  
 BOSTON, MA 02241-9860

<b>PRE-TAX TOTAL</b>	<b>\$2,879.14</b>
<b>TAX</b>	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$2,879.14</b>

For questions about this invoice, email [ABM.Billing@abm.com](mailto:ABM.Billing@abm.com).  
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AIR SERV  
4151 ASHFORD DUNWOODY ROAD, SUITE 600  
ATLANTA, GA 30319

**CLIENT**

AVIANCA AIRLINES IAD LOBBY  
POST OFFICE BOX 20025  
DULLES INTERNATIONAL  
WASHINGTON, DC 20041

# INVOICE

**INVOICE #                      INVOICE DATE**

15086561                      04/21/20

**CLIENT #                      JOB #**

7265822                      75180015

**CLIENT PO #                      DUE DATE**

05/21/20

**SERVICE LOCATION**

IAD AVIANCA LSQM  
1 SAARINEN CIR SAARINEN CENTER MA-210  
DULLES, VA 20166

**SERVICES FOR FEBRUARY 2020**

REMARKS	UNITS	RATE	AMOUNT	TAX RATE	TAX	TOTAL
PASSENGER VERIFICATION AGENT	3,068.64 EA	1.0000	3,068.64	0.000%	0.00	3,068.64

**Send ACH Payments To:**

BANK OF AMERICA  
Account # 1499505328  
Transit # 122000030  
Remittances: ACH@ABM.com

**Please note:**

**Our NEW Remit To address:**

PO BOX 419860  
BOSTON, MA 02241-9860

<b>PRE-TAX TOTAL</b>	<b>\$3,068.64</b>
<b>TAX</b>	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$3,068.64</b>

For questions about this invoice, email [ABM.Billing@abm.com](mailto:ABM.Billing@abm.com).  
For all other inquiries, please contact your ABM Representative.

**!!!IMPORTANT NOTICE!!! PLEASE CALL ABM AT 713-776-5052 TO REPORT ANY ATTEMPT TO CHANGE THE REMITTANCE INSTRUCTIONS LISTED ON THIS INVOICE**





AIR SERV  
 4151 ASHFORD DUNWOODY ROAD, SUITE 600  
 ATLANTA, GA 30319

# INVOICE

**INVOICE #**                      **INVOICE DATE**

15038494                              04/08/20

**CLIENT #**                              **JOB #**

7265989                                      75180034

**CLIENT PO #**                              **DUE DATE**

04/23/20

**CLIENT**

TACA – IADLOB  
 ATTN: ACCOUNTS PAYABLE  
 POST OFFICE BOX 20025  
 DULLES INTERNATIONAL  
 WASHINGTON, DC 20041

**SERVICE LOCATION**

IAD TACA LSQM  
 1 SAARINEN CIR SAARINEN CENTER MA-210  
 DULLES, VA 20166

**SERVICES FOR DECEMBER 2019**

REMARKS	UNITS	RATE	AMOUNT	TAX RATE	TAX	TOTAL
PASSENGER VERIFICATION AGENT	5,488.66 EA	1.0000	5,488.66	0.000%	0.00	5,488.66

**Send ACH Payments To:**

BANK OF AMERICA  
 Account # 1499505328  
 Transit # 122000030  
 Remittances: ACH@ABM.com

**Please note:**

**Our NEW Remit To address:**

PO BOX 419860  
 BOSTON, MA 02241-9860

<b>PRE-TAX TOTAL</b>	<b>\$5,488.66</b>
<b>TAX</b>	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$5,488.66</b>

For questions about this invoice, email [ABM.Billing@abm.com](mailto:ABM.Billing@abm.com).  
 For all other inquiries, please contact your ABM Representative.

**!!!!IMPORTANT NOTICE!!!! PLEASE CALL ABM AT 713-776-5052 TO REPORT ANY ATTEMPT TO CHANGE THE REMITTANCE INSTRUCTIONS LISTED ON THIS INVOICE**





AIR SERV  
4151 ASHFORD DUNWOODY ROAD, SUITE 600  
ATLANTA, GA 30319

**CLIENT**

TACA - IADLOB  
ATTN: ACCOUNTS PAYABLE  
POST OFFICE BOX 20025  
DULLES INTERNATIONAL  
WASHINGTON, DC 20041

# INVOICE

**INVOICE #**                      **INVOICE DATE**

15043207                              04/09/20

**CLIENT #**                              **JOB #**

7265989                                      75180034

**CLIENT PO #**                              **DUE DATE**

04/24/20

**SERVICE LOCATION**

IAD TACA LSQM  
1 SAARINEN CIR SAARINEN CENTER MA-210  
DULLES, VA 20166

### SERVICES FOR JANUARY 2020

REMARKS	UNITS	RATE	AMOUNT	TAX RATE	TAX	TOTAL
PASSENGER VERIFICATION AGENT	6,820.31 EA	1.0000	6,820.31	0.000%	0.00	6,820.31

**Send ACH Payments To:**

BANK OF AMERICA  
Account # 1499505328  
Transit # 122000030  
Remittances: ACH@ABM.com

**Please note:**

**Our NEW Remit To address:**

PO BOX 419860  
BOSTON, MA 02241-9860

<b>PRE-TAX TOTAL</b>	<b>\$6,820.31</b>
<b>TAX</b>	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$6,820.31</b>

For questions about this invoice, email [ABM.Billing@abm.com](mailto:ABM.Billing@abm.com).  
For all other inquiries, please contact your ABM Representative.

**!!!IMPORTANT NOTICE!!! PLEASE CALL ABM AT 713-776-5052 TO REPORT ANY ATTEMPT TO CHANGE THE REMITTANCE INSTRUCTIONS LISTED ON THIS INVOICE**



AIR SERV  
4151 ASHFORD DUNWOODY ROAD, SUITE 600  
ATLANTA, GA 30319

**CLIENT**

TACA - IADLOB  
ATTN: ACCOUNTS PAYABLE  
POST OFFICE BOX 20025  
DULLES INTERNATIONAL  
WASHINGTON, DC 20041

# INVOICE

**INVOICE #                      INVOICE DATE**

15086572                      04/21/20

**CLIENT #                      JOB #**

7265989                      75180034

**CLIENT PO #                      DUE DATE**

05/06/20

**SERVICE LOCATION**

IAD TACA LSQM  
1 SAARINEN CIR SAARINEN CENTER MA-210  
DULLES, VA 20166

### SERVICES FOR FEBRUARY 2020

REMARKS	UNITS	RATE	AMOUNT	TAX RATE	TAX	TOTAL
PASSENGER VERIFICATION AGENT	5,647.13 EA	1.0000	5,647.13	0.000%	0.00	5,647.13

**Send ACH Payments To:**

BANK OF AMERICA  
Account # 1499505328  
Transit # 122000030  
Remittances: ACH@ABM.com

**Please note:**

**Our NEW Remit To address:**

PO BOX 419860  
BOSTON, MA 02241-9860

<b>PRE-TAX TOTAL</b>	<b>\$5,647.13</b>
<b>TAX</b>	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$5,647.13</b>

For questions about this invoice, email [ABM.Billing@abm.com](mailto:ABM.Billing@abm.com).  
For all other inquiries, please contact your ABM Representative.

**!!!!IMPORTANT NOTICE!!!! PLEASE CALL ABM AT 713-776-5052 TO REPORT ANY ATTEMPT TO CHANGE THE REMITTANCE INSTRUCTIONS LISTED ON THIS INVOICE**



AIR SERV  
 4151 ASHFORD DUNWOODY ROAD, SUITE 600  
 ATLANTA, GA 30319

**CLIENT**

TACA - IADLOB  
 ATTN: ACCOUNTS PAYABLE  
 POST OFFICE BOX 20025  
 DULLES INTERNATIONAL  
 WASHINGTON, DC 20041

# INVOICE

**INVOICE #                      INVOICE DATE**

15296400                      07/14/20

**CLIENT #                      JOB #**

7265989                      75180034

**CLIENT PO #                      DUE DATE**

07/29/20

**SERVICE LOCATION**

IAD TACA LSQM  
 1 SAARINEN CIR SAARINEN CENTER MA-210  
 DULLES, VA 20166

**SERVICES FOR MARCH 2020**

REMARKS	UNITS	RATE	AMOUNT	TAX RATE	TAX	TOTAL
PASSENGER VERIFICATION AGENT	2,729.75EA	1.0000	2,729.75	0.000%	0.00	2,729.75

**Send ACH Payments To:**

BANK OF AMERICA  
 Account # 1499505328  
 Transit # 122000030  
 Remittances: ACH@ABM.com

**Please note:**

**Our NEW Remit To address:**

PO BOX 419860  
 BOSTON, MA 02241-9860

<b>PRE-TAX TOTAL</b>	<b>\$2,729.75</b>
<b>TAX</b>	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$2,729.75</b>

For questions about this invoice, email [ABM.Billing@abm.com](mailto:ABM.Billing@abm.com).  
 For all other inquiries, please contact your ABM Representative.

**!!!!IMPORTANT NOTICE!!!! PLEASE CALL ABM AT 713-776-5052 TO REPORT ANY ATTEMPT TO CHANGE THE REMITTANCE INSTRUCTIONS LISTED ON THIS INVOICE**