

Fill in this information to identify the case:

Debtor Pattonair USA, Inc.

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

Case number 23-90604

Official Form 410
Proof of Claim

04/22

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>AEROSPACE MANUFACTURING 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 _____	
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? 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>AEROSPACE MANUFACTURING INC</u> <u>80 VAN WINKLE AVENUE</u> <u>WALLINGTON, NJ 07057, USA</u>	
	Contact phone <u>973-472-2300</u>	Contact phone _____
	Contact email <u>accounting@aero-space.us</u>	Contact email _____
	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? 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? \$ 12,378.00. 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.
Good Sold

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)?

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 \$3,350* 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 \$15,150*) 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 4/01/25 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.

\$ 5,550.00

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 10/09/2023
MM / DD / YYYY

/s/Philippe A. Hakimi
Signature

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

Name Philippe A. Hakimi
First name Middle name Last name

Title Director

Company Aerospace Manufacturing Inc.
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) 251-2937 | International (310) 751-2613

Debtor: 23-90604 - Pattonair USA, Inc.		
District: Southern District of Texas, Houston Division		
Creditor: AEROSPACE MANUFACTURING INC 80 VAN WINKLE AVENUE WALLINGTON, NJ, 07057 USA Phone: 973-472-2300 Phone 2: Fax: 973-472-4120 Email: accounting@aero-space.us	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: Good Sold	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 12,378.00	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): Yes: 5,550.00 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: Philippe A. Hakimi on 09-Oct-2023 3:25:40 p.m. Eastern Time Title: Director Company: Aerospace Manufacturing Inc.		

AEROSPACE MANUFACTURING, INC.

80 VAN WINKLE AVENUE, P.O. BOX 3398

WALLINGTON, NJ 07057

PHONE: (973) 472-2300

FAX: (973) 472-4120

INVOICE

85659

PAGE: 1

TXAP01

S PATTONAIR (dba Incora)
O 2601 MEACHAM BLVD
L STE 400
D FORT WORTH, TX 76137
T
O

S INCORA
H 4250 DALE EARNHARDT WAY
I SUITE 100
P NORTHLAKE, TX76262
T
O

CUSTOMER NO.

TXAP01

DATE	SLSMN	SHIPPED VIA	ORD. DATE	ORDER NO.	TERMS	INVOICE NO.	INV. DATE	INV. NO.
02/22/23	H	FedEx Ground	02/21/23	R231458	NET 30 DAYS	85659	02/22/23	85659

ITEM DESCRIPTION SERIAL NO	QUANTITIES	UNIT	UNIT PRICE	AMOUNT
NAS6610-58	Ord. Qty 13			
5/B 8740 HEX AM1160	Ship Qty 13	EACH	198.50	2,580.50
	Back Qty 0			

E MAILED

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

TERMS: All claims must be made within 15 days of receipt of order. Unauthorized returns will not be accepted. All collections cost and attorney fees required to complete payment of the above will be borne by the customer.

NON-TAXABLE	TAXABLE	SALES TAX	FREIGHT	MISC	INVOICE TOTAL	INVOICE TOTAL
2,580.50		0.00	0.00	0.00	2,580.50	2,580.50

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AEROSPACE MANUFACTURING, INC.

80 VAN WINKLE AVENUE BOX 3398
 WALLINGTON, N.C. 27057
 PHONE: (973) 472-2300
 FAX: (973) 472-4120

INVOICE

85728

PAGE: 1

SOLD TO
 TXAP01
 PATTONAIR (dba Incora)
 2601 MEACHAM BLVD
 STE 400
 FORT WORTH, TX 76137

SHIP TO
 INCORA
 4250 DALE EARNHARDT WAY
 SUITE 100
 NORTHLAKE, TX76262

CUSTOMER NO.
 TY0001

DATE	SLSMN	SHIPPED VIA	ORD. DATE	ORDER NO.	TERMS	INVOICE NO.	INV DATE	INV NO.
03/24/23	H	FedEx Ground	02/01/22	R217126	NET 30 DAYS	85728	03/24/23	85728
ITEM DESCRIPTION SERIAL NO.	QUANTITIES	UNIT	UNIT PRICE	AMOUNT				
MS14181-03004	Ord. Qty	250						MS14181-03004
#10 INCO718C/R SPLINE	Ship Qty	250	EACH	16.99	4,247.50			4,247.50
AM15501 MFG: USA	Back Qty	0						
<p>E-MAILED</p> <p>TERMS: All claims must be made within 15 days of receipt of order. Unauthorized returns will not be accepted. All collections cost and attorney fees required to complete payment of the above will be borne by the customer.</p>								
NON-TAXABLE	TAXABLE	SALES TAX	FREIGHT	MISC.	INVOICE TOTAL	INVOICE TOTAL		
4,247.50		0.00	0.00	0.00	4,247.50	4,247.50		

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

AEROSPACE MANUFACTURING, INC.

80 VAN WINKLE AVENUE, P.O. BOX 3398

WALLINGTON, NJ 07057

PHONE: (973) 472-2300

FAX: (973) 472-4120

INVOICE

85886

PAGE: 1

TXAP01

S PATONAIR (dba Incora)
O 2601 MEACHAM BLVD
L STE 400
D
T FORT WORTH, TX 76137
O

S INCORA
H 4250 DALE EARNHARDT WAY
I SUITE 100
P
T NORTHLAKE, TX76262
O

CUSTOMER NO.
 TX0001

DATE	SLSMN	SHIPPED VIA	ORD. DATE	ORDER NO.	TERMS	INVOICE NO.	INV. DATE	INV. NO.
05/23/23	H		05/19/23			85886	05/23/23	
		FedEx Econ	0234291		NET 30 DAYS			85886
ITEM DESCRIPTION	SERIAL NO.	QUANTITIES	UNIT	UNIT PRICE	AMOUNT			
NAS627H6		Ord. Qty	500			NAS627H6		
7/16 8740 12PT AM14631		Ship Qty	500	EACH	11.10	5,550.00	5,550.00	
		Back Qty	0					
<div data-bbox="584 1197 885 1302" data-label="Text"> <p>E MAILED</p> </div> <div data-bbox="1169 1228 1380 1302" data-label="Text"> <p>PLEASE RETURN THIS PORTION WITH YOUR PAYMENT</p> </div>								
<p>TERMS: All claims must be made within 15 days of receipt of order. Unauthorized returns will not be accepted. All collections cost and attorney fees required to complete payment of the above will be borne by the customer.</p>								
NON-TAXABLE	TAXABLE	SALES TAX	FREIGHT	MISC.	INVOICE TOTAL		INVOICE TOTAL	
5,550.00		0.00	0.00	0.00	5,550.00		5,550.00	

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