

SEP 28 2023

Nathan Ochsner, Clerk of Court

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

Debtor 1 Wesco Aircraft Holdings, Inc

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

United States Bankruptcy Court for the: Southern District of Texas

Case number 23-90611

*Revised  
 Amount  
 back To  
 June 1 2023  
 File Date*

**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 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? Accufleet Testing Services Inc  
 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>Accufleet Testing Services Inc</u> Name	_____ Name
<u>1404 N. Sam Houston PKWY E. STE 100</u> Number Street	_____ Number Street
<u>Houston TX 77032</u> City State ZIP Code	_____ City State ZIP Code
Contact phone <u>281-999-8800 Ext 1123</u>	Contact phone _____
Contact email <u>ARInquiries@accufleet.com</u>	Contact email _____

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) 564 Filed on 07/20/2023  
 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? \_\_\_\_\_



23906112309280000000000000000000  
 page 1

**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: 0 1 4 7

7. How much is the claim? \$ 1,300.00. 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.  
Flammability Testing, FAA Compliance Forms, and Testng Reports.

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.)  
**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 one:

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 \$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).

\$ \_\_\_\_\_

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).

\$ \_\_\_\_\_

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 4/01/25 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).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

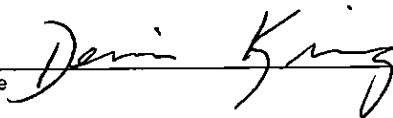
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

I 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 09/22/2023  
MM / DD / YYYY

Signature



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

Name Denise King  
First name Middle name Last name

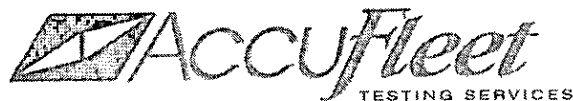
Title Staff Accountant

Company Accufleet Testing Services Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1404 N Sam Houston Pkwy E, Suite 100  
Number Street  
Houston TX 77032  
City State ZIP Code

Contact phone 281-999-8800 EXT 1123 Email ARInquiries@Accufleet.com

Document number	Customer name	Date	Date due	Customer PO number	Invoice amount	Total paid	Payment terms
JNV6730	PattonAir USA	05/26/2023	06/25/2023	071739	150.00	0.00	Net 30
JNV6705	PattonAir USA	05/26/2023	06/25/2023	071724	400.00	0.00	Net 30
JNV6672	PattonAir USA	05/12/2023	06/11/2023	071616	700.00	0.00	Net 30
JNV6643	PattonAir USA	05/05/2023	06/04/2023	071559	50.00	0.00	Net 30
Total					1,300.00		



# INVOICE

INVOICE #: INV6730  
DATE: 05/26/2023

**AccuFleet Testing Services, Inc.**

1959 S. Starpoint Drive  
Houston, TX 77032  
Phone 281-999-8800 Fax 281-999-9066  
arinquiries@accufleet.com

**BILL** PattonAir USA  
**TO:** 2601 Meacham Blvd.  
Suite 400  
Fort Worth, TX 76137-4204

**SHIP** PattonAir USA  
**TO:** 2601 Meacham Blvd.  
Suite 400  
Fort Worth, TX 76137-4204

PO NUMBER	SHIPPING METHOD	PAYMENT TERMS	DUE DATE
071739		Net 30	06/25/2023

ITEM #	DESCRIPTION	UNIT	QTY	UNIT PRICE	AMOUNT
BURN39	Vertical Single - 14CFR25.853(a) V231468 V231469 V231470	Each	3	\$50.00	\$150.00
<b>Subtotal</b>					<b>\$150.00</b>
<b>Sales tax</b>					<b>\$0.00</b>
<b>Port Fees</b>					<b>\$0.00</b>
<b>Handling Fees</b>					<b>\$0.00</b>
<b>Total</b>					<b>\$150.00</b>

**Bank:** Texas Capital Bank  
200 McKinney Ave.  
Suite 910  
Dallas TX 75201

**ACH/Wire Instruction for Remittance:**  
**Routing:** 111017979  
**Account:** 3111050757

**Remit to:** AccuFleet Testing Services, Inc.  
1404 N. Sam Houston Pkwy E.  
Ste 100  
Houston, TX 77032-2944



# INVOICE

INVOICE #: INV6705  
DATE: 05/26/2023

AccuFleet Testing Services, Inc.

1959 S. Starpoint Drive  
Houston, TX 77032  
Phone 281-999-8800 Fax 281-999-9066  
arinquies@accufleet.com

**BILL** PattonAir USA  
**TO:** 2601 Meacham Blvd.  
Suite 400  
Fort Worth, TX 76137-4204

**SHIP** PattonAir USA  
**TO:** 2601 Meacham Blvd.  
Suite 400  
Fort Worth, TX 76137-4204

PO NUMBER	SHIPPING METHOD	PAYMENT TERMS	DUE DATE
071724		Net 30	06/25/2023

ITEM #	DESCRIPTION	UNIT	QTY	UNIT PRICE	AMOUNT
BURN39	Vertical Single - 14CFR25.853(a) V231368 V231369 V231370 V231371 V231372 V231373 V231374 V231375	Each	8	\$50.00	\$400.00
<b>Subtotal</b>					<b>\$400.00</b>
<b>Sales tax</b>					<b>\$0.00</b>
<b>Port Fees</b>					<b>\$0.00</b>
<b>Handling Fees</b>					<b>\$0.00</b>
<b>Total</b>					<b>\$400.00</b>

Bank: Texas Capital Bank  
200 McKinney Ave.  
Suite 910  
Dallas TX 75201

ACH/Wire Instruction for Remittance:  
Routing: 111017979  
Account: 3111050757

Remit to: AccuFleet Testing Services, Inc.  
1404 N. Sam Houston Pkwy E.  
Ste 100  
Houston, TX 77032-2944



# INVOICE

INVOICE #: INV6672  
DATE: 05/12/2023

AccuFleet Testing Services, Inc.

1959 S. Starpoint Drive  
Houston, TX 77032  
Phone 281-999-8800 Fax 281-999-9066  
arinquiries@accufleet.com

**BILL** PattonAir USA  
**TO:** 2601 Meacham Blvd.  
Suite 400  
Fort Worth, TX 76137-4204

**SHIP** PattonAir USA  
**TO:** 2601 Meacham Blvd.  
Suite 400  
Fort Worth, TX 76137-4204

PO NUMBER	SHIPPING METHOD	PAYMENT TERMS	DUE DATE
071616		Net 30	06/11/2023

ITEM #	DESCRIPTION	UNIT	QTY	UNIT PRICE	AMOUNT
BURN39	Vertical Single - 14CFR25.853(a) V231287 V231288 V231289 V231290 V231291 V231292 V231293 V231294 V231295 V231296 V231297 V231298 V231299 V231300	Each	14	\$50.00	\$700.00
				<b>Subtotal</b>	<b>\$700.00</b>
				<b>Sales tax</b>	<b>\$0.00</b>
				<b>Port Fees</b>	<b>\$0.00</b>
				<b>Handling Fees</b>	<b>\$0.00</b>
				<b>Total</b>	<b>\$700.00</b>

Bank: Texas Capital Bank  
200 McKinney Ave.  
Suite 910  
Dallas TX 75201

ACH/Wire Instruction for Remittance:  
Routing: 111017979  
Account: 3111050757

Remit to: AccuFleet Testing Services, Inc.  
1404 N. Sam Houston Pkwy E.  
Ste 100  
Houston, TX 77032-2944



# INVOICE

INVOICE #: INV6643  
DATE: 05/05/2023

AccuFleet Testing Services, Inc.

1959 S. Starpoint Drive  
Houston, TX 77032  
Phone 281-999-8800 Fax 281-999-9066  
arinquies@accufleet.com

**BILL** PattonAir USA  
**TO:** 2601 Meacham Blvd.  
Suite 400  
Fort Worth, TX 76137-4204

**SHIP** PattonAir USA  
**TO:** 2601 Meacham Blvd.  
Suite 400  
Fort Worth, TX 76137-4204

PO NUMBER	SHIPPING METHOD	PAYMENT TERMS	DUE DATE
071559		Net 30	06/04/2023

ITEM #	DESCRIPTION	UNIT	QTY	UNIT PRICE	AMOUNT
BURN39	Vertical Single - 14CFR25.853(a) V231195	Each	1	\$50.00	\$50.00
				<b>Subtotal</b>	<b>\$50.00</b>
				<b>Sales tax</b>	<b>\$0.00</b>
				<b>Port Fees</b>	<b>\$0.00</b>
				<b>Handling Fees</b>	<b>\$0.00</b>
				<b>Total</b>	<b>\$50.00</b>

Bank: Texas Capital Bank  
200 McKinney Ave.  
Suite 910  
Dallas TX 75201

ACH/Wire Instruction for Remittance:  
Routing: 111017979  
Account: 3111050757

Remit to: AccuFleet Testing Services, Inc.  
1404 N. Sam Houston Pkwy E.  
Ste 100  
Houston, TX 77032-2944