

United States Courts
 Southern District of Texas
 FILED


MAY 18 2020

David J. Bradley, Clerk of Court

Fill in this information to identify the case:

Debtor 1 SpeedCast International Limited, et al.

Debtor 2
 (Spouse, if filing) _____

United States Bankruptcy Court for the: Southern District of Texas 

Case number 20-32243 (MI)

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? American Quality Fire and Safety, 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? _____

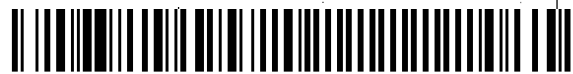
3. Where should notices and payments to the creditor be sent?
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p><u>American Quality Fire & Safety, Inc.</u> Name <u>P.O. Box 5054</u> Number Street <u>Alvin TX 77511</u> City State ZIP Code Contact phone <u>2813316866</u> Contact email <u>sales@aqfas.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____</p>
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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? _____



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 1 2 5

7. How much is the claim? \$ 1,101.99 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 and Services Performed

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:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

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).

\$ _____

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).

\$ _____

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 4/01/22 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).

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 05/12/2020
MM / DD / YYYY

Signature

Becky P Erndt

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

Name	Becky	Pitts	Erndt
	First name	Middle name	Last name
Title	Vice President		
Company	American Quality Fire & Safety		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	611 E. House Street		
	Number	Street	
	Alvin	TX	77511
	City	State	ZIP Code
Contact phone	2813316866		Email sales@aqfas.com

American Quality Fire & Safety, Inc.

611 E. HOUSE ST.
 ALVIN, TX 77511-2959
 281-331-6866
 SALES@AQFAS.COM

REMIT TO: P.O. BOX 5054
 ALVIN, TX 77512

ECR 1188 ACR 3257

INVOICE

BILL TO
 SPEED CAST
 4400 S SAM HOUSTON PKWY
 E
 HOUSTON, TX 77048

INVOICE # 12-37125
DATE 01/31/2020
DUE DATE 03/01/2020
TERMS Net 30

SHIP DATE 01/31/2020 **CUSTOMER PO** MIRANDA **SALES REP** EDDIE FEL-A-10256

DATE	ACTIVITY	QUANTITY	UNIT PRICE	AMOUNT
01/31/2020	ANI ANNUAL INSPECTION OF FIRE EXTINGUISHER	30	8.00	240.00T
	REC5# RECHARGE 5# ABC EXTINGUISHER	1	18.00	18.00T
	COND HOSE CONDUCTIVITY TEST	1	8.00	8.00T
	SEAL HIGH PRESSURE SEAL	1	2.50	2.50T
	SVC SERVICE COLLARS	1	1.50	1.50T
	FE5#ABCWHVIC NEW 5# ABC FIRE EXTINGUISHER WH (VIC)	2	55.00	110.00T
	FE10#ABCVIC NEW 10# ABC FIRE EXTINGUISHER W/WH (VIC)	7	85.00	595.00T
	WPT WEATHER PROOF TAG	4	2.00	8.00T
	SERV SERVICE CALL	1	35.00	35.00T

SUBTOTAL 1,018.00
 TAX 83.99
 TOTAL 1,101.99
BALANCE DUE \$1,101.99