FILED
JUL 11 2016
CLERK, U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

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JUL 21 2016
KURTZMAN CARSON CONSULTANTS

Fill in this information to identify the case:

Debtor 1 CHC Group Ltd, et al

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: Northen District of Texas

Case number 16-31854

Official Form 410

Proof of Claim

04/16

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?

Aerodrome Management Services Pty Ltd
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)

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent?** (if different)
Aerodrome Management Services Pty Ltd Name	_____ Name
PO Box 6127 Number Street	_____ Number Street
East Perth WESTERN AUSTRALIA 6892 City State ZIP Code	_____ City State ZIP Code
Contact phone +61 8 9221 6777	Contact phone _____
Contact email +61 8 9221 6776	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) _____ 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. **How much is the claim?** $ 495.00 **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.

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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)?**

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 one:*

	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 $2,850* 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 $12,850*) 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 4/01/19 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.

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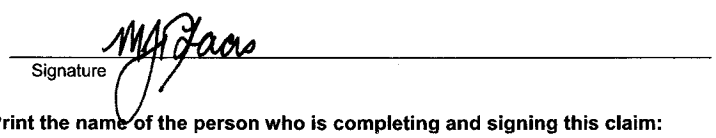
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 06/21/2016
MM / DD / YYYY


Signature

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

Name: Maureen (First name) Jennie Derry'n (Middle name) Faas (Last name)

Title: Finance Accountant

Company: Aerodrome Management Services Pty Ltd
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 29 (Number) West Parade (Street)
Perth (City) Western Australia (State) 6000 (ZIP Code)

Contact phone: +61 9221 6777 Email: accounts@amsaustralia.com



Aerodrome Management Services Pty Ltd

TAX INVOICE

Lloyd Helicopters Pty Ltd Trading as CHC Helicopters (Australia)
Attention: Accounts Payable
IBM Building
Level 4
1060 Hay Street
PERTH WA 6005
AUSTRALIA
ABN: 46007916912

Invoice Date
10 May 2016

Invoice Number
AMSINV-03196

Reference
PO# 190618

ABN
50 406 443 766

Aerodrome Management
Services Pty Ltd
Attention: Accounts
PO Box 6127
EAST PERTH WA 6892
AUSTRALIA
Ph: (08) 9221 6777
Fax: (08) 9221 6776

Description	Quantity	Unit Price	GST	Amount AUD
Fuel Call Out Fee - Broome Aerodrome Fuel Call Out Record: 2821 Fuel Release Note: 155761 Date: 01.05.2016 Time: 0550 Aircraft Registration: VH-LOH	1.00	150.00	10%	150.00
			Subtotal	150.00
			TOTAL GST 10%	15.00
			TOTAL AUD	**165.00**

Due Date: 9 Jun 2016
PLEASE PAY WITHIN 30 DAYS FROM DATE OF INVOICE
quoting invoice number with your payment.
Please send remittance advice to ams@amsaustralia.com

BANK: BankWest Subiaco
BSB: 306-044
ACCT: 5446653

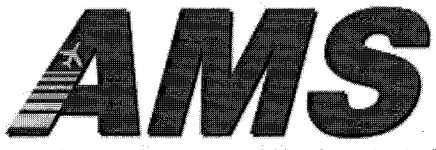
PLEASE PAY ON THIS INVOICE, STATEMENTS WILL NOT BE ISSUED

PAYMENT ADVICE

Customer	Lloyd Helicopters Pty Ltd Trading as CHC Helicopters (Australia)
Invoice Number	AMSINV-03196
Amount Due	**165.00**
Due Date	9 Jun 2016
Amount Enclosed	

Enter the amount you are paying above

To: Aerodrome Management Services Pty Ltd
Attention: Accounts
PO Box 6127
EAST PERTH WA 6892
AUSTRALIA
Ph: (08) 9221 6777



Aerodrome Management Services Pty Ltd

TAX INVOICE

Lloyd Helicopters Pty Ltd Trading as CHC Helicopters (Australia)
Attention: Accounts Payable
IBM Building
Level 4
1060 Hay Street
PERTH WA 6005
AUSTRALIA
ABN: 46007916912

Invoice Date
27 Apr 2016

Invoice Number
AMSINV-03157

Reference
PO# 190618

ABN
50 406 443 766

Aerodrome Management
Services Pty Ltd
Attention: Accounts
PO Box 6127
EAST PERTH WA 6892
AUSTRALIA
Ph: (08) 9221 6777
Fax: (08) 9221 6776

Description	Quantity	Unit Price	GST	Amount AUD
Fuel Call Out Fee - Broome Aerodrome Fuel Call Out Record: 2816 Fuel Release Note: 142799 Date: 14.04.2016 Time: 1950 Aircraft Registration: VH-SRU	1.00	150.00	10%	150.00
Fuel Call Out Fee - Broome Aerodrome Fuel Call Out Record: 2817 Fuel Release Note: 142904 Date: 15.04.2016 Time: 2024 Aircraft Registration: VH-SRU	1.00	150.00	10%	150.00
			Subtotal	300.00
			TOTAL GST 10%	30.00
			TOTAL AUD	**330.00**

Due Date: 27 May 2016
PLEASE PAY WITHIN 30 DAYS FROM DATE OF INVOICE
quoting invoice number with your payment.
Please send remittance advice to ams@amsaustralia.com

BANK: BankWest Subiaco
BSB: 306-044
ACCT: 5446653

PLEASE PAY ON THIS INVOICE, STATEMENTS WILL NOT BE ISSUED