B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

FILED

JUL 14 2016

CLERK, U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

Name of Debtor: Heli-One (Norway)

Case Number: 16-31854

NOTE: *Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.*

Name of Creditor (the person or other entity to whom the debtor owes money or property): Aerospace Materials Pty LTD

COURT USE ONLY

Name and address where notices should be sent:
Aerospace Materials
PO Box 188
Tullamarine MELD VIC AUSTRALIA

Telephone number: 61 393386945 email: accounts@aerospacematerials.com.au

❒ Check this box if this claim amends a previously filed claim.

Court Claim Number: _____ (*If known*)

Filed on: _____

Name and address where payment should be sent (if different from above):

As above

Telephone number: email:

❒ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

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1. Amount of Claim as of Date Case Filed: $ AUD 8857.15

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

❒ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: goods sold
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:	**3a. Debtor may have scheduled account as:** (See instruction #3a)	**3b. Uniform Claim Identifier (optional):** (See instruction #3b)
3056		

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: ❒ Real Estate ❒ Motor Vehicle ❒ Other
Describe:

Value of Property: $_____

Annual Interest Rate _____% ❒ Fixed or ❒ Variable
(when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:
$_____

Basis for perfection: _____

Amount of Secured Claim: $_____

Amount Unsecured: $_____

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

❒ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).

❒ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).

❒ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).

Amount entitled to priority:

❒ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).

❒ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).

❒ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(__).

$_____

*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Credits. The amount of all payments on this claim has been credited for the purpo

1631876160714000000000003

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. *(See instruction #7, and the definition of "**redacted**".)*

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

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If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Lisa Mayoh
Title: Sales Manager
Company: Aerospace materials
Address and telephone number (if different from notice address above):

AS ABOVE

Telephone number: email:

(Signature) (Date) 7/16/16

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

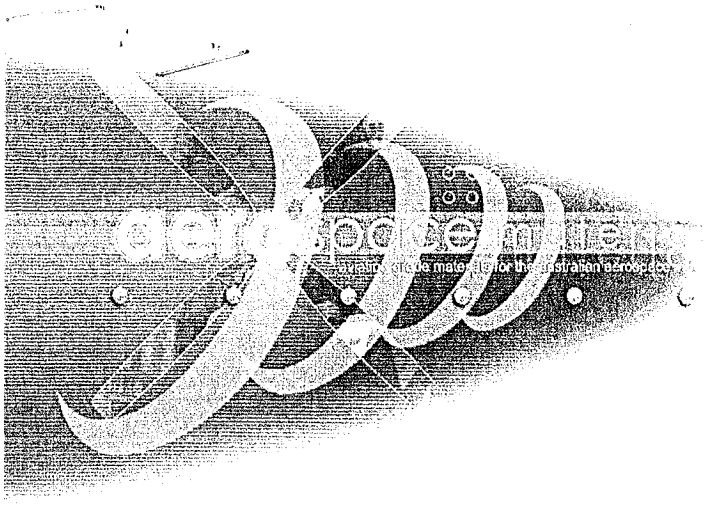
4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).
If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
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.

7. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



Tax Invoice

Tax Invoice : S13056 12 April, 2016

To: Heli-One (Norway) AS
Accounting Department
4740 Agar Dve
Richmond,Canada V7B-1A3

Ship To: CHC Helicopters Canberra
71 David Warren Road
Symonston
Canberra ACT 2609

Customer Purchase Order : P0930616 Delivery 1
Aerospace Materials Ref : WO20385

Item	Part Number	Description	UI	Qty Ship'd	Unit Price	Amount A$
1	Bonderite C-MC 5884 20L AeroMat Ref: 7035-44	Turco 5884	ea	1	A$530.00	$530.00
		Sub total				$530.00
		G.S.T.				$53.00
	TOTAL AMOUNT	PAYABLE GOODS			AUD	$583.00

- PAYMENT TERMS ARE 30 DAYS FROM DATE OF INVOICE
- PAYMENT CAN BE MADE DIRECTLY INTO OUR AUSTRALIAN DOLLAR BANK ACCOUNT

Account Name: AEROSPACE MATERIALS PTY LTD
Bank: ANZ
BSB#: 013-408
Account#: 53 157 1996

"These goods are provided under our "Standard Terms and Conditions of Trade" which are available from Aerospace Materials on request or for view on our website; www.aerospacematerials.com.au "

Purchase Order

Number: P0930616 Date: 11.Apr.2016

ODP0930616

Kindly quote above order no. and reference in all corespondence and when sending parts and invoice

SUPPLIER

AEROSPACE MATERIALS PTY LTD
2/6 OVATA DRIVE
3043 - TULLAMARINE, VICTORIA
AUSTRALIA
PHONE2: 03 9338 6995
TELEFAX: 03 94644422
E-MAIL: sales@aerospacematerials.com.au

Payment Condition: NET PER 30 DAYS
Incoterms: EX WORKS
Priority: URGENT STOCK REPLENISHMENT

ISSUED BY

HELI-ONE (NORWAY) AS
P.O. BOX 204
NORWAY (DIVISION 100)
4097 - SOLA
NORWAY
PHONE: +47 51 94 10 00
TELEFAX: +47 51 94 13 23

Responsible: Nijjar, Vimi
Telefax:
Email: Vimi.Nijjar@chc.ca

Order Text

- PLEASE SHIP : TNT 21906785 WITHIN AUSTRALIA

==========

PLEASE CONFIRM RECEIPT OF PO WITH PRICING, AVAILABILITY AND DELIVERY DATE

ANY QUESTIONS PLEASE CALL VIMI NIJJAR
DIRECT: 604-952-7993 FAX: 604-952-8085
E-MAIL VIMI.NIJJAR@HELI-ONE.CA

CHEMICALS MUST HAVE A ATLEAST 80% OR 8 MONTHS REMAINING SHELF LIFE.

ALL ITEMS SHIPPED MUST INCLUDE REQUIRED DOCUMENTATION:

-CERTIFICATE OF CONFORMITY OR THE MANUFACTURER CERTIFICATE WITH SHELF LIFE AND BATCH NUMBER OR TEST REPORT.
-MSDS (MATERIAL SAFETY DATA SHEET FOR ALL PRODUCTS D.G AND NON D.G)
-HTS CODES, ECCNS AND COUNTRY OF ORIGIN

PLEASE NOTE CERTIFICATION REQUIREMENTS ON LAST PAGE OF PO

Item	Qty	UM	Partnumber	Description	Condition
1	1	EA	T5884	BONDERITE C-MC5884 AERO	NEW
				Cost Center: 012412	Cost Type: PCF

Quotation No.	Target Date	Curr.	Unit-Price	Amount Gross	Discount	Surcharges	Amount Net.

P0930616

	21.Apr.2016	AUD	530.00 AUD	530.00 AUD	0.00 %	0.00 AUD	530.00 AUD

TOTAL AMOUNT GROSS	530.00 AUD
DISCOUNT	0.00 AUD
SURCHARGES	0.00 AUD
TOTAL AMOUNT NET.	530.00 AUD

SHIP TO

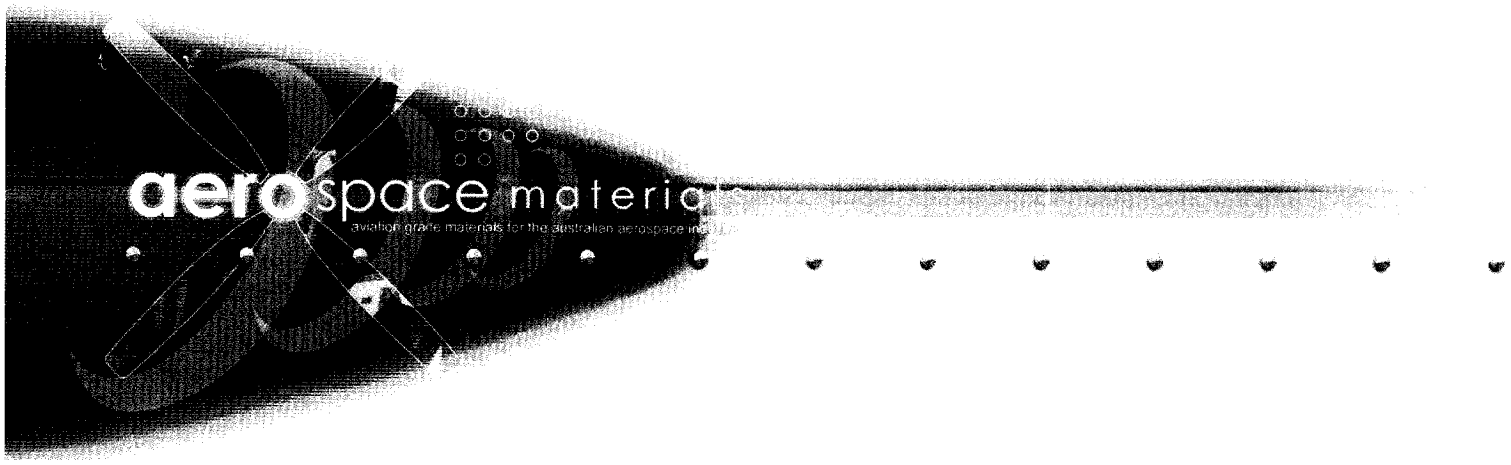
CHC HELICOPTERS CANBERRA
71 DAVID WARREN ROAD,
SYMONSTON ACT
2609 - CANBERRA
AUSTRALIA
CONTACT: COLIN HOBBS, P+61-2-6205-5257

BILL TO

HELI-ONE (NORWAY) AS
ACCOUNTING DEPARTMENT
4740 AGAR DRIVE
V7B1A3 - RICHMOND
CANADA
CONTACT: E-MAIL: APINQUIRY@CHC.CA

PLEASE ACKNOWLEDGE RECEIPT OF PURCHASE ORDER ON RETURN AWB COPY.

Master



Tax Invoice

Tax Invoice : S12516 4 May 2016

To: Heli-One (Norway) AS
Accounts Department
4740 Agar Dve
Richmond, BC, V7B-1A3
Canada

Ship To: CHC Helicopters Sydney
Unit 10B, 1801 Botany Road
Banksmeadow NSW 2019

Customer Purchase Order : P1084516 Delivery 1
Aerospace Materials Ref : WO20440

Item	Part Number	Description	UI	Qty Ship'd	Unit Price	Amount A$
1	Sikaflex 291 Black Cartridge AeroMat Ref: 7886-inc	Sikaflex 291 Black Cartridge 10.5 oz	ea	1	A$276.50	$276.50
		Sub total				$276.50
		G.S.T.				$27.65
	TOTAL AMOUNT	PAYABLE GOODS			AUD	$304.15

- PAYMENT TERMS ARE 30 DAYS FROM DATE OF INVOICE
- PAYMENT CAN BE MADE DIRECTLY INTO OUR AUSTRALIAN DOLLAR BANK ACCOUNT

Account Name: AEROSPACE MATERIALS PTY LTD
Bank: ANZ
BSB#: 013-408
Account#: 53 157 1996

"These goods are provided under our "Standard Terms and Conditions of Trade" which are available from Aerospace Materials on request or for view on our website; www.aerospacematerials.com.au "

2/6 Ovata Drive TULLAMARINE Vic 3043
Phone +61 3 9338 6995 email custserv@aerospacematerials.com.au

Purchase Order

Number: P1084516 Date: 02.May.2016

ODP1084516

Kindly quote above order no. and reference in all corespondence and when sending parts and invoice

SUPPLIER

AEROSPACE MATERIALS PTY LTD
2/6 OVATA DRIVE
3043 - TULLAMARINE, VICTORIA
AUSTRALIA
PHONE2: 03 9338 6995
TELEFAX: 03 94644422
E-MAIL: sales@aerospacematerials.com.au

Payment Condition: **NET PER 30 DAYS**
ncoterms: **EX WORKS**
Priority: **ROUTINE STOCK REPLENISHMENT**

ISSUED BY

HELI-ONE (NORWAY) AS
P.O. BOX 204
NORWAY (DIVISION 100)
4097 - SOLA
NORWAY
PHONE: +47 51 94 10 00
TELEFAX: +47 51 94 13 23

Responsible: **Nijjar, Vimi**
Telefax:
Email: **Vimi.Nijjar@chc.ca**

++++ ORDER CONTAINS DANGEROUS GOODS ++++

Order Text

LEASE SHIP TNT ACCOUNT 21906785 AUSTRALIA
S CONFIRM PO TO VIMI.NIJJAR@HELI-ONE.CA TEL 604-952-7993
IEMICALS MUST HAVE 75 PERCENT or 8 MONTHS REMAINING SHELF LIFE AND INCLUDE 1-CERTIFICATE OF ONFORMITY OR THE MANUFACTURER CERTIFICATE
MSDS - MATERIAL SAFETY DATA SHEET FOR ALL PRODUCTS D.G AND NON D.G
FOR ITEMS WITH EXPIRY DATE, THIS DATE MUST BE SPECIFIED ON
RDER ACKNOWLEDGEMENT 4-HTS Codes, ECCNs and Country of Origin

m	Qty	UM	Partnumber ++++ DGR ++++	Description	Condition
	1	EA	SIKAFLEX291BLACK	SEALANT	NEW
				Cost Center: 012412	Cost Type: SPA

otation No.	Target Date	Curr.	Unit-Price	Amount Gross	Discount	Surcharges	Amount Net.
	09.May.2016	AUD	221.40 AUD	221.40 AUD	0.00 %	0.00 AUD	221.40 AUD

~~330.60~~

276.50

TOTAL AMOUNT GROSS	221.40 AUD
DISCOUNT	0.00 AUD
SURCHARGES	0.00 AUD
TOTAL AMOUNT NET.	221.40 AUD

SHIP TO

SYDNEY
UNIT 10B, 1801 BOTANY ROAD
BANKSMEADOW NSW
2019
AUSTRALIA

BILL TO

HELI-ONE (NORWAY) AS
ACCOUNTING DEPARTMENT
4740 AGAR DRIVE
V7B1A3 - RICHMOND
CANADA
CONTACT: E-MAIL: APINQUIRY@CHC.CA

PLEASE ACKNOWLEDGE RECEIPT OF PURCHASE ORDER ON RETURN AWB COPY.

Master