

UNITED STATES BANKRUPTCY COURT  
Southern District of New York

*In re Grupo Aeroméxico, S.A.B. de C.V., et al.,*

Case No. 20-11563 (SCC)

**TRANSFER OF CLAIM OTHER THAN FOR SECURITY**

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

**VonWin Capital Management, L.P.**  
Name of Transferee

**Iacobucci HF Aerospace SPA**  
Name of Transferor

Name and Address where notices to transferee should be sent:

Claim #: 10265  
Claim Amount: \$37,914.25

**261 Fifth Avenue, 22<sup>nd</sup> Floor  
New York, NY 10016**

Debtor: Aerovías de México, S.A. de C.V.

Phone: (212) 889-1601  
Last Four Digits of Acct #: N/A

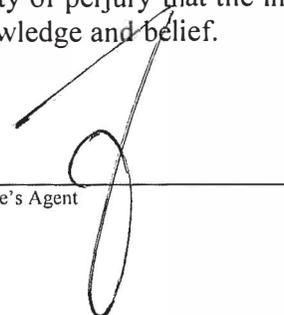
Name and Address where transferee Payments should be sent (if different from above):

**SAME ADDRESS AS ABOVE**

Phone: \_\_\_\_\_  
Last Four Digits of Acct #: \_\_\_\_\_

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

By: \_\_\_\_\_  
Transferee/Transferee's Agent



Date: 09-27-21

UNITED STATES BANKRUPTCY COURT  
Southern District of New York

*In re Grupo Aeroméxico, S.A.B. de C.V., et al.,*

Case No. 20-11563 (SCC)

**TRANSFER OF CLAIM OTHER THAN FOR SECURITY**

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

**VonWin Capital Management, L.P.**

Name of Transferee

**Iacobucci HF Electronics SPA**

Name of Transferor

Name and Address where notices to transferee should be sent:

Scheduled Claim #: 561055340

Scheduled Amount: \$37,914.25

**261 Fifth Avenue, 22<sup>nd</sup> Floor  
New York, NY 10016**

Debtor: Aerovías de México, S.A. de C.V.

Phone: (212) 889-1601

Last Four Digits of Acct #: N/A

Name and Address where transferee Payments should be sent (if different from above):

**SAME ADDRESS AS ABOVE**

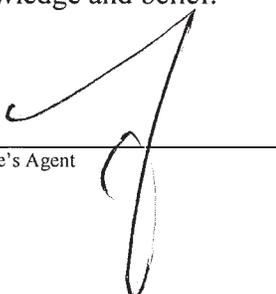
Phone: \_\_\_\_\_

Last Four Digits of Acct #: \_\_\_\_\_

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

By:

Transferee/Transferee's Agent



Date:

09-27-21