Debtor 1	GST AutoLeather, Inc.						
	First Name	Middle Name	Lost Name				
Debtor 2							
Spouse, if filing)	First Name	Middle Name	Last Name				
Jnited States	Bankruptcy Court for the:	District Of Delaware					

FILED
2011 DEC 19 AM 9: 40
CLERK TOURS

CLERK U.S. BANKRUPTCY COURT DISTRICT OF DELAWARE

Filed: USBC - District of Delaware GST AutoLeather, Inc., et al. 17-12100 (LSS)

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 \$500,00, 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.

1.	Who is the current	ACAR Leasing LTD d/b/a GM Financial Leasing Name of the current creditor (the person or entity to be paid for this claim)							
	creditor?								
		Other names the creditor used with the debtor							
. Has	Has this claim been	[X] No							
acquired from someone else?		[] Yes. From Whom?							
	Where should notices and payments to the	Where should notices to the creditor be sent?	Where should payments to the creditor be sent@f different)						
	creditor be sent?	ACAR Leasing LTD d/b/a GM Financial Leasing	ACAR Leasing LTD d/b/a GM Financial Leasing						
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	ACAR Leasing LTD d/b/a GM Financial Leasing PO Box 183853 Arlington, TX 76096	ACAR Leasing LTD d/b/a GM Financial Leasing PO Box 183853 Arlington, TX 76096						
		Contact phone (877) 203-5538 Contact email	Contact phone (877) 203-5538 Contact email						
		Uniform claim identifier for electronic payments in chapter 13 (if you	use one)						
	Does this claim amend	K1 No							
	one already filed?	[] Yes. Claim number on court claims registry (if known)	Filed on						
	Do you know if anyone								
	else has filed a proof of claim for this claim?	[] Yes. Who made the earlier filing?							

6.	Do you have any number you use to identify the debtor?	[] No [X] Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 3825							
7.	How much is the claim? CLAIMANT RESERVES THE RIGHT TO AMEND CLAIM	may be due at lease termination. [X] No							
8.	What is the basis of the claim?	Attach red Limit disck	acted copis of any ocumer	ed, lease, services performed, person nts supproting the claim required by ntitled to privacy, such as health care					
9.	Is all or part of the claim secured?	N [K I I B A e e liv	Attachmen () Motor vehicle 2017 bu) Other. Describe: lasis for perfection: ttach redacted copies of d	is secured by the debtor's principal t (Official Form 410-A) with this Procince envision a certificate of title ocuments, if any, that show evidence certificate of title, financing statemented.)	residence, file a Morgage Proof of Claim of of Claim e of perfection of a security interest (for a security interest), or other document that shows the				
		A	mount of the claim that	ls unsecured:	- (the sum of the secured and unsecured =amounts should match the amount in line 7				
		A	Amount necessary to cure Annual Interest Rate (WI] Fixed] Variable	hen the case was filed)	petition:				
10). Is this claim based on a lease?	[] No [X] Yes. A	Amount necessary to cure	e any default as of the date of the	petition: \$0.00				

Official Form 410

11. Is this claim subject to a [X] No right of setoff?

[] Yes. Identify the property: _

12. Is all or part of the claim entitled to priority under	[X] No [] Yes. Check or	<u>م</u> .						
11 U.S.C. § 507(a)?	[] Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).							
	[] Up to \$2,85 personal, fa	\$						
	[] Wages, sal bankruptcy 11 U.S.C. §	\$						
		•						
	• • •	·	nental units. 11 U.S.C. §		\$			
	[] Contribution	ns to an employee bene	fit plan. 11 U.S.C. § 507	(a)(5).	<u>\$</u>			
	[] Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.							
	* Amounts are subject to adjustment on 4/1/16 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	Check the approp	riate box:						
and date it.	[X] I am the creditor.							
FRBP 9011(b).	[] I am the creditor's attorney or authorized agent.							
If you file this claim	[] I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.							
electronically, FRBP 5005(a)(2) authorizes courts	[]I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.							
to establish local rules specifying what a signature is.	I understand that an autorized 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	I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.							
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I declare under penalty of perjury that the foregoing is true and correct.							
years, or both. 18 U.S.C. §§ 152, 157, and 3571.	Executed on date	December 09, 2017 MM / DD / YYYY						
	fol America 1 American		110 111					
	/s/ Angelo J Aguilar Signature		enoj fl	<u></u>				
	Print the name of the person who is completing and signing this claim:							
	Name .	Angelo J Aguilar	APA II.		· · · -			
	Title	First name	Middle name	Last name				
	Company	ACAR Leasing LTD d/b/a	CM Financial Leating					
	Joinpaily	NONIN Leasing LTD W0/8	Ow i manual codsing					
	Address							
	Contact phone			Email				

Breakdown of Arrears ACAR Leasing LTD d/b/a GM Financial Leasing

Past Due Lease Payment(s)	0.00
Other Charges	
Late Fees	0.00
Unpaid Fees	0.00
Taxes Due	0.00
Total Arrears Due at Filing	0.00

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STATE OF MICHIGANI CERTIFICATE OF TITLE VEHICLE IDENTIFICATION NUMBER MODEL BODY STYLE YEAR BUICK ENVISION STA-WAGON 2017 . LRBFXFSX5HD065612 ISSUE DATE ODOMETER BRAND/LEGEND TITLE NUMBER 143F1010188 AS 04/12/2017 000043 ODOMETER BRAND WEIGHT/FEE CATEGORY *ACTUAL MILEAGE* OWNER(S) NAME AND ADDRESS ACAR LEASING LTD LSR GST AUTOLEATHER INC LSE 20 OAK HOLLOW ST STE 300 LUTHERVILLE MD 21094 Filing Date a First Secured Party WELLS FARGO AS CTL AGT PO BOX 9000 21094 LUTHERVILLE MD Release of First Lien: Signature of Agent Title Assignment by Seller State and federal laws require the seller(s) to indicate mileage when ownership is transferred. Failure to complete or providing false information may result in civil liability, fines and/or imprisonment, ANY ALTERATION, ERASURE, FALSE STATEMENT, FORGERY OR FRAUD VOIDS THIS TITLE AND IS A CRIME. I warrant that the ownership of the vehicle described on Cartificate of Title has been transferred to the following purchaser(s) and is free of all previous liens: Date of Sale Selling Price Printed Name of Purchaser(s) Purchaser's Street Address and that to the best of my knowledge the odometer mileage is: I (we) certify that the odometer reading is: actual mileage on not actual mileage - WARNING ODOMETER DISCREPANCY - cxcceds mechanical limits of odometer (odometer has rolled over) Printed Name of Seller(s) Signature of Seller(s) Zip State Seller's Street Address City A \$15.00 Late Fee is Due for Failure to Apply for Title Within 15 Calendar Days of Date of Assignment

The State of Michigan, Michigan Department of State cortifies that this certificate of title is issued in compliance with the laws of Michigan and constitutes prima facie proof of ownership. Further, on the date of title issuance, the described vehicle was subject to the security interest(s) listed above.

NEW LIENHOLDER INFORMATION: The information below must be on an application for title and presented to the Michigan Department of State.

Address:

Printed Name of Purchaser(s)

MAILING ADDRESS

Signature of Purchaser(s)

WELLS FARGO AS CTL AGT PO BOX 9000 LUTHERVILLE MD 21094

"I am aware of the above odometer certification made by the seller(s)."

G88451798

NOTICE TO SELLERS

Sellers must keep a receipt or photocopy of the reassigned title for their records for 18 months or accompany the purchaser to a Secretary of State Office.



For Dealer Use Only

	I (selling dealer) warrant that the title is free and clear of all liens and I have transferred ownership of this vehicle to the purchaser(s) listed below.							
	I further certify that the odometer reading is: and that to the best of my knowledge the odometer mileage is:							
4 L	(No Tenths) actual mileage not actual mileage - WARNING ODOMETER DISCREPANCY exceeds mechanical limits of odometer							
men	Information Below Con	pleted by Selling Dealer:	Information Below Completed by Purchaser(s):					
ig u	KEEP A PHOTOCOPY OF	BOTH SIDES OF THIS SIGNED TITLE.	"I am aware of the above odometer certification made by the selling dealer."					
First Reassignment by Michigan Dealer	Printed Name of Selling Dealer		Signature of Purchaser(e)					
irs V	Signature of Agent		Printed Name of Purchaser(s)					
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	Date of Sale	Selling Dealer's License Number	Purchaser's Address					
	I (selling dealer) warrant that t	he title is free and clear of all liens and I	have transferred ownership of this vehicle to the purchaser(s) listed below.					
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ssign In D		BOTH SIDES OF THIS SIGNED TITLE.	"I am aware of the above odometer certification made by the selling dealer."					
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No Further Reassignments Permitted

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