

Fill in this information to identify the case:

Debtor 1 VOLUNTEER ENERGY SERVICES INC

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Ohio

Case number 22-50804

FILED

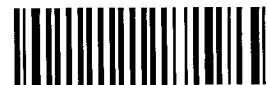
2022 APR 26 AM 10:24

RICHARD JONES
CLERK OF COURT
U.S. BANKRUPTCY COURT
COLUMBUS, OHIO

Official Form 410

Proof of Claim

Filed: USBC - Southern District of Ohio
Volunteer Energy Services, Inc. (B10)
22-50804 (CKP)



0000000005

04/22

Read the instructions before filling out this form. This form is for making a claim make a request for payment of an administrative expense. Make such a request

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?	<u>CLARK COUNTY TREASURER</u> 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?	<input type="checkbox"/> No <input type="checkbox"/> 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? <u>CLARK COUNTY TREASURER</u> Name <u>31 N LIMESTONE ST</u> Number Street <u>SPRINGFIELD OH 45502</u> City State ZIP Code Contact phone <u>937-521-1822</u> Contact email <u>treasurer@clarkcountyohio.gov</u>	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Filed on _____
MM / DD / YYYY

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? \$ _____ 0.00. 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.

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:

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).

Amount entitled to priority

\$ _____

☐ Up to \$3,350* 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 \$15,150*) 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 4/01/25 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.

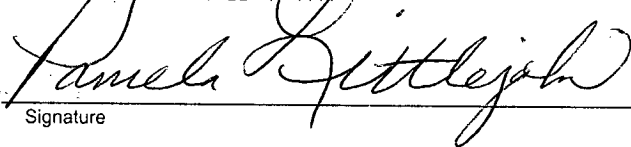
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 04/22/2022

MM / DD / YYYY



Signature

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

Name	PAMELA LITTLEJOHN		
	First name	Middle name	Last name
Title	TREASURER		
Company	CLARK COUNTY TREASURER		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	31 N LIMESTONE ST		
	Number	Street	
	SPRINGFIELD		OH 45502
	City	State	ZIP Code
Contact phone	937-521-1822		Email

PAMELA LITTLEJOHN

CLARK COUNTY TREASURER

A.B. GRAHAM BUILDING

P.O. BOX 1305

SPRINGFIELD, OHIO 45501-1305

COLUMBUS OH 430

25 APR 2022 PM 5 L

Hasler

FIRST-CLASS MAIL

04/25/2022

US POSTAGE \$000.53⁰

TEMP - RETURN SERVICE REQUESTED



ZIP 45502
011E11682591

RECEIVED

APR 26 2022

RICHARD JONES
CLERK OF COURT
U.S. BANKRUPTCY COURT

US BANKRUPTCY COURT SOUTHERN DISTRICT OF
OHIO EASTERN DIVISION
170 NORTH HIGH ST
COLUMBUS OHIO 43215

43215-241493



00201

00252

FedEx

Express

Package
US AirbillFedEx
Tracking
Number

8165 6703 1883

RECEIVED
1 FromDate
MAY 02 2022Sender's
Name

LEGAL SERVICES

Phone 414 292-2100

Company FEITZ INC. MONTEZ SOLUTIONS LLC

Address 777 SUN AVE

Dept./Floor/Suite/Room

City NEW YORK

State NY

ZIP 10017-2401

2 Your Internal Billing Reference

3 To

Recipient's
Name

Phone

Company

Address

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept./Floor/Suite/Room

Address

Use this line for the HOLD location address or for continuation of your shipping address.

City

State

ZIP

☐ **Hold Weekday**
FedEx location address
REQUIRED. NOT available for
FedEx First Overnight.

☐ **Hold Saturday**
FedEx location address
REQUIRED. Available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations.


8165 6703 1883

Form
ID No.

0215

4 Express Package Service

*To most locations.

Packages up to 150 lbs.
For packages over 150 lbs., use the
FedEx Express Freight US Airbill.

Next Business Day

☐ **FedEx First Overnight**
Earliest next business morning delivery to select
locations. Friday shipments will be delivered on
Monday unless Saturday Delivery is selected.

☐ **FedEx Priority Overnight**
Next business morning.* Friday shipments will be
delivered on Monday unless Saturday Delivery
is selected.

☐ **FedEx Standard Overnight**
Next business afternoon.*
Saturday Delivery NOT available.

2 or 3 Business Days

☐ **FedEx 2Day A.M.**
Second business morning.*
Saturday Delivery NOT available.

☐ **FedEx 2Day**
Second business afternoon.* Thursday shipments
will be delivered on Monday unless Saturday
Delivery is selected.

☐ **FedEx Express Saver**
Third business day.
Saturday Delivery NOT available.

5 Packaging

*Declared value limit \$500.

☐ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☐ Other

6 Special Handling and Delivery Signature Options

Fees may apply. See the FedEx Service Guide.

☐ **Saturday Delivery**
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐ **No Signature Required**
Package may be left without
obtaining a signature for delivery.

☐ **Direct Signature**
Someone at recipient's address
may sign for delivery.

☐ **Indirect Signature**
If no one is available at recipient's
address, someone at a neighboring
address may sign for delivery. For
residential deliveries only.

Does this shipment contain dangerous goods?

One box must be checked.

☐ No ☐ Yes ☐ Yes ☐ Dry Ice _____ x _____ kg
As per attached Shipper's Declaration Dry Ice, 9 UN 1845 not required. x kg

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

☐ Cargo Aircraft Only

7 Payment Bill to:

Obtain recip.
FedEx Acct No. ☐
☐ Sender Enter FedEx Acct. No. below ☐ Recipient ☐ Third Party
Acct. No. in Section I will be billed.

Total Packages Total Weight

lbs.

*Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

611

Rev. Date 3/19 • Part #183134 • ©1994-2019 FedEx • PRINTED IN U.S.A.

fedex.com 1.800.GoFedEx 1.800.463.3339

fedex.com 1.800.GoFedEx 1.800.463.3339