

Fill in this information to identify the case:

Debtor 1 Aha Air- ExpressJet Airlines LLC

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: _____ District of Delaware 

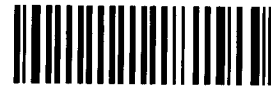
Case number 22-10787

FILED
2022 AUG 31 AM 11:10

CLERK
U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE

Filed: USBC - District of Delaware
ExpressJet Airlines LLC (B10)
22-10787 (MFW)

EJA



0000000004

04/22

form to

Official Form 410

Proof of Claim

Read the instructions before filling out this form. This form is for making a claim 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?

Trudie Kibala

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?

Trudie Kibala

Name

1060 Cartago Ct.

Number Street

Sparks

Nv

89436

City

State

ZIP Code

Contact phone 775-750-3884

Contact email kibalafamily@att.net

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?

☒ 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? \$ 376.12. 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.
Airline tickets

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:

☐ 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 08/25/2022
MM / DD / YYYY

Trudie Kibala

Signature

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

Name Trudie Lynn Kibala
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1060 Cartago Ct.
Number Street

Sparks NV 89436
City State ZIP Code

Contact phone 775-750-3884 Email kibalafamily@att.net

**Reservation Confirmation**

Your reservation is now confirmed

Reservation Number: YN9YHW**Main Passenger Information**

Name: KIBALA, PAUL

Email: kibalafamily@att.net

Home: 17757503884

Passengers

Name(s)	Seat(s)
KIBALA, PAUL	EV7031 --, EV7032 --
KIBALA, TRUDIE	EV7031 --, EV7032 --

Flight Itinerary

Leg	Date	Flight	From	To	Aircraft	Status
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All charges and payments appear in: **USD****Charges**

Leg	Passenger	Description	Amount	GST	Total
1	KIBALA,PAUL	Passenger Facility Fee	\$4.50	\$0.00	\$4.50
1	KIBALA,PAUL	M21NC - Standard	\$79.63	\$5.97	\$85.60
1	KIBALA,PAUL	Security Fee	\$5.60	\$0.00	\$5.60
1	KIBALA,PAUL	Call Center Fee	\$0.00	\$0.00	\$0.00
1	KIBALA,PAUL	Passenger Segment Fee	\$4.30	\$0.00	\$4.30
2	KIBALA,PAUL	Passenger Facility Fee	\$4.50	\$0.00	\$4.50
2	KIBALA,PAUL	M21NC - Standard	\$79.63	\$5.97	\$85.60
2	KIBALA,PAUL	Security Fee	\$5.60	\$0.00	\$5.60
2	KIBALA,PAUL	Call Center Fee	\$0.00	\$0.00	\$0.00
2	KIBALA,PAUL	Passenger Segment Fee	\$4.30	\$0.00	\$4.30
1	KIBALA,TRUDIE	Passenger Facility Fee	\$4.50	\$0.00	\$4.50
1	KIBALA,TRUDIE	M21NC - Standard	\$79.63	\$5.97	\$85.60
1	KIBALA,TRUDIE	Security Fee	\$5.60	\$0.00	\$5.60
1	KIBALA,TRUDIE	Call Center Fee	\$0.00	\$0.00	\$0.00
1	KIBALA,TRUDIE	Passenger Segment Fee	\$4.30	\$0.00	\$4.30
2	KIBALA,TRUDIE	Passenger Facility Fee	\$4.50	\$0.00	\$4.50
2	KIBALA,TRUDIE	M21NC - Standard	\$79.63	\$5.97	\$85.60
2	KIBALA,TRUDIE	Security Fee	\$5.60	\$0.00	\$5.60
2	KIBALA,TRUDIE	Call Center Fee	\$0.00	\$0.00	\$0.00
2	KIBALA,TRUDIE	Passenger Segment Fee	\$4.30	\$0.00	\$4.30
Total			\$376.12	\$23.88	\$400.00

Payment Information

Payment Type	PO Number	Payer's Name	Payment Amount	Transaction Date	Transaction Type
Transfer Credit		Jamie Sanchez	\$320.00	08/02/2022	Payment
Visa		KIBALA, PAUL	\$80.00	08/02/2022	Payment

Balance Due: \$0.00

Agency

Agency	IATA #	Phone	Fax	Agent
AHA	86210112			Nicole Covert

To better serve you, airport ticket counters open 90 minutes before departure and close 30 minutes prior to departure.

Checked bags will not be accepted within 45 minutes of departure.

Terms & Conditions**STANDARD**

1. Non-refundable, changes permitted for \$25 fee plus any increase in fare up to 24 hrs prior to flight time. Tickets are non-transferable.

STANDARD

1. Non-refundable, changes permitted for \$25 fee plus any increase in fare up to 24 hrs prior to flight time. Tickets are non-transferable.

Experiences & Activities

Leg	Date	Flight	From - To
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Wine Flies Free - Restrictions apply. Visit www.flyaha.com/winefliesfree for more details.

This charge can no longer be disputed since it exceeds 120 day dispute

Costco Anywhere Visa® Card by Citi



TRUDIE L KIBALA

Member Since 2005 Account number ending in: 9346

Billing Period: 11/10/21-12/09/21

Window Per Citi Bank

www.citicards.com

Customer Service 1-855-378-6467

Speech/hearing impaired: 711

PO Box 790046 ST. LOUIS, MO 63179-0046

DECEMBER STATEMENT

Minimum payment due: \$76.00
New balance as of 12/09/21: \$5,069.61
Payment due date: 01/07/22

Your next AutoPay payment of \$5,069.61 will be deducted from your bank account on 01/07/2022. Please note that the next AutoPay payment may be reduced if you have made additional payments or received any credits during the current billing cycle.

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$40 and your APRs may be increased up to the Penalty APR of 29.99%.

For information about credit counseling services, call 1-877-337-8187.

Account Summary

Previous balance	\$3,659.19
Payments	-\$3,618.07
Credits	-\$41.12
Purchases	+\$5,069.61
Cash advances	+\$0.00
Fees	+\$0.00
Interest	+\$0.00
New balance	\$5,069.61

Credit Limit

Credit Limit	\$20,000
Includes \$2,000.00 cash advance limit	
Available Credit Limit	\$14,930
Includes \$2,000 available for cash advance	

You're still getting a paper statement.
Why not try Paperless?

With these digital tools available to you, you won't be missing anything!

- **Instant access** to statements and most legal notices online, with statements now available on the **Citi Mobile® App**
- **Customizable** statement ready and payment due **notifications**
- Ability to **request historical statements** online and on the app

[Click here to sign up for Paperless!](#)

Costco Cash Rewards Summary

as of 12/09/21

\$982.95

» See page 2 for more information about your rewards



Costco Anywhere Visa® Card

PO Box 790057
Saint Louis, MO 63179-0057

Your Monthly Statement
is Enclosed

For Payments, send check to: Citi Cards, PO BOX 78019, Phoenix, AZ, 85062-8019

**Your Account is
enrolled in AutoPay.**

Minimum payment due	\$76.00
New balance	\$5,069.61
Payment due date	01/07/22
Amount enclosed: \$	

Account number ending in 9346

Please make check payable to Citi Cards.

TRUDIE L KIBALA
1060 CARTAGO CT
SPARKS NV 89436-0685

Citi Cards
PO BOX 78019
Phoenix, AZ 85062-8019

TRUDIE L KIBALA

Standard Purchases, Cont'd

12/05	12/05	LULULEMONCOM*	877-263-9300 CA	\$73.62
12/06	12/06	EXPRESSJET AIRLINES LLC	404-8561800 GA	\$370.00
12/06	12/06	SAVEMART#559 SPARKS	SPARKS NV	\$3.95
12/06	12/06	SAVEMART#559 SPARKS	SPARKS NV	\$44.55
12/07	12/07	VTG*Thrive Wellness of Re	775-5250091 NV	\$35.00
12/07	12/07	APPLE.COM/BILL	866-712-7753 CA	\$2.99
12/07	12/07	Kindle Unltd*8J9459373	866-321-8851 WA	\$9.99
12/08	12/08	T J MAXX #1217	SPARKS NV	\$176.34
12/08	12/08	TARGET 00024729	SPARKS NV	\$143.61
12/08	12/08	Patagonia-Reno	Reno NV	\$149.40

PAUL B KIBALA

Standard Purchases

11/11	11/11	INGENIORX HOME DELIVERY	833-236-6196 IL	\$10.00
11/13	11/13	COSTCO WHSE #0646	SPARKS NV	\$221.47
11/25	11/25	DMV-44	775-684-4513 NV	\$90.00
11/27	11/27	HOBBY-LOBBY #583	RENO NV	\$10.80
11/28	11/28	COSTCO WHSE #0646	SPARKS NV	\$276.79
12/01	12/01	ABC*BODYFUEL FITNESS	888-8279262 NY	\$15.99
12/03	12/03	COSTCO GAS #0646	SPARKS NV	\$82.08
12/07	12/07	JIFFY LUBE #3432	SPARKS NV	\$56.78
12/07	12/07	SPORT CLIPS - NV202 - SPAS	SPARKS NV	\$32.00

Fees Charged

TOTAL FEES FOR THIS PERIOD	\$0.00
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Interest Charged

TOTAL INTEREST FOR THIS PERIOD	\$0.00
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2021 totals year-to-date

Total fees charged in 2021	\$29.00
Total interest charged in 2021	\$30.57

Billing Disputes

THE FOLLOWING DISPUTE IS NOW CONSIDERED
RESOLVED

08/23	hakres	London	GB	\$132.96
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Interest charge calculation			Days in billing cycle: 30
Your Annual Percentage Rate (APR) is the annual interest rate on your account.			
Balance type	Annual percentage rate (APR)	Balance subject to interest rate	Interest charge
PURCHASES			
Standard Purch	15.24%(V)	\$0.00 (D)	\$0.00
ADVANCES			
Standard Adv	25.24%(V)	\$0.00 (D)	\$0.00

Your Annual Percentage Rate (APR) is the annual interest rate on your account. APRs followed by (V) may vary. Balances followed by (D) are determined by the daily balance method (including current transactions).

Kibala
1060 CarKago Ct.
Sparks, NV 89436



U.S.M.S.
X-RAY

U.S. Bankruptcy Court
824 N. Market St. #500
Wilmington, DE 19801

1980199024



fedex.com 1800.GoFedEx 1800.463.3339

FedEx Express *Package US Airbill*

FedEx
Tracking
Number

8138 6733 9090

1 From

Date

Sender's
Name

Phone

Company

Address

City

LEGAL SERVICES

State

ZIP

Dept./Floor/Suite/Room

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.

☐



8138 6733 9090

Form 10-16
0200

Recipient's Copy

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?

- ☐ No ☐ Yes **One box must be checked.**
As per attached Shipper's Declaration.
- ☐ Yes **Shipper's Declaration not required.**

☐ **Dry Ice**
Dry ice, 9 UN 1845 _____ x _____ kg

☐ **Cargo Aircraft Only**

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

Obtain recip. Acct. No. ☐

- ☐ **Sender**
Acct. No. in Section 1 will be billed.
- ☐ **Recipient**
- ☐ **Third Party**
- ☒ **Credit Card**
- ☐ **Cash/Check**

Total Packages Total Weight

Credit Card Auth.

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

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