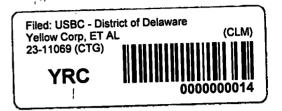
### RECEIVED

AUG 1 4 2023

#### LEGAL SERVICES

Fill in this	s information to identify the case:	
Debtor 1	YELLOW/HOLLAND	
Debtor 2 (Spouse, if filir	ing)	
United State	es Bankruptcy Court for the: District of	
Case numbe	er	



### Official Form 410

### **Proof of Claim**

04/22

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 \$500,000, 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.

1.	Who is the current creditor?	RILEY OIL CO  Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor BOB RILEY DISTRIBUTORS, INC.							
2.	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom?							
а	Where should notices and payments to the	Where should notices	Where should payments to the creditor be sent? (if different)						
	creditor be sent?	RILEY OIL CO							
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name			Name ,				
		PO BOX 630							
	· · · · · · · · · · · · · · · · · · ·	Number Street	_		Number	Street		,	
		RICHMOND	KY	40476					
		City	State	ZIP Code	City	´ Sta	ite	ZIP Code	
		Contact phone (859) 62	3-4032		Contact phone	·		_	
		Contact email JENNIF		OIL.COM	Contact email				
		Uniform claim identifier for	electronic paymer	nts in chapter 13 (if you u	use one): 				
4.	Does this claim amend one already filed?	☑ Nọ ☐ Yes. Claim number	on court claims	s registry (if known)		Filed on	MM / DD	/ үүүү	
— 5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the	e earlier filing?						

	Do you have any number you use to identify the debtor?	No Pres. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$5,578.38 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	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	claim?	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.
		GOODS SOLD
9.	Is all or part of the claim secured?	No 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:
		Value of property: \$  Amount of the claim that is secured: \$
		Amount of the claim that is secured: \$(The sum of the secured and unsecured
		Amount of the claim that is secured: \$
		Amount of the claim that is secured: \$
10.	Is this claim based on a	Amount of the claim that is secured: \$
10.	Is this claim based on a lease?	Amount of the claim that is unsecured: \$
	lease?	Amount of the claim that is secured: \$ (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  Variable  Yes. Amount necessary to cure any default as of the date of the petition. \$
		Amount of the claim that is unsecured: \$

12. Is all or part of the claim entitled to priority under	□ No								
11 U.S.C. § 507(a)?	Yes. Check one:	Amount entitled to priority							
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).								
nonpriority. For example, in some categories, the law limits the 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 bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	the \$							
	☐ 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	Check the appropriate box:								
this proof of claim must sign and date it.	I am the creditor.								
FRBP 9011(b).	☐ I am the creditor's attorney or authorized agent.								
If you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.								
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 authorized signature on this <i>Proof of Claim</i> serves as an acknowledge	ment that when calculating the							
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward								
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the and correct.	e information is true							
years, or both.	I declare under penalty of perjury that the foregoing is true and correct.								
18 U.S.C. §§ 152, 157, and 3571.	Executed on date 81910033								
	Ola i ma sea illa								
	Signature Signature								
	Print the name of the person who is completing and signing this claim:								
	Name <u>Jeannie</u> <u>Marie</u> <u>Sr</u> First name <u>Middle name</u> <u>Last na</u>	nith me							
	Title Office Manager								
	Company  Billy Oil Company Bob Pill  Identify the corporate servicer as the company if the authorized agent is a service	my Distributors							
	Address 320 Boggs Lane Number Street								
		0475							
	City State ZIP Co	de mith@rileyoil.com							
	Contact phone 5597-0627-7032 Email SI	mine rayon wh							

P. O. Box 630 Richmond, KY 40476

## **Product Sales Invoice**

Date	Invoice #
7/25/2023	146507

Bill To		
Holland, Inc.		
460 Transport Ct.		
Lexington, KY 40511		

Ship To

Holland, Inc.
Attn: Jeff Ireland
460 Transport Ct.
Lexington, KY 40511
\*\*New 8/13 \*\* winter additive only

P.O. No.	Terms	Due Date	Rep	Accoun	Account # Driver		F	ED EIN	KY F	RD TX Exemp
	NET 7	8/1/2023	KC				38	3-0655940		
Item		Descript	ion		Qty	Rat	e	Class		Amount
104.1	CULSDF#2 TX; with KY	[with Federal RI	D TX; with	KY RD	388		3.7282	Bulk Plant		1,446.54
	1			I		Su	btota	I	L	\$1,446.54

 Sales Tax (6.0%)
 \$0.00

 Total
 \$1,446.54

 Payments/Credits
 \$0.00

 Balance Due
 \$1,446.54

P. O. Box 630 Richmond, KY 40476

# **Product Sales Invoice**

Date	Invoice #
7/26/2023	146510

Bill To	
Holland, Inc. 460 Transport Ct. Lexington, KY 40511	
- · ·	

Ship To

Holland, Inc.
Attn: Jeff Ireland
460 Transport Ct.
Lexington, KY 40511
\*\*New 8/13 \*\* winter additive only

P.O. No.	Terms	Due Date	Rep	Accou	nt#	Driv	/er	F	ED EIN	KY	RD TX Exemp	
	NET 7	8/2/2023	KC					38	3-0655940			
Item		Descript	ion		Qty		Rat	Rate Class			Amount	
104.1	CULSDF#2[TX; with KY	with Federal RI	D TX; with I	CY RD							2,067.89	
<b>I</b> ,							Su	btota	l		\$2,067.89	

 Sales Tax (6.0%)
 \$0.00

 Total
 \$2,067.89

 Payments/Credits
 \$0.00

 Balance Due
 \$2,067.89

P. O. Box 630 Richmond, KY 40476

## **Product Sales Invoice**

Date	Invoice #
7/27/2023	146511

Bill To	
Holland, Inc.	
460 Transport Ct.	
Lexington, KY 40511	
_	

Ship To

Holland, Inc.
Attn: Jeff Ireland
460 Transport Ct.
Lexington, KY 40511
\*\*New 8/13 \*\* winter additive only

P.O. No.	Terms	Due Date	Rep	Account	# Driv	er F		ED EIN	KY RD TX	Exemp
	NET 7	8/3/2023	KC				38	3-0655940		
Item		Descript	ion		Qty	y Rate Class		Am	ount	
104.1	CULSDF#2[TX; with KY	with Federal R	DTX; with	KY RD	188		4.18021	Bulk Plant		785.88
	-					Su	btota	l		\$785.88

 Sales Tax (6.0%)
 \$0.00

 Total
 \$785.88

 Payments/Credits
 \$0.00

 Balance Due
 \$785.88

#### **INVOICE**

RILEY OIL COMPANY P.O. BOX 630 RICHMOND, KY 40476-0630 (859) 623-4032

INVOICE: CL99398 INVOICE DATE: 07/15/2023

PAGE:

ACCOUNT NO:

0001630

**BILL TO:** 

HOLLAND, INC.

ATTN: NNAWUIHE NOSIRI 461 TRANSPORT CT. LEXINGTON, KY 40511

TOTAL CHARGES:

558.72

PAYMENT DUE BY:

07/25/2023

NET AMOUNT DUE:

558.72

Amount Enclosed:

lt It	: CL99398 Date: 7/	5/2023	Page: 1			
Date	Odom MPG Prod Quanti	ty Price Amount	t Card Identification Misc K			
RD#2	462929 - Beginning odomete	г				
07/05/23	7P 220550 0 ULS 70.00	00 3.8800 271.60	2			
	70.00	00 271.60	- )			
RD#4	175530 - Beginning odomete	г				
07/06/23	3P 742000 0 ULS 74.00	<u> </u>	2 4			
	74.00	287.12	- <u>?</u>			
		•				
	74.00	287.12	- ?			

Product		Total Quantity	Average Price	Sale Amount	Federal Tax	State Tax	Local Tax	Sales Tax	Total
53 KY	KENTUCKY ULSD CL#2	. 144.000	3.3631	484.29	34.99	37.01	2.43	0.00	558.72

144.000

\*\* Total Purchases This Invoice:

558.72

#### **INVOICE**

RILEY OIL COMPANY P.O. BOX 630 **RICHMOND, KY 40476-0630** (859) 623-4032

INVOICE: INVOICE DATE:

CL99744 07/31/2023

PAGE:

ACCOUNT NO:

0001630

BILL TO:

HOLLAND, INC.

ATTN: NNAWUIHE NOSIRI 461 TRANSPORT CT. LEXINGTON, KY 40511

**TOTAL CHARGES:** 

719.35

PAYMENT DUE BY:

08/10/2023

**NET AMOUNT DUE:** 

719.35

Amount Enclosed:

Account: 0001630	Invoice: CL99744			Date: 7/3 1/2023			Page: 1			
Location	Date	Time	Odom	MPG Prod	Quantity	Price	Amount	Card Identification	Misc Kbo	
VEHICLE#: 0002 CARD#2			2205	50 - Beginning	odometer		·····			
108 Trade St, Lex KY	07/19/23	02:44P	22979	0 ULS	72.510	3.8800	281.34	2		
VEHICLE TOTALS:				·	72.510		281.34			
VEHICLE#: 0003 CARD#3			87	'54 - Beginning	odometer					
108 Trade St, Lex KY	07/25/23	07:37P	177340	0 ULS	42.540	3.8800	165.06	3		
VEHICLE TOTALS:					42.540		165.06			
VEHICLE#: 0006 CARD#6			7631	I11 - Beginning	odometer					
108 Trade St, Lex KY	07/28/23	11:47A	424041	0 ULS	43.940	3.8800	170.49	6		
VEHICLE TOTALS:					43.940		170.49			
VEHICLE#: 0007 CARD #7			5751	93 - Beginning	odometer					
720 ENTERPRISE DR., LEX KY	07/28/23	09:04A	63221	0 ULS	26.277	3.8994	102.46	7		
VEHICLE TOTALS:				·	26.277		102.46			

Product	Total Quantity	Average Price	Sale Amount	Federal Tax	State Tax	Local Tax	Sales Tax	Total
KY KENTUCKY 53 ULSD CL#2	185.267	3.3651	623.45	45.03	47.61	3.26	0.00	719.35

185.267

\*\* Total Purchases This Invoice:

719.35

Riley Oil Co. PO BOX 630 Richmond, Ky 40476

Bob Kiley Distributors, Inc.

Yellow Corp. Claims fracessing Ctr. RECEIVED C/O Epiq Corp. Restructuring, LLC AUG 14 2023 P.O. BOX 4431 LEGAL SERVICES Beaverton, OR 97076-4421