

Fill in this information to identify the case:

Debtor 1 **AIR METHODS CORPORATION AND ASP AMC HOLDINGS, INC.**Debtor 2
(Spouse, if filing)United States Bankruptcy Court for the: **Southern District of TX**Case number **23-90886 - Chapter 11**

RECEIVED

NOV 06 2023

LEGAL SERVICES

Filed: USBC - Southern District of Texas
Air Methods Corporation, et al (CLM)
23-90886 (MI)

AMH



0000000003

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.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Fort Bend County</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 checked="" 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? LINEBARGER GOGGAN BLAIR & SAMPSON, LLP PO BOX 3064 HOUSTON, TX 77253-3064 (713) 844-3400 houston_bankruptcy@lgbs.com Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (If different) FORT BEND COUNTY 1317 EUGENE HEIMANN CIRCLE RICHMOND, TX 77469-3623
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) _____ Filed On: _____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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	<input type="checkbox"/> No
--------------------------------------	-----------------------------

Identify the debtor?	<input checked="" type="checkbox"/> Yes Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ SEE ATTACHED EXHIBITS								
7. How much is the claim?	\$ <u>\$291.63</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. <div style="text-align: center;"><u>AD VALOREM TAXES</u></div>								
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real Estate. If claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim</i> Attachment (Official Form 410-A) with this Proof of Claim. <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other. Describe: <u>SEE ATTACHED EXHIBITS</u> Basis for perfection: <u>Secured by Tax Lien §§ 32.01 and 32.05 of the Texas Property Tax Code. Secured claim to extent of collateral value. Unsecured Priority claim [11 U.S.C. 507 (a)(8)] to extent of any shortfall in collateral value and for personal liability.</u> 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: \$ <u>SEE ATTACHED EXHIBITS</u> Amount of the claim that is secured: \$ <u>\$291.63</u> 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: \$ <u>\$291.63</u> Annual Interest Rate (when case was filed) <u>12%</u> <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable								
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Amount necessary to cure any default as of the date of the petition. \$ _____								
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Identify the property: _____								
12. Is all or part of the claim entitled to priority under 11 U.S.C. 507(a)? A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Check all that apply: <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: right;">Amount entitled to priority</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 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).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 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).</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>		Amount entitled to priority	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____	<input type="checkbox"/> 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).	\$ _____	<input type="checkbox"/> 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).	\$ _____
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	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____
<small>* 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.</small>		

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 co-debtor. 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 November 2, 2023

/s/Tara L. Grundemeier

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

Name : Tara L. Grundemeier

Title : Attorney TXBN 24036691

Company : LINEBARGER GOGGAN BLAIR & SAMPSON, LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address : PO BOX 3064
HOUSTON, TX 77253-3064
(713) 844-3400

houston_bankruptcy@lgbs.com



CARMEN P. TURNER, MPA, PCC, CTOP
FORT BEND COUNTY TAX ASSESSOR/ COLLECTOR
1317 EUGENE HEIMANN CIRCLE
RICHMOND, TEXAS 77469-3623
PHONE NO. (281) 341-3710

2023 est = 291.63

Mail To:

AIR METHODS CORPORATION
5500 S QUEBEC ST STE 300
GREENWOOD VILLAGE, CO 80111-1926

**Legal Description:**

PERSONAL PROPERTY SUPPLIES, FURNITURE,
FIXTURES & EQUIPMENT LOCATED @ 915
MCKEEVER RD INSIDE ARCOLA

Legal Acres: .0000

Parcel Address: 915 MCKEEVER RD

Account No: 9960-01-221-0287-907

CAD No: P370240

As of Date: 10/24/2023

Print Date: 11/02/2023 Printed By: FBHNTALL

Market Value		Appraised Value	Assessed Value	Capped Value	Homesite Value	AG/TIM Market Value	Non-Qualifying Value
Land	Improvement						
\$0	\$21,530	\$21,530	\$21,530	\$0	\$0	\$0	\$21,530

Taxing Unit	Assessed Value (100%)	Exemptions		Taxable Value	Tax Rate	Tax
		Code	Value			
CITY OF ARCOLA <i>WITHOUT A CITY SALES TAX, YOUR CITY TAX WOULD INCREASE BY \$20.47</i>	\$21,530		\$0	\$21,530	0.680149	\$161.08
FORT BEND CO DRAINAGE	\$21,530		\$0	\$21,530	0.012900	\$3.06
FORT BEND CO GEN FND	\$21,530		\$0	\$21,530	0.438300	\$103.81
FORT BEND ESD#7	\$21,530		\$0	\$21,530	0.100000	\$23.68

Total 2022 Tax: _____
Total 2022 Levy Paid To Date: _____
2022 Levy Due: \$0.00
Total 2022 Due: \$0.00

Exemptions:**AMOUNT DUE IF PAID BY THE END OF:**

10/31/2023 21 + 20%	11/30/2023 22 + 20%	12/31/2023 23 + 20%	01/31/2024 24 + 20%	02/29/2024 25 + 20%	03/31/2024 26 + 20%
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

IF YOU ARE 65 YEARS OF AGE OR OLDER OR ARE DISABLED AND THE PROPERTY DESCRIBED IN THIS DOCUMENT IS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE APPRAISAL DISTRICT REGARDING ANY ENTITLEMENT YOU MAY HAVE TO A POSTPONEMENT IN THE PAYMENT OF THESE TAXES.

School Information :

FORT BEND ISD 2022 M&O .86460000 I&S .27000000 Total 1.1346000 2021 M&O .92010000 I&S .29000000 Total 1.2101000

TO PAY BY CREDIT CARD VISIT WWW.FORTBENDCOUNTYTX.GOV/TAXOFFICE

CREDIT CARD PAYMENTS ARE CHARGED 2.09% CONVENIENCE FEE PER ACCOUNT BY GRANT STREET. NO FEE CHARGED FOR E-CHECK.

PLEASE CUT AT THE DOTTED LINE AND RETURN THIS PORTION WITH YOUR PAYMENT.

7.1.59

AMOUNT DUE IF PAID BY THE END OF:

Print Date: 11/02/2023

10/31/2023 21 + 20%	11/30/2023 22 + 20%	12/31/2023 23 + 20%	01/31/2024 24 + 20%	02/29/2024 25 + 20%	03/31/2024 26 + 20%
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PLEASE NOTE YOUR ACCOUNT NUMBER ON YOUR CHECK AND MAKE CHECKS PAYABLE TO:

CARMEN P. TURNER, MPA, PCC, CTOP
FORT BEND COUNTY TAX ASSESSOR/COLLECTOR
1317 EUGENE HEIMANN CIRCLE
RICHMOND, TEXAS 77469-3623



* 9 9 6 0 0 1 2 2 1 0 2 8 7 9 0 7 *

9960-01-221-0287-907
AIR METHODS CORPORATION
5500 S QUEBEC ST STE 300
GREENWOOD VILLAGE, CO 80111-1926

**AMOUNT PAID:**

\$ _____

000000P370240 047 0000000000 0000000000 0000000000 0000000000 1