

Fill in this information to identify the case:

Debtor 1 ALOUETTE HOLDINGS, INC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Virginia

Case number 19-36126

Official Form 410

Proof of Claim

04/19

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?** WELLS FARGO BANK, N.A.
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? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<p><u>WELLS FARGO BANK SMALL BUSINESS LENDING DIVISION</u> <small>Name</small></p> <p><u>PO BOX 29482 MAC S4101-08C</u> <small>Number Street</small></p> <p><u>PHOENIX AZ 85038</u> <small>City State ZIP Code</small></p> <p>Contact phone <u>(877) 361-5581</u></p> <p>Contact email <u>SBLBKINQUIRY@WELLSFARGO.COM</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): <u>WFCBDF1936126VAE91396850</u></p>	<p><u>WELLS FARGO BANK PAYMENT REMITTANCE CENTER</u> <small>Name</small></p> <p><u>PO BOX 51174</u> <small>Number Street</small></p> <p><u>LOS ANGELES CA 90051</u> <small>City State ZIP Code</small></p> <p>Contact phone <u>(877) 361-5581</u></p> <p>Contact email <u>SBLBKINQUIRY@WELLSFARGO.COM</u></p>

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: 6 8 5 0

7. How much is the claim? \$ 10,104.27. 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.
Money Loaned

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).

Up to \$3,025* 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 \$13,650*) 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/22 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 12/12/2019
MM / DD / YYYY

/s/ Jamie Banda

Signature

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

Name JAMIE BANDA
First name Middle name Last name

Title LOAN SERVICING SPECIALIST

Company WELLS FARGO BANK, N.A.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO BOX 29482 MAC S4101-08C
Number Street

PHOENIX AZ 85038
City State ZIP Code

Contact phone (877) 361-5581 Email SBLBKINQUIRY@WELLSFARGO.COM



CONSOLIDATED BILLING CONTROL ACCOUNT STATEMENT

Prepared For	ALOUETTE HOLDINGS INC BRET A BERNECHE		
Account Number			6850
Statement Closing Date			11/15/19
Days in Billing Cycle			29
Next Statement Date			12/17/19

For 24-Hour Customer Service Call:
866-453-7614

Inquiries or Questions:
Wells Fargo SBL PO Box 29482
Phoenix, AZ 85038-8650

Payments:
Payment Remittance Center PO Box 77033
Minneapolis, MN 55480-7733

Credit Line	\$10,000	Cash Limit	\$5,000
Available Credit	\$0	Available Cash	\$0

Payment Information

New Balance	\$9,981.27
Current Payment Due	\$247.00
Past Due Amount	\$246.00
Total Amount Due (Minimum Payment)	\$493.00
Current Payment Due Date	12/11/19

Your Past Due Amount of \$246.00 is due immediately.

Your Current Payment of \$247.00 is due 12/11/19.

If you wish to pay off your balance in full: The balance noted on your statement is not the payoff amount. Please call 800-225-5935 for payoff information.

Account Summary

Previous Balance		\$9,873.89
Credits	-	\$0.00
Payments	-	\$216.00
Purchases & Other Charges	+	\$214.66
Cash Advances	+	\$0.00
Finance Charges	+	\$108.72
New Balance	=	\$9,981.27

Wells Fargo Business Card Rewards - Legacy

Membership No:		
Previous Balance		2,523
Points Earned this Month		137
Points From Other Company Cards		0
Bonus Points Earned		0
Adjustments		0
Earn More Mall® Bonus Points		0
Redeemed	-	0
Total Available	=	2,660

Rewards Notice

Check your point balance and redeem your points at wellsfgorewards.com. You can also call our Rewards Service Center from 8 a.m. to midnight (ET) at 1-800-213-3365.

See reverse side for important information.

5596 YTG 1 7 10 191115 0 D PAGE 1 of 4 1 0 5246 4700 BXIH 01DQ5596

----- DETACH HERE -----

Detach and mail with check payable to "Wells Fargo" to arrive by Current Payment Due Date.

Make checks payable to: Wells Fargo

Account Number		6850
New Balance		\$9,981.27
Total Amount Due (Minimum Payment)		\$493.00
Current Payment Due Date		12/11/19

Print address or phone changes: _____

 Work () _____

Amount Enclosed: \$

PAYMENT REMITTANCE CENTER YTG
 PO BOX 77033 8
 MINNEAPOLIS MN 55480-7733

ALOUETTE HOLDINGS INC
 BRET A BERNECHE

 BUFFALO JUNCTION VA 24529-2424

If your card is ever lost or stolen:

Please notify us immediately by calling: 1-800-225-5935, 24 hours a day, 7 days a week.

Questions about your statement:

If you have a question about your statement, please write to us within 30 days after the statement was mailed to you. Please use a separate letter and include your account number and the date of the statement in question. Please refer to the front of the statement for our Inquiry mailing address.

**For all your personal or business financial service needs
Visit us at www.wellsfargo.com**

Important Payment Information:

Payments made at a Wells Fargo branch. You may use cash or checks when making payments at a Wells Fargo branch.

Payments by mail. Mail your check and the payment coupon to the Payment Remittance Center address printed on this statement. For fastest delivery, please use the enclosed window envelope. If using a single check to pay multiple accounts, we must receive a completed payment coupon for each account being paid or a list showing the full account number and amount to be credited to each account. If you are paying multiple accounts with a single check, the total of the check must equal the sum of the payments to be applied to each individual account, with at least the total minimum payment due for all accounts.

Payments by phone. If you are authorized to transact on the account, you may be able to initiate a payment by calling the Customer Service number listed on the front of this statement.

Payments made using Wells Fargo Online Banking or Wells Fargo Mobile. If you have access to the account via Wells Fargo Online Banking or Mobile you may be able to make a payment depending on your level of access.

Automatic Payments. You can establish automatic payments to this credit account from a Wells Fargo deposit account or any other financial institution. For enrollment information, please contact our Customer Service number listed on the front of this statement.

Timing of payment by mail or payments made at a Wells Fargo branch. Payments that are received at the designated payment processing address (printed on each statement) by 5:00 p.m. on any business day will be credited as of the day of receipt. Payments received after 5:00 p.m. or on non-business days may be credited as of the next business day.

When a payment is considered late. If your payment is received or initiated any time after the Due Date, it is considered late and your account will be subject to a late fee.

Promotional Rates:

All promotional rates are subject to early termination if there are late payments or other defaults. Please see sections "Default" and "Remedies" in your Cardholder Agreement.

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CDS

** NO MORE DETAILS ON FILE ** CRCD 840 0001 OF 0001 15:08:00 12/12/19

BERNECHE, BRET A*ALOUETTE HOLDINGS INC*

**BUFFALO JUNCTION*VA*24529

-2424*

16850*0

01	1114	1116	24388949ZJAWN1A2	VCN*NORTH CAROLINA DOT	866-2551856	NC	33.00
02	1114	1116	24388949ZJAWN1QM	VCN*NORTH CAROLINA DOT	866-2551856	NC	45.00
03	1114	1116	24388949ZJAWN190	VCN*NORTH CAROLINA DOT	866-2551856	NC	45.00

