

Fill in this information to identify the case:

Debtor Avianca, Inc.

United States Bankruptcy Court for the: Southern District of New York
(State)

Case number 20-11132

**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 or 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>AAR Supply Chain, Inc.</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>AAR Supply Chain, Inc.</u> <u>Jennifer Griffin</u> <u>1100 North Wood Dale Road</u> <u>Wood Dale, Illinois 60191, USA</u>	
	Contact phone <u>630-227-2048</u>	Contact phone _____
	Contact email <u>jennifer.griffin@aarcorp.com</u>	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) _____ Filed on _____ <small>MM / DD / YYYY</small>	
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 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? \$ 2,389.88. 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.
Goods and services performed; see attached rider

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle 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 amount 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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

	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 \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<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.	\$ _____

* 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.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

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 acknowledgement 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 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 01/20/2021
MM / DD / YYYY

/s/Jennifer Griffin
Signature

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

Name Jennifer Griffin
First name Middle name Last name

Title Assistant Secretary

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

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-1780 | International + 1 (310) 751-2680

Debtor: 20-11132 - Avianca, Inc.		
District: Southern District of New York, New York Division		
Creditor: AAR Supply Chain, Inc. Jennifer Griffin 1100 North Wood Dale Road Wood Dale, Illinois, 60191 USA Phone: 630-227-2048 Phone 2: Fax: Email: jennifer.griffin@aarcorp.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Goods and services performed; see attached rider	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 2,389.88	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Jennifer Griffin on 20-Jan-2021 4:32:37 p.m. Eastern Time Title: Assistant Secretary Company: AAR Corp.		

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re:) Chapter 11
))
AVIANCA, INC.,) Case No. 20-11132-mg
) (Jointly Administered under Case No.
Debtor.) 20-11133-mg)

**RIDER TO PROOF OF CLAIM OF
AAR SUPPLY CHAIN, INC.**

1. AAR Supply Chain, Inc. (through its AAR Distribution division, "Claimant") and Avianca, Inc. ("Debtor") are parties to various supply agreements, scheduling contracts, service agreements, purchase orders, and other agreements (collectively, and as amended, modified, or supplemented from time to time, and together with all related agreements and documentation, the "Supply Agreements"), pursuant to which Claimant purchases and sells certain component parts and other goods to, and performs related services, for Debtor.

2. On May 10, 2020 (the "Petition Date"), Debtor, along with certain of its affiliates, filed a voluntary petition for relief under chapter 11 of the United States Code, 11 U.S.C. 101, *et seq.* (as amended, the "Bankruptcy Code").

3. As of the Petition Date, Debtor was indebted to Claimant on an unsecured basis in the amount of not less than \$2,389.88 on account of the Support Agreements and related transactions (the "Prepetition Debt").

4. A statement of the invoices and related purchase orders relating to the Prepetition Debt is attached hereto. Additional relevant documents and records, including the Supply Agreements (collectively, the "Supporting Documents"), that support this Proof of Claim are available to interested parties upon written request to counsel for Claimant, subject to applicable privileges, and are incorporated herein by this reference and made a part hereof.

5. Claimant reserves the right to amend, modify, or supplement this Proof of Claim, including, without limitation, with additional, relevant documents, and with additional amounts due Claimant under the Supporting Documents, section 503(b)(9) of the Bankruptcy Code, or otherwise.

6. Notwithstanding anything to the contrary, Claimant does not by the filing of this Proof of Claim waive, and shall in no event be deemed to have waived, any right, remedy, expense, claim, counterclaim, setoff, recoupment or interest it has, or any right, remedy, expense, claim, counterclaim, setoff, recoupment or interest that may hereafter arise, against Debtor, or any affiliate thereof, whether arising under the invoices, the Supporting Documents, the Bankruptcy Code or other applicable law, including, without limitation, any cure claim or rejection damages claim arising in connection with assumption or rejection of any of the Supply Agreements.

7. Further, the filing of this Proof of Claim is not, and may not be construed to be: (a) a waiver or release of the Claimant's rights against any other entity, person, or guarantor liable for all or any portion of any claims described herein, (b) a waiver of the right to seek to have the reference withdrawn with respect to the subject matter of this Proof of Claim, any objection or other proceedings commenced with respect thereto, or any other proceedings commenced in this case against or otherwise involving Claimant, (c) a waiver of any equitable remedy that Claimant may have on account of any claim described herein or otherwise, or (d) an election of remedies that waives or otherwise affects any other remedy of Claimant.

* * *

Statement Print AAR

*** STATEMENT OF ACCOUNT ***

MAKE CHECK PAYABLE TO
 AAR Distribution
 3312 Paysphere Circle
 Chicago IL 60674-3312
 United States

STATEMENT DATE
 05/15/20

PAGE
 1

AVIANCA INC P B
 8333 NW 53 STREET SUITE 100
 P.O. BOX 523987
 MIAMI FL 33166

CUSTOMER NUMBER
 0700180

FOR INFORMATION WRITE OR CALL
 (800) 545-2095

All Amounts Shown In US Dollars - USD

Invoice Date	Due Date	Invoice Number	Customer P.O. Number	Invoice Amount	Current	-----Past Due-----		
						1- 30	31- 60	OVER 60
03/17/20	04/16/20	I 18168696	P0527320	1,000.00		1,000.00		
04/06/20	05/06/20	I 18169636	P0601920	1,125.00		1,125.00		
04/07/20	05/07/20	I 18169718	P0548920	264.88		264.88		
Totals						2,389.88		
Amount Due In US Dollars - USD				2,389.88				