

1 UNITED STATES BANKRUPTCY COURT

2 DISTRICT OF NEVADA

3 In re

4 FRONT SIGHT MANAGEMENT LLC,

Case No. 22-11824-abl

Chapter 11

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7  
8 **SUPPLEMENTAL CERTIFICATE OF SERVICE**

9 I, Monica Arellano, depose and say that I am employed by Stretto, the claims and noticing  
10 agent for the Debtor in the above-captioned case.

11 On October 31, 2022, at my direction and under my supervision, employees of Stretto  
12 caused the following documents to be served via first-class mail on **four (4) confidential parties**  
13 not included herein, pursuant to USPS forwarding instructions:

- 14 • **Notice of Hearing on Approval of Plan Confirmation, Notice of Rejection of  
15 Prepetition Memberships and Summary of Debtor's Second Amended Chapter 11  
16 Plan of Reorganization** (Docket No. 407)
- 17 • **Notice of: (1) Rejection of Prepetition Memberships; (2) Bar Date for Filing Proofs of  
18 Claim Related Thereto; and (3) Bar Date for Filing Proofs of Claim if You Want to  
19 Be Eligible to Vote on the Plan** (attached hereto as **Exhibit A**)
- 20 • **Official Form 410 Proof of Claim** (attached hereto as **Exhibit B**)

21 Furthermore, November 01, 2022, at my direction and under my supervision, employees  
22 of Stretto caused the following document to be served via first-class mail on Holley Driggs, Attn  
23 Kristol Ginapp at 300 S 4th St, Ste 1600, Las Vegas, NV 89101-6000, and on **one hundred and  
24 fifty-two (152) confidential parties** not included herein, pursuant to USPS forwarding  
25 instructions:

- 26 • **Notice of Hearing on Approval of Plan Confirmation, Notice of Rejection of  
27 Prepetition Memberships and Summary of Debtor's Second Amended Chapter 11  
28 Plan of Reorganization** (Docket No. 407)

25 Dated: November 4, 2022

*/s/ Monica Arellano*

Monica Arellano

STRETTO

410 Exchange, Suite 100

Irvine, CA 92602

Telephone: 800-634-7734

Email: Monica.Arellano@stretto.com

**Exhibit A**

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1 STEVEN T. GUBNER – NV Bar No. 4624  
 SUSAN K. SEFLIN – CA Bar No. 213865 –Pro Hac Vice Granted  
 2 JESSICA WELLINGTON – CA Bar No. 324477 –Pro Hac Vice Granted  
 BG LAW LLP  
 3 300 S. 4<sup>th</sup> Street, Suite 1550  
 Las Vegas, NV 89101  
 4 Telephone: (702) 835-0800  
 Facsimile: (866) 995-0215  
 5 Email: ssubner@bg.law  
 sseflin@bg.law  
 6 jwellington@bg.law

7 Attorneys for Chapter 11 Debtor in Possession

8 **UNITED STATES BANKRUPTCY COURT**  
 9 **DISTRICT OF NEVADA**

<p>11 In re          12 Front Sight Management LLC,          13 Debtor.</p>	<p>Case No. 22-11824-abl          Chapter 11</p>
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**Claim Bar Date to Vote: November 4, 2022**  
**Claim Bar Date if Not Voting: 30 Days After**  
**the Effective Date (Estimated to be at the End**  
**of December)**

19 **NOTICE OF: (1) REJECTION OF PREPETITION MEMBERSHIPS; (2) BAR DATE FOR**  
 20 **FILING PROOFS OF CLAIM RELATED THERETO; AND (3) BAR DATE FOR FILING**  
 21 **PROOFS OF CLAIM IF YOU WANT TO BE ELIGIBLE TO VOTE ON THE PLAN**

22 **PLEASE TAKE NOTICE** that on October 3, 2022, Front Sight Management LLC, the  
 23 chapter 11 debtor in possession herein (the “Debtor” or “Front Sight”), filed its *Second Amended*  
 24 *Chapter 11 Plan of Reorganization* [ECF No. 405] (as may be amended or modified, the “Plan”) and  
 25 its *Second Amended Disclosure Statement Describing Debtor’s Second Amended Plan of*  
 26 *Reorganization* [ECF No. 406] (as may be amended or modified, the “Disclosure Statement”).  
 Pursuant to the Plan, **all existing Front Sight memberships will be terminated on the effective**  
 27 **date of the Plan (the “Effective Date”)**. The Effective Date is estimated to occur on or around  
 28 November 23, 2022. The Debtor will continue to operate its business after the Effective Date with  
 new equity holders and will be offering memberships to existing Front Sight members as set forth on  
 Exhibit B to the Plan and Disclosure Statement. For your convenience, a copy of **Exhibit B** is  
 attached to this Notice.

1 PLEASE TAKE FURTHER NOTICE that this notice only applies to current Front Sight  
2 members. If you are not a **current** Front Sight member, then the bar date for filing proofs of claim  
3 was August 8, 2022.

4 PLEASE TAKE FURTHER NOTICE that in the Bankruptcy Court order approving the  
5 adequacy of the Disclosure Statement [ECF No. 403], the Bankruptcy Court ordered the following:

6 1. **Voting.** In order to be eligible to vote on the Plan, a member must have a  
7 filed or scheduled claim. For any member who has not yet filed a proof of claim in this case  
8 or who was not scheduled with a claim in this case, **November 4, 2022** (“November 4<sup>th</sup> Bar  
9 Date”) is the last date for such member to file a proof of claim arising from the rejection of  
10 his or her membership agreement and to receive a ballot to vote. If you received this notice,  
11 then you also received a notice of the Plan confirmation hearing which has more information  
12 on the Plan and hearing to approve the Plan (which is scheduled for November 18, 2022 at  
13 9:30 a.m.). Once you file a proof of claim by the November 4<sup>th</sup> Bar Date, you will receive a  
14 ballot to vote on the Plan.

15 2. **Non-Voting.** For any member who does not want to vote on the Plan, the last  
16 date for you to file a proof of claim arising from the rejection of your membership agreement  
17 is **30 days after the Effective Date – which is estimated to be on or around December 23,**  
18 **2022** (the “December Bar Date”).

19 PLEASE TAKE FURTHER NOTICE that a link to a proof of claim form has been sent to  
20 you in the same email that this Notice was sent to you. All Proofs of Claim must be filed so as to be  
21 actually received on or before the applicable November 4<sup>th</sup> Bar Date or December Bar Date at the  
22 following address:

23 If sent by first class mail, overnight mail or hand-delivery:

24 Front Sight Claims Processing  
25 c/o Stretto  
26 410 Exchange, Suite 100  
27 Irvine, CA 92602

28 If filed electronically:

<https://ecf.nvb.uscourts.gov/cgi-bin/autoFilingClaims.pl>

Proofs of Claim will be deemed timely filed if received by Stretto or filed with the  
Bankruptcy Court on or before the applicable Bar Date.

#### WHAT TO FILE:

If you file a Proof of Claim, your filed Proof of Claim must: (i) be written in the English  
language; (ii) be denominated in lawful currency of the United States; (iii) conform substantially to  
Official Bankruptcy Form No. 410; (iv) set forth with specificity the legal and factual basis for the  
alleged claim; (v) include supporting documentation or an explanation as to why such  
documentation is not available; and (vi) be signed by the claimant or, if the claimant is not an  
individual, by an authorized agent of the claimant. Please be advised that if you file a Proof of Claim

1 based on your “account assets” or membership “promotions” (versus the amount of money that you  
2 paid to purchase your memberships and membership rewards), then it is likely that an objection to  
claim will be filed to your Proof of Claim.

3 **WHO TO CONTACT:**

4 If you have any questions relating to this Notice, please feel free to contact counsel for the  
Debtor, Susan Seflin, at sseflin@bg.law, or the Debtor’s Noticing and Claims Agent, Stretto, at  
5 (855) 553-9468 (toll-free) or (949) 271-6489 (international) or by email at  
[TeamFrontSight@stretto.com](mailto:TeamFrontSight@stretto.com).

6 **You should consult an attorney if you have any other questions, including whether you**  
7 **should file a Proof of Claim.**

8  
9 Dated: October 3, 2022

BG Law LLP

10 By: /s/ Susan K. Seflin  
Susan K. Seflin

11 Attorneys for Chapter 11 Debtor in Possession  
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**Exhibit B**

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**Fill in this information to identify the case:**

Debtor 1 Front Sight Management LLC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: District of Nevada

Case number 22-11824-abl

# 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?**

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?**

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Name _____	Name _____
Number _____ Street _____	Number _____ Street _____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____
Contact phone _____	Contact phone _____
Contact email _____	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?** \$\_\_\_\_\_. **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.  
 \_\_\_\_\_

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 \$3,350\* 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.

**Amount entitled to priority**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* 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 \_\_\_\_\_  
MM / DD / YYYY

\_\_\_\_\_  
Signature

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

Name \_\_\_\_\_  
First name Middle name Last name

Title \_\_\_\_\_

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

Address \_\_\_\_\_  
Number Street

City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_