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12 Attorneys for Province, LLC, solely in its capacity as
 13 the Liquidating Trustee of the Front Sight Creditors Trust

14 **UNITED STATES BANKRUPTCY COURT**
 15 **FOR THE DISTRICT OF NEVADA**

<p>16 In re:</p> <p>17 Front Sight Management LLC,</p> <p>18 Debtor.</p>	<p>19 Case No. 22-11824-abl</p> <p>20 Chapter 11</p> <p>21 Hearing Date: April 13, 2023 Hearing Time: 9:30 a.m.</p>
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22 **NINTH OMNIBUS OBJECTION (1) REDUCING AND ALLOWING**
 23 **CERTAIN MEMBER CLAIMS AND (2) DISALLOWING AND EXPUNGING**
 24 **CERTAIN OTHER MEMBER CLAIMS**

25 ****IF YOU ARE RECEIVING THIS OMNIBUS OBJECTION IN THE MAIL THEN IT APPLIES**
 26 **TO YOU AND YOU SHOULD READ THIS DOCUMENT IN FULL****

27 Province, LLC, solely in its capacity as the duly authorized and acting Liquidating Trustee
 28 (the “Liquidating Trustee”)¹ of the Front Sight Creditors Trust (the “Trust”), hereby submits this
 ninth omnibus objection (“Omnibus Objection”) for entry of an order pursuant to Section² 502 and

¹ Pursuant to Front Sight Management, LLC’s (the “Debtor”) confirmed chapter 11 plan of reorganization and order thereon, the Liquidating Trustee has standing to pursue all claim objections in this case except for those relating to Las Vegas Development Fund, LLC and Michael Meacher.

² References to “Section” refer to the Bankruptcy Code (11 U.S.C. §§ 101 et seq.); references to “Bankruptcy Rule” refer to the Federal Rules of Bankruptcy Procedure; and references to “Local Rule” refer to the Local Bankruptcy Rules.

1 Bankruptcy Rule 3007, reducing or disallowing in their entirety the following filed claims:

2	Claimant	Claim No.	Claim Amount	Proposed Treatment
3	John P. Hancock	2-1	\$5,00.00	Allow as a \$3,476 general unsecured claim.
4	James Grant	4-1	\$1,997.00	Disallow claim in its entirety.
5	Shaun Clements	16-1	\$1,800.00	Disallow claim in its entirety.
6	Sean Barber	19-1	\$6,000.00	Disallow claim in its entirety.
7	Nick Goit	22-1	\$1,099.00	Disallow claim in its entirety.
8	Peter Theodore Malone	35-1	\$5,00.00	Allow as a \$3,317.00 general unsecured claim.
9	Brandon A. Green	36-1	\$3,997.00	Allow as a \$2,196.00 general unsecured claim.
10	David C. McCarthy	38-1	\$2,020.00	Allow as a \$846.00 general unsecured claim.
11	Brian Werth	40-1	\$1,200.00	Disallow claim in its entirety.
12	Chester Hansen	42-1	\$2,397.00	Disallow claim in its entirety.
13	Eric Cisco	43-1	\$7,500.00	Allow as a \$299.00 general unsecured claim.
14	Sarah Boss	46-1	\$4,500.00	Disallow claim in its entirety.
15	Kirk Christopher Skinner	50-1	\$5,00.00	Disallow claim in its entirety.
16	Steven Kocsis	53-1	\$2,000.00	Allow as a \$299.00 general unsecured claim.
17	Kenneth Smith	56-1	\$5,000.00	Allow as a \$2,190.00 general unsecured claim.
18	James Charles Kutz	59-1	\$9,100.00	Allow as a \$1,943.00 general unsecured claim.
19	Peter Passaretti (420 Spotted Saddle Ct)	64-1	\$3,444.00	Allow as a \$2,144.00 general unsecured claim.
20	Barry McCann	65-1	\$4,000.00	Disallow claim in its entirety.
21	Sandra D. Jensen	66-1	\$6,000.00	Disallow claim in its entirety.
22	David Jacobs Kotz	70-1	\$3,000.00	Allow as a \$1,579.00 general unsecured claim.
23	Michael Deslauriers	82-1	\$4,410.00	Disallow claim in its entirety.
24	Steven Greenstein	83-1	\$2,500.00	Allow as a \$138.00 general unsecured claim.
25	Robin Badart	86-1	\$5,000.00	Allow as a \$2,738.00 general unsecured claim.
26	Cameron O'Rourke	97-1	\$8,000.00	Allow as a \$1,749.00 general unsecured claim.
27	David Macer	103-1	\$2,000.00	Allow as a \$798.00 general unsecured claim.
28	John Pozar	105-1	\$2,500.00	Disallow claim in its entirety.
	Dawn Janz	106-1	\$3,000.00	Disallow claim in its entirety.
	Dennis Zaferis	114-1	\$2,500.00	Allow as a \$1,299.00 general unsecured claim.
	Trin Astrella, Jr.	124-1	\$1,500.00	Disallow claim in its entirety.
	Michael Brusseau	129-1	\$9,900.00	Allow as a \$250.00 general unsecured claim.

	Claimant	Claim No.	Claim Amount	Proposed Treatment
1	Igor Shpak	131-1	\$3,900.00	Allow as a \$199.00 general unsecured claim.
2	John J. Lennon and Shari E. Lennon	174-1	\$3,000.00	Disallow claim in its entirety.
3	Michael Oltmann	177-1	\$1,976.00	Disallow claim in its entirety.
4	Gary Evans	223-1	\$9,500.00	Allow as a \$2,400.00 general unsecured claim.
5	Danielle R. Evansic	241-1	\$6,270.00	Disallow claim in its entirety.
6	Graham Collings	277-1	\$1,997.00	Disallow claim in its entirety.
7	Kenneth R. Greenwood ³	295-1	\$1,500.00	Disallow claim in its entirety.
8	Brent B. Adams	296-1	\$1,344.95	Allow as a \$349.00 general unsecured claim.
9	John J. Smith	297-1	\$3,700.00	Allow as a \$349.00 general unsecured claim.
10	William Ray Holley	308-1	\$4,500.00	Allow as a \$1,750.00 general unsecured claim.
11	Kevin Hochstrat	317-1	\$1,500.00	Disallow claim in its entirety.
12	Thomas P Hillmer	321-2	\$5,700.00	Allow as a \$3,047.00 general unsecured claim.
13	Beth Mohr	329-2	\$7,200.00	Allow as a \$200.00 general unsecured claim.
14	Mark Fortune	330-1	\$2,000.00	Allow as a \$198.00 general unsecured claim.
15	Shelley Griffin	337-1	\$7,200.00	Disallow claim in its entirety.
16	Matthew Baldwin	338-1	\$2,000.00	Disallow claim in its entirety.
17	Jaime Clavito	339-1	\$1,800.00	Allow as a \$51.00 general unsecured claim.
18	Paul Clay (Employees of Front Sight Management LLC)	352-1	\$1,200.00	Disallow claim in its entirety.
19	Shawn Cropper	354-1	\$2,000.00	Disallow claim in its entirety.
20	Robert J. Byrne Jr.	355-1	\$1,000.00	Disallow claim in its entirety.
21	David Michael Hodges	357-1	\$2,097.00	Allow as a \$199.00 general unsecured claim.
22	Jared Beach	360-1	\$6,000.00	Allow as a \$1,294.00 general unsecured claim.
23	Brian D. Allen (Dominic Allen)	361-1	\$3,000.00	Allow as a \$549.00 general unsecured claim.
24	David Eastman	362-2	\$6,500.00	Allow as a \$299.00 general unsecured claim.
25	Dennis Jerdan	363-1	\$5,093.00	Allow as a \$2,188.00 general unsecured claim.

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³ The Debtor previously objected to Claim 849-1 filed by Claimant Kenneth R. Greenwood in its Amended Fourth Omnibus Objection [ECF No. 480], which objection was sustained by the Court [ECF No. 670] and Claim 849-1 was reduced to \$599.00.

Claimant	Claim No.	Claim Amount	Proposed Treatment
Jason Russo	377-1	\$5,000.00	Allow as a \$1,749.00 general unsecured claim.
Anthony W Austin	390-1	\$7,200.00	Disallow claim in its entirety.
Matthew Meyer	399-1	\$5,000.00	Allow as a \$299.00 general unsecured claim.
Joshua Weatherbie	403-1	\$5,000.00	Allow as a \$1,797.00 general unsecured claim.
Robert DeJong	408-1	\$2,500.00	Disallow claim in its entirety.
David Marshall	410-1	\$5,000.00	Allow as a \$797.00 general unsecured claim.
Daniel Hughes	413-1	\$5,000.00	Allow as a \$894.00 general unsecured claim.
Keenan Hilman	414-1	\$1,000.00	Disallow claim in its entirety.
Robert Wright	419-1	\$4,150.00	Allow as a \$350.00 general unsecured claim.
Andreas Hont	422-1	\$1,000.00	Disallow claim in its entirety.
Kerem Kapkin	426-1	\$3,000.00	Disallow claim in its entirety.
Ronald Hembd	448-1	\$5,796.00	Allow as a \$3,225.00 general unsecured claim.
Kevin Odom	452-1	\$1,000.00	Disallow claim in its entirety.
Anthony Leanza	455-1	\$1,000.00	Disallow claim in its entirety.
Trinidelita Nedy Garcia Lao	457-1	\$1,000.00	Disallow claim in its entirety.
Michael Chapman	459-1	\$8,037.00	Allow as a \$3,952.00 general unsecured claim.
Douglas S. Rohrer	462-1	\$3,500.00	Allow as a \$997.00 general unsecured claim.
Peter Konrad (Denelle, Jordan, Garrett & Amanda Konrad)	477-1	\$7,250.00	Allow as a \$2,894.00 general unsecured claim.
Lloyd C. Phillips	478-1	\$8,000.00	Allow as a \$289.00 general unsecured claim.
Paul Bickley	496-1	\$2,100.00	Allow as a \$100.00 general unsecured claim.
Steve Rose	502-1	\$1,000.00	Disallow claim in its entirety.
Douglas Olivier ⁴	512-1	\$1,200.00	Disallow claim in its entirety.
Michael David	513-1	\$5,500.00	Allow as a \$499.00 general unsecured claim.
Brett William McCann	523-1	\$1,995.00	Disallow claim in its entirety.
Melinda C. Sanchez	524-1	\$2,000.00	Disallow claim in its entirety.
Ernesto A. Sanchez	525-1	\$2,000.00	Disallow claim in its entirety.
Jason Damon	528-1	\$1,200.00	Allow as a \$149.00 general unsecured claim.
William E. Katon	538-1	\$3,900.00	Disallow claim in its entirety.

⁴ In the Fifth Omnibus Objection [ECF No. 558], the Debtor objected to Claim 442-1 filed by Claimant Douglas Olivier, which objection was sustained by the Court [ECF No. 671].

Claimant	Claim No.	Claim Amount	Proposed Treatment
Giovanni Angelo Rossetti	539-1	\$2,596.02	Allow as a \$1,236.00 general unsecured claim.

The Liquidating Trustee has determined that the proofs of claim listed in the chart above (collectively, the “Claims” and each a “Claim”) are subject to reduction and/or disallowance because the amount of each of the Claims exceeds the amount paid by the claimants (collectively, the “Claimants” and each a “Claimant”)⁵ to the Debtor. Each of the Claimants appears to be a former member of the Debtor who is asserting a Claim or Claims against the estate based either on nothing or based on account of member benefits or member rewards. Each Claimant apparently purchased or was given memberships to the Debtor and subsequently purchased or was given membership rewards. These rewards had no value outside of the Debtor’s business and currently have no value. While the Liquidating Trustee believes that most, if not all, of the Claimants received services from the Debtor at least equal to what was paid, the Liquidating Trustee does not object to the Claimants retaining a claim in this case for the amount each Claimant actually paid. By this Omnibus Objection, the Liquidating Trustee seeks to (i) disallow certain claims in their entirety and (ii) reduce the amount of certain of the Claims to the amount reflected on the Debtor’s books and records as to what was actually paid by the Claimants to the Debtor for their respective memberships and membership rewards. Accordingly, the Liquidating Trustee objects to the Claims and respectfully requests entry of an order substantially in the form attached hereto as **Exhibit 2** reducing certain Claims and disallowing certain Claims pursuant to section 502(b) and Bankruptcy Rules 3003 and 3007.

**CLAIMANTS RECEIVING THIS OMNIBUS OBJECTION SHOULD LOCATE
THEIR NAMES AND CLAIMS ON PAGES 2-4 AND 10-16.**

This Omnibus Objection is made and based upon the following Memorandum of Points and Authorities, the declaration of Amanda Demby Swift (the “Swift Decl.”) filed in support of the Omnibus Objection, the papers, pleadings, and other documents on file with the clerk of the Court,

⁵ As required by Local Rule 3007(a)(4), the first page of each of the Proofs of Claim are attached hereto as **Exhibit 1**.

1 and judicial notice of which is respectfully requested pursuant to Federal Rule of Evidence 201, and
2 such other and further evidence as may be provided at the hearing on the Omnibus Objection.

3 **MEMORANDUM OF POINTS AND AUTHORITIES**

4 **I. JURISDICTION AND VENUE**

5 1. This Court has jurisdiction to consider this matter pursuant to 28 U.S.C. §§ 157 and
6 1334 and Local Rule 1001(b)(1).

7 2. Venue is proper before this Court pursuant to 28 U.S.C. §§ 1408 and 1409.

8 3. This is a core proceeding pursuant to 28 U.S.C. § 157(b)(2).

9 4. The statutory predicates for the relief sought herein are Section 11 U.S.C. §§ 105 and
10 502, Bankruptcy Rule 3007, and Local Rule 3007.

11 5. As required by Local Rule 9014.2, the Liquidating Trustee consents to the entry of
12 final orders or judgments by this Court if it is determined that this Court, absent consent of the
13 parties, cannot enter final orders or judgments consistent with Article III of the United States
14 Constitution.

15 **II. STATEMENT OF FACTS**

16 **A. General Case Background**

17 6. On May 24, 2022, the Debtor filed a voluntary petition for relief under chapter 11 of
18 the Bankruptcy Code. On June 9, 2022, United States Trustee for Region 17 filed its *Amended*
19 *Appointment of the Official Committee of Unsecured Creditors* [ECF No. 116].

20 7. On November 29, 2022, the order confirming the Debtor’s second amended chapter
21 11 plan of reorganization was entered [ECF No. 556] (the “Conformation Order”) pursuant to which
22 the “Reorganized Debtor” has new ownership and membership on the “effective date” of the plan.
23 The “effective date” of the plan was December 2, 2022 [ECF No. 584].

24 8. Pursuant to the Confirmation Order, the Trust was created to, among other things,
25 oversee and administer general unsecured claims, objections thereto, and ultimately distributions on
26 allowed claims. Accordingly, the Liquidating Trustee is the party in interest as to this Omnibus
27 Objection.

1 **B. General History of the Debtor**

2 9. In 1998, the Debtor purchased 550 acres of raw land 45 minutes from Las Vegas,
3 acquired approximately 500 acre feet of water rights and began building the largest private firearms
4 training facility in the world (the “Front Sight Property”).

5 10. Historically, the Debtor provided firearms training courses which promoted the
6 defensive use of various firearms. Courses were offered to the general public, members of law
7 enforcement and military members.

8 11. Historically, the Debtor operated its business by selling “lifetime” memberships and
9 promotional benefits such as “Front Sight Bucks,” TBD memberships, and certificates to use for
10 training courses, plus the Debtor sold ancillary products. Pre-petition, the Debtor developed a major
11 expansion plan that contemplated the construction of a vacation and resort development to be known
12 as the “Front Sight Vacation Club & Resort,” to include vacation residences, an RV park and related
13 facilities, a retail area, and a pavilion. The Debtor envisioned creating a self-fulfilling ecosystem,
14 involving memberships and promotional benefits, that would lead to an incentivized customer base
15 that would take advantage of the club and resort and other offerings to redound to the Debtor’s
16 benefit.

17 12. Ultimately, due to facts not relevant to this Omnibus Objection, the Debtor was
18 unable to expand its business, was facing a foreclosure of the Front Sight Property, and sought
19 protection under chapter 11 of the Bankruptcy Code to restructure its business.

20 **III. RELIEF REQUESTED**

21 13. The Liquidating Trustee has reviewed the Debtor’s books and records and the proofs
22 of claim filed in this case. Based on that review, the Liquidating Trustee has determined that the
23 following Claims are subject to reduction and/or disallowance because the amount of each of the
24 Claims exceeds the amount the Claimants paid to the Debtor for their respective membership(s) and
25 membership rewards.

26 14. Each of the Claimants appears to be a former member of the Debtor who is asserting
27 a Claim or Claims against the estate based either on nothing or based on account of member benefits
28 or member rewards. Each Claimant apparently purchased or was given memberships to the Debtor

1 and subsequently purchased or was given membership rewards. These rewards had no value outside
2 of the Debtor's business. While the Liquidating Trustee believes that most, if not all, of the
3 Claimants received services from the Debtor at least equal to what was paid, the Liquidating Trustee
4 does not object to the Claimants retaining a claim in this case for the amount each Claimant actually
5 paid for their respective memberships and membership rewards.

6 15. The Liquidating Trustee seeks entry of an order, pursuant to Section 502 and
7 Bankruptcy Rule 3007, (i) disallowing certain Claims in their entirety and (ii) reducing the amount
8 of certain of the Claims to the amount reflected on the Debtor's books and records as to what was
9 actually paid by the Claimants to the Debtor for their respective memberships and membership
10 rewards, for the reasons set forth below.

11 **IV. BASIS FOR RELIEF**

12 16. Bankruptcy Rule 3001(f) provides that a "proof of claim executed and filed in
13 accordance with these rules shall constitute prima facie evidence of the validity and amount of the
14 claim." It is well established in the Ninth Circuit that the initial burden of persuasion for
15 establishing the validity and amount of a proof of claim is upon the claimant. *Ashford v.*
16 *Consolidated Pioneer Mortgage (In re Consolidated Pioneer Mortgage)*, 178 B.R. 222 (9th Cir.
17 BAP 1995), *aff'd*, 91 F.3d 151 (9th Cir. 1996) (a proof of claim must have a writing attached and
18 include supporting documentation to qualify for presumptive validity). However, the prima facie
19 validity of a claim does not attach unless the claim sets forth the facts necessary to support the claim.
20 *Id.* at 226.

21 17. Section 502 authorizes a "party in interest," such as the Liquidating Trustee, to object
22 to claims. 11 U.S.C. § 502(a). Once the objector raises "facts tending to defeat the claim by
23 probative force equal to that of the allegations of the proofs of claim themselves," then the burden
24 reverts to the claimant to prove the validity of the claim by a preponderance of evidence. *Wright v.*
25 *Holm (In re Holm)*, 931 F.2d 620, 623 (9th Cir. 1991); *In re Consolidated Pioneer Mortgage*, 178
26 B.R. at 226. Indeed, the ultimate burden of persuasion is always on the claimant. *In re Holm*, 931
27 F.2d at 623; *see also In re Heath*, 331 B.R. 424 (9th Cir. BAP 2005) (explaining that a claim that
28

1 fails to attach supporting documentation is not entitled to be considered as prima facie evidence of
2 validity and amount of claim).

3 18. “If the creditor does not provide information or is unable to support its claim, then
4 that in itself may raise an evidentiary basis to object to the unsupported aspects of the claim, or even
5 a basis for evidentiary sanctions, thereby coming within Section 502(b)’s grounds to disallow the
6 claim.” *In re Heath*, 331 B.R. 424, 437 (B.A.P. 9th Cir. 2005).

7 19. Section 502(b)(1) requires disallowance of a claim if “such claim is unenforceable
8 against the debtor and property of the debtor, under any agreement or applicable law for a reason
9 other than because such claim is contingent or unmatured. . .” 11 U.S.C. § 502(b)(1). The
10 “applicable law” referenced in Section 502(b)(1) includes bankruptcy law as well as other federal
11 and state laws. *See Cavaliere v. Sapir*, 208 B.R. 784, 786-787 (D. Conn. 1997) (providing that
12 “applicable law” includes bankruptcy law). A debtor is therefore allowed to raise any federal or
13 state law defenses to a claim. *See In re G.I. Industries, Inc.*, 204 F.3d 1276, 1281 (9th Cir. 2000)
14 (stating that a claim cannot be allowed under Section 502(b)(1) if it is unenforceable under
15 nonbankruptcy law); *Johnson v. Righetti*, 756 F.2d 738, 741 (9th Cir. 1985) (finding that the validity
16 of the claim may be determined under state law); *In re Eastview Estates II*, 713 F.2d 443, 447 (9th
17 Cir. 1983) (applying California law).

18 **V. OBJECTIONS TO CLAIMS**

19 20. First, many of the Claims are not entitled to prima facie validity because the Claims
20 do not contain sufficient evidence to support the amount of the Claim. Many of the Claims are
21 essentially “face page” proofs of claim that do not set forth the facts necessary to support the amount
22 of the Claims though some of them do have attachments. Specifically as to Claims 38-1, 59-1, 83-1,
23 86-1, 106-1, 241-1, 297-1, 321-2, 360-1, 362-2, 448-1, and 459-1, the attachments to the Claims do
24 not provide sufficient evidence of the alleged payments made by the Claimants. As to Claims 36-1,
25 329-1, 357-1, and 419-1, the attachments evidence that Claimants paid the Debtor the amount listed
26 in the Debtor’s books and records. The balance of the Claims do not include a sufficient accounting
27 of the amounts paid by Claimants to the Debtor for their memberships and membership rewards.
28 The burden of persuasion for establishing the validity and amount of a Claim is on the Claimant, and

1 the Claimants have failed to meet their burden. Consequently, the Court should sustain the Omnibus
2 Objection.

3 21. Second, the Claims should be reduced to the amount that the respective Claimant paid
4 to the Debtor for their membership and membership rewards. Specifically, the Debtor's books and
5 records show that the Claimants paid the following amounts to the Debtor for their membership and
6 membership rewards:

Claimant	Claim No.	Claim Amount	Amount Reflected on Debtor's Records as Being Paid by Claimant for Membership and Membership Rewards
John P. Hancock	2-1	\$5,000.00	\$3,476.00
James Grant	4-1	\$1,997.00	\$0.00
Shaun Clements	16-1	\$1,800.00	\$0.00
Sean Barber	19-1	\$6,000.00	\$0.00
Peter Theodore Malone	35-1	\$5,00.00	\$3,317.00
Brandon A. Green	36-1	\$3,997.00	\$2,196.00
David C. McCarthy	38-1	\$2,020.00	\$846.00
Brian Werth	40-1	\$1,200.00	\$0.00
Eric Cisco	43-1	\$7,500.00	\$299.00
Kirk Christopher Skinner	50-1	\$5,00.00	\$0.00
Steven Kocsis	53-1	\$2,000.00	\$299.00
Kenneth Smith	56-1	\$5,000.00	\$2,190.00
James Charles Kutz	59-1	\$9,100.00	\$1,943.00
Peter Passaretti (420 Spotted Saddle Ct)	64-1	\$3,444.00	\$2,144.00
David Jacobs Kotz	70-1	\$3,000.00	\$1,579.00
Steven Greenstein	83-1	\$2,500.00	\$138.00
Robin Badart	86-1	\$5,000.00	\$2,738.00
Cameron O'Rourke	97-1	\$8,000.00	\$1,749.00
David Macer	103-1	\$2,000.00	\$798.00
John Pozar	105-1	\$2,500.00	\$0.00
Dawn Janz	106-1	\$3,000.00	\$0.00
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7	Graham Collings	277-1	\$1,997.00	\$0.00
8	Brent B. Adams	296-1	\$1,344.95	\$349.00
9	John J. Smith	297-1	\$3,700.00	\$349.00
10	William Ray Holley	308-1	\$4,500.00	\$1,750.00
11	Kevin Hochstrat	317-1	\$1,500.00	\$0.00
12	Thomas P Hillmer	321-2	\$5,700.00	\$3,047.00
13	Beth Mohr	329-2	\$7,200.00	\$200.00
14	Mark Fortune	330-1	\$2,000.00	\$198.00
15	Shelley Griffin	337-1	\$7,200.00	\$0.00
16	Matthew Baldwin	338-1	\$2,000.00	\$0.00
17	Jaime Clavito	339-1	\$1,800.00	\$51.00
18	Paul Clay (Employees of Front Sight Management LLC)	352-1	\$1,200.00	\$0.00
19	Shawn Cropper	354-1	\$2,000.00	\$0.00
20	Robert J. Byrne Jr.	355-1	\$1,000.00	\$0.00
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Keenan Hilman	414-1	\$1,000.00	\$0.00
Robert Wright	419-1	\$4,150.00	\$350.00
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Ronald Hembd	448-1	\$5,796.00	\$3,225.00
Kevin Odom	452-1	\$1,000.00	\$0.00
Anthony Leanza	455-1	\$1,000.00	\$0.00
Trinidelita Nedy Garcia Lao	457-1	\$1,000.00	\$0.00
Michael Chapman	459-1	\$8,037.00	\$3,952.00
Douglas S. Rohrer	462-1	\$3,500.00	\$997.00
Peter Konrad (Denelle, Jordan, Garrett & Amanda Konrad)	477-1	\$7,250.00	\$2,894.00
Lloyd C. Phillips	478-1	\$8,000.00	\$289.00
Paul Bickley	496-1	\$2,100.00	\$100.00
Steve Rose	502-1	\$1,000.00	\$0.00
Douglas Olivier	512-1	\$1,200.00	\$0.00
Michael David	513-1	\$5,500.00	\$499.00
Melinda C. Sanchez	524-1	\$2,000.00	\$0.00
Ernesto A. Sanchez	525-1	\$2,000.00	\$0.00
Jason Damon	528-1	\$1,200.00	\$149.00
William E. Katon	538-1	\$3,900.00	\$0.00
Giovanni Angelo Rossetti	539-1	\$2,596.02	\$1,236.00

22. Accordingly, the Liquidating Trustee objects to the Claims because the Claims exceed the amount the Claimants paid to the Debtor and requests that the Court reduce the Claims to the amount each Claimant paid to the Debtor for their membership and membership rewards (or disallow the Claims to the extent that the member has not paid anything to the Debtor) and to disallow any future proof of claim filed by the Claimants based on their membership and/or membership rewards.

23. Third, the Debtor's books and records reflect that several of the Claimants did not pay any amounts to Debtor for their membership or member benefits. Accordingly, the Debtor requests that those Claims be disallowed in their entirety.

24. Fourth, the Debtor's books and records reflect that the following Claimants were refunded the total amount of money that the Claimants paid to the Debtor for their membership and membership benefits after their memberships were terminated:

- Nick Goit, Claim 22-1, refunded \$1,099.00;
- Chester Hansen, Claim 42-1, refunded \$2,997.00;
- Sarah Boss, Claim 46-1, refunded \$997.00;
- Barry McCann, Claim 65-1, refunded \$1,199.00;
- Sandra D. Jensen, Claim 66-1, refunded \$218.00;
- Michael Deslauriers, Claim 82-1, refunded \$2,891.00; and
- Brett William McCann, Claim 523-1, refunded \$2,839.00.

25. Accordingly, the Liquidating Trustee respectfully requests that the Court disallow those Claims in their entirety because the Debtor previously refunded Claimants all moneys paid to the Debtor.

26. Fifth, the Debtor previously objected to Claim 849-1 filed by Claimant Kenneth R. Greenwood in its Amended Fourth Omnibus Objection [ECF No. 480], which objection was sustained by the Court [ECF No. 670] and Claim 849-1 was reduced to \$599.00. As Claimant Kenneth R. Greenwood already has an allowed claim for the amounts he paid to the Debtor (\$599.00), Claim 295-1 should be disallowed in its entirety.

27. Thus, the Liquidating Trustee respectfully requests that the Court reduce the following Claims and allow the Claims as general unsecured claims as set forth below:

Claimant	Claim No.	Asserted Claim Amount	Amount of Reduced Allowed General Unsecured Claim
John P. Hancock	2-1	\$5,000.00	\$3,476.00
Peter Theodore Malone	35-1	\$5,00.00	\$3,317.00
Brandon A. Green	36-1	\$3,997.00	\$2,196.00

	Claimant	Claim No.	Asserted Claim Amount	Amount of Reduced Allowed General Unsecured Claim
1	David C. McCarthy	38-1	\$2,020.00	\$846.00
2	Eric Cisco	43-1	\$7,500.00	\$299.00
3	Steven Kocsis	53-1	\$2,000.00	\$299.00
4	Kenneth Smith	56-1	\$5,000.00	\$2,190.00
5	James Charles Kutz	59-1	\$9,100.00	\$1,943.00
6	Peter Passaretti (420 Spotted Saddle Ct)	64-1	\$3,444.00	\$2,144.00
7	David Jacobs Kotz	70-1	\$3,000.00	\$1,579.00
8	Steven Greenstein	83-1	\$2,500.00	\$138.00
9	Robin Badart	86-1	\$5,000.00	\$2,738.00
10	Cameron O'Rourke	97-1	\$8,000.00	\$1,749.00
11	David Macer	103-1	\$2,000.00	\$798.00
12	Dennis Zaferis	114-1	\$2,500.00	\$1,299.00
13	Michael Brusseau	129-1	\$9,900.00	\$250.00
14	Igor Shpak	131-1	\$3,900.00	\$199.00
15	Gary Evans	223-1	\$9,500.00	\$2,400.00
16	Brent B. Adams	296-1	\$1,344.95	\$349.00
17	John J. Smith	297-1	\$3,700.00	\$349.00
18	William Ray Holley	308-1	\$4,500.00	\$1,750.00
19	Thomas P Hillmer	321-2	\$5,700.00	\$3,047.00
20	Beth Mohr	329-2	\$7,200.00	\$200.00
21	Mark Fortune	330-1	\$2,000.00	\$198.00
22	Jaime Clavito	339-1	\$1,800.00	\$51.00
23	David Michael Hodges	357-1	\$2,097.00	\$199.00
24	Jared Beach	360-1	\$6,000.00	\$1,294.00
25	Brian D. Allen (Dominic Allen)	361-1	\$3,000.00	\$549.00
26	David Eastman	362-2	\$6,500.00	\$299.00
27	Dennis Jerdan	363-1	\$5,093.00	\$2,188.00
28	Jason Russo	377-1	\$5,000.00	\$1,749.00
	Matthew Meyer	399-1	\$5,000.00	\$299.00
	Joshua Weatherbie	403-1	\$5,000.00	\$1,797.00
	David Marshall	410-1	\$5,000.00	\$797.00
	Daniel Hughes	413-1	\$5,000.00	\$894.00

Claimant	Claim No.	Asserted Claim Amount	Amount of Reduced Allowed General Unsecured Claim
Robert Wright	419-1	\$4,150.00	\$350.00
Ronald Hembd	448-1	\$5,796.00	\$3,225.00
Michael Chapman	459-1	\$8,037.00	\$3,952.00
Douglas S. Rohrer	462-1	\$3,500.00	\$997.00
Peter Konrad (Denelle, Jordan, Garrett & Amanda Konrad)	477-1	\$7,250.00	\$2,894.00
Lloyd C. Phillips	478-1	\$8,000.00	\$289.00
Paul Bickley	496-1	\$2,100.00	\$100.00
Michael David	513-1	\$5,500.00	\$499.00
Jason Damon	528-1	\$1,200.00	\$149.00
Giovanni Angelo Rossetti	539-1	\$2,596.02	\$1,236.00

28. The Liquidating Trustee requests that the Court disallow the following Claims in their entirety:

Claimant	Claim No.	Asserted Claim Amount	Treatment
James Grant	4-1	\$1,997.00	Disallowed
Shaun Clements	16-1	\$1,800.00	Disallowed
Sean Barber	19-1	\$6,000.00	Disallowed
Nick Goit	22-1	\$1,099.00	Disallowed
Brian Werth	40-1	\$1,200.00	Disallowed
Chester Hansen	42-1	\$2,397.00	Disallowed
Sarah Boss	46-1	\$4,500.00	Disallowed
Kirk Christopher Skinner	50-1	\$5,00.00	Disallowed
Barry McCann	65-1	\$4,000.00	Disallowed
Sandra D. Jensen	66-1	\$6,000.00	Disallowed
Michael Deslauriers	82-1	\$4,410.00	Disallowed
John Pozar	105-1	\$2,500.00	Disallowed
Dawn Janz	106-1	\$3,000.00	Disallowed
Trin Astrella, Jr.	124-1	\$1,500.00	Disallowed
John J. Lennon and Shari E. Lennon	174-1	\$3,000.00	Disallowed
Michael Oltmann	177-1	\$1,976.00	Disallowed
Danielle R. Evansic	241-1	\$6,270.00	Disallowed

Claimant	Claim No.	Asserted Claim Amount	Treatment
Graham Collings	277-1	\$1,997.00	Disallowed
Kenneth R. Greenwood	295-1	\$1,500.00	Disallowed
Kevin Hochstrat	317-1	\$1,500.00	Disallowed
Shelley Griffin	337-1	\$7,200.00	Disallowed
Matthew Baldwin	338-1	\$2,000.00	Disallowed
Paul Clay (Employees of Front Sight Management LLC)	352-1	\$1,200.00	Disallowed
Shawn Cropper	354-1	\$2,000.00	Disallowed
Robert J. Byrne Jr.	355-1	\$1,000.00	Disallowed
Anthony W Austin	390-1	\$7,200.00	Disallowed
Robert DeJong	408-1	\$2,500.00	Disallowed
Keenan Hilman	414-1	\$1,000.00	Disallowed
Andreas Hont	422-1	\$1,000.00	Disallowed
Kerem Kapkin	426-1	\$3,000.00	Disallowed
Kevin Odom	452-1	\$1,000.00	Disallowed
Anthony Leanza	455-1	\$1,000.00	Disallowed
Trinidelita Nedy Garcia Lao	457-1	\$1,000.00	Disallowed
Steve Rose	502-1	\$1,000.00	Disallowed
Douglas Olivier	512-1	\$1,200.00	Disallowed
Brett William McCann	523-1	\$1,995.00	Disallowed
Melinda C. Sanchez	524-1	\$2,000.00	Disallowed
Ernesto A. Sanchez	525-1	\$2,000.00	Disallowed
William E. Katon	538-1	\$3,900.00	Disallowed

VI. RESERVATION OF RIGHTS

29. The Liquidating Trustee specifically reserves the right to amend this Omnibus Objection, file additional papers in support of this Omnibus Objection or take other appropriate actions, including, *inter alia*, to: (a) respond to any allegation or defense that may be raised in a response filed by or on behalf of any of the Claimants or other interested parties; (b) object further to any Claim for which a Claimant provides (or attempts to provide) additional documentation or substantiation; and (c) object further to any of the Claims addressed herein based on additional

1 information that may be discovered upon further review by the Liquidating Trustee or through
2 discovery pursuant to the Bankruptcy Rules.

3 **VII. SEPARATE CONTESTED MATTERS**

4 30. Each of the Claims and the Liquidating Trustee's objections thereto constitute a
5 separate contested matter as contemplated by Bankruptcy Rules 3007 and 9014 and Local Rule
6 3007. The Liquidating Trustee requests that any order entered by the Court with respect to a
7 particular Claim objected to in this Omnibus Objection be deemed a separate order with respect to
8 each Claim in accordance with Bankruptcy Rule 3007(1).

9 **VIII. NOTICE**

10 31. The Liquidating Trustee will serve copies of this Omnibus Objection upon each of the
11 Claimants identified in the chart contained herein at the addresses listed on the disputed Claims, as
12 filed.

13 **IX. CONCLUSION**

14 For the foregoing reasons, the Liquidating Trustee respectfully requests that the Court enter
15 an order substantially in the form attached hereto as **Exhibit 2**:

16 A. Sustaining the Omnibus Objection, and reducing certain Claims and disallowing other
17 Claims (and expunging them from the Court's claims register);

18 B. Providing that each of the Claims shall be reduced or expunged from the official claims
19 register in the Debtor's bankruptcy case;

20 C. Providing that for any Claim disallowed pursuant to this Omnibus Objection, the
21 Claimant forever waives such claim against the Trust, the Liquidating Trustee, the Debtor and its
22 estate;

23 D. Providing that if any Claimant files or asserts any new claim, or an amendment of any
24 other proof of claim, related to any of the Claims resolved by this Omnibus Objection, then such
25 amendment shall be deemed disallowed with prejudice and automatically expunged from the claims
26 register in the Debtor's case, without further order of this Court;

27 E. Providing that, pursuant to Rule 54(b) of the Federal Rules of Civil Procedure, made
28 applicable in contested matters through Bankruptcy Rules 7054 and 9014, any such ruling on the

1 Omnibus Objection shall be treated as a final judgment with respect to the Claimants and their
2 Claims subject to such ruling, and determining that there is no just reason for delay in entry of a final
3 judgment on the Claims resolved herein;

4 F. Directing and authorizing the clerk of the Court to modify its claims register in this case
5 to reduce or expunge the Claims consistent with the terms of the order sustaining this Omnibus
6 Objection; and

7 G. Granting such other and further relief as the Court deems just and proper.

8
9 DATED: February 16, 2023

BG Law LLP

10
11 By: /s/ Susan K. Seflin
12 Susan K. Seflin
13 Jessica S. Wellington
14 Attorneys for Province, LLC, solely in its capacity as
15 the Liquidating Trustee of the Front Sight Creditors
16 Trust
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EXHIBIT 1

Fill in this information to identify the case:

Debtor 1 FRONT SIGHT MANAGEMENT LLC
Debtor 2
(Spouse, if filing)
United States Bankruptcy Court District of Nevada
Case number: 22-11824

FILED
U.S. Bankruptcy Court
District of Nevada
5/26/2022
Mary A. Schott, Clerk

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? John P. Hancock
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
3. Where should notices and payments to the creditor be sent?
Where should notices to the creditor be sent? John P. Hancock
Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Name
7620 Cozyloft Drive Las Vegas, NV 89123
Contact phone 7028846556
Contact email joph12@gmail.com
4. Does this claim amend one already filed? No
5. Do you know if anyone else has filed a proof of claim for this claim? No

Fill in this information to identify the case:

Debtor 1 FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court District of Nevada
Case number: 22-11824

FILED
 U.S. Bankruptcy Court
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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?	James Grant 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?	Where should payments to the creditor be sent? (if different)
	James Grant Name 3668 E. Del Rio St. Gilbert, AZ 85295	 Name
	Contact phone <u>4805707228</u>	Contact phone _____
	Contact email <u>jimnaly@cox.net</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 _____ MM/DD/YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 5/27/2022
 Mary A. Schott, Clerk

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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?	Shaun Clements 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?	Where should payments to the creditor be sent? (if different)
	Shaun Clements Name 898 N 900 E Shelley, ID. 83274,	_____ Name
	Contact phone 208-243-0694	Contact phone _____
	Contact email cruiser1978@hotmail.com	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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
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04/22

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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?	Sean Barber 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?	Where should payments to the creditor be sent? (if different)
	Sean Barber Name	
	708 Laurelwood Circle Vacaville, CA 95687 Vacaville, CA 95687	Name
	Contact phone 9257887235	Contact phone
	Contact email seanbarberis@gmail.com	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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 5/27/2022
 Mary A. Schott, Clerk

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04/22

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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?	Nick Goit _____ 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?	Where should payments to the creditor be sent? (if different)
	Nick Goit _____	_____
	Name	Name
	74675 Cain Ln Irrigon, OR 97844	
	Contact phone <u>503-507-6560</u>	Contact phone _____
Contact email <u>nick.goit@gmail.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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 5/27/2022
 Mary A. Schott, Clerk

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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?	Peter Theodore Malone	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	Peter Malone, Ted Malone
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)
	Peter Theodore Malone	_____
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
	28819 N 139th PL Scottsdale, AZ 85262	Name
	Contact phone 6024597168	Contact phone _____
	Contact email ted.malone@outlook.com	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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 5/27/2022
 Mary A. Schott, Clerk

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 Proof of Claim**

04/22

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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?	Brandon A. Green _____ Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Brandon Green</u> _____	
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?	Where should payments to the creditor be sent? (if different)
	Brandon A. Green _____	_____
	Name	Name
	19690 se 227th st Renton WA 98058 renton, 98058	
	Contact phone <u>14255294593</u>	Contact phone _____
Contact email <u>4brandon@gmail.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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 5/27/2022
 Mary A. Schott, Clerk

**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?	David C. McCarthy	
	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?	Where should payments to the creditor be sent? (if different)
	David C. McCarthy	
	Name	Name
	1038 N 74th Place Scottsdale, AZ 85257-4023	
	Contact phone 480-703-6291	Contact phone
	Contact email ka7emt@gmail.com	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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

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Part 1: Identify the Claim

1. Who is the current creditor?	Brian Werth _____ Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor Brian T Werth _____	
2. Has this claim been acquired from someone else?	<input type="checkbox"/> No <input checked="" 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?	Where should payments to the creditor be sent? (if different)
	Brian Werth _____ Name	_____ Name
	304 9th Ave NE Byron, MN 55920	
	Contact phone 612-804-4366 _____	Contact phone _____
	Contact email brianwerth.50@gmail.com _____	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 _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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Part 1: Identify the Claim

1. Who is the current creditor?	Chester Hansen 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?	Where should payments to the creditor be sent? (if different)
	Chester Hansen Name	_____ Name
	7728 Whispering River Street Las Vegas, NV 89131	
	Contact phone <u>6025020750</u>	Contact phone _____
	Contact email <u>Dahl.hansen3@yahoo.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 _____ MM / DD / YYYY	
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? _____	

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Part 1: Identify the Claim

1. Who is the current creditor?	Eric Cisco		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor	account name: e99	
2. Has this claim been acquired from someone else?	<input 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)	
	Eric Cisco		
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name	
	7511 Greenwood Ave N#323 Seattle WA 98103 Seattle, WA 98103		
	Contact phone _____	Contact phone _____	
	Contact email breakloose999@yahoo.com	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 _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

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Part 1: Identify the Claim

1. Who is the current creditor?	Sarah Boss Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Sarah Taylor	
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?	Where should payments to the creditor be sent? (if different)
	Sarah Boss Name	_____ Name
	22 Charbonneau Drive Riverton WY 82501 Riverton, WY 82501	
	Contact phone 541-892-7313	Contact phone _____
	Contact email Foxtrotn52@gmail.com	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 _____ MM / DD / YYYY	
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? _____	

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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?	Kirk Christopher Skinner 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?	Where should payments to the creditor be sent? (if different)
	Kirk Christopher Skinner Name 5927 Winter Breeze Dr Spring TX Spring, TX 77379	_____ Name
	Contact phone <u>8013106883</u>	Contact phone _____
	Contact email <u>kc_skinner@outlook.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 _____ MM / DD / YYYY	
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? _____	

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Part 1: Identify the Claim

1. Who is the current creditor?	Steven Kocsis 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?	Where should payments to the creditor be sent? (if different)
	Steven Kocsis Name	
	20580 Anna Cir Yorba Linda, CA 92887	Name
	Contact phone 3102106504	Contact phone
	Contact email skocsis1@gmail.com	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 MM/DD/YYYY	
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?	

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Part 1: Identify the Claim

1. Who is the current creditor?	Kenneth Smith 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?	Where should payments to the creditor be sent? (if different)
	Kenneth Smith Name	_____ Name
	3750 Nevada Ave 3750 Nevada Ave Pahrump, NV 89048	_____
	Contact phone <u>7077049872</u>	Contact phone _____
	Contact email <u>thorsmith59@gmail.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 _____ MM / DD / YYYY	
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? _____	

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Part 1: Identify the Claim

1. Who is the current creditor?	James Charles Kutz Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Chuck Kutz</u>	
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?	Where should payments to the creditor be sent? (if different)
	James Charles Kutz Name	_____ Name
	751 Arbutus Ave Chico, CA 95926-4003	
	Contact phone <u>530-521-3634</u>	Contact phone _____
	Contact email <u>Okunokata@yahoo.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 _____ MM / DD / YYYY	
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? _____	

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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?	420 Spotted Saddle Ct _____ 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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	420 Spotted Saddle Ct _____ Name Murfreesboro, TN 37129-5124	_____ Name
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	
	Contact phone 408-234-4555 _____	Contact phone _____
	Contact email peddlerp@yahoo.com _____	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 _____ MM / DD / YYYY	
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? _____	

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Part 1: Identify the Claim

1. Who is the current creditor?	Barry McCann 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?	Where should payments to the creditor be sent? (if different)
	Barry McCann	
	Name	Name
	915 Northridge Drive Bountiful, UT 84010	
	Contact phone 8015802000	Contact phone
Contact email BARRYMCCANN@ME.COM	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 MM/DD/YYYY	
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?	

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Part 1: Identify the Claim

1. Who is the current creditor?	Sandra D Jensen	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	Sandy Jensen
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)
	Sandra D Jensen	_____
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
	3114 N TAM O Shanter Dr Flagstaff, AZ 86004 Flagstaff, AZ 86004	Name
	Contact phone 7609549870	Contact phone _____
	Contact email sandradjensen69@gmail.com	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 _____ MM / DD / YYYY	
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? _____	

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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?	David Jacobs Kotz Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>David Kotz</u>	
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?	Where should payments to the creditor be sent? (if different)
	David Jacobs Kotz Name PO Box 23 Far Hills, NJ 07931	_____ Name
	Contact phone <u>9085020060</u>	Contact phone _____
	Contact email <u>david@davidkotch.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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 6/2/2022
 Mary A. Schott, Clerk

**Official Form 410
 Proof of Claim**

04/22

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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?	Michel Deslauriers	
	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?	Where should payments to the creditor be sent? (if different)
	Michel Deslauriers	
	Name	Name
	11455 rue frigon montreal quebec canada h3m 2r6	
	Contact phone 4385056806	Contact phone
	Contact email deslauriermc@me.com	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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 6/3/2022
 Mary A. Schott, Clerk

**Official Form 410
 Proof of Claim**

04/22

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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?	Steven Greenstein 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?	Where should payments to the creditor be sent? (if different)
	Steven Greenstein Name	_____ Name
	19586 Dinner Key Dr. Boca Raton, FL 33498	
	Contact phone <u>9084033017</u>	Contact phone _____
	Contact email <u>siglaw@comcast.net</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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 6/3/2022
 Mary A. Schott, Clerk

**Official Form 410
 Proof of Claim**

04/22

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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?	Robin Badart 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?	Where should payments to the creditor be sent? (if different)
	Robin Badart Name 7975 E Sundew Drive Tucson, AZ 85710-8573	_____ Name
	Contact phone <u>5202963722</u>	Contact phone _____
	Contact email <u>cybern8@yahoo.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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 6/3/2022
 Mary A. Schott, Clerk

**Official Form 410
 Proof of Claim**

04/22

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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?	Cameron O'Rourke	
	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?	Where should payments to the creditor be sent? (if different)
	Cameron O'Rourke	
	Name	Name
	24 Lynnbrook Court San Ramon, CA 94582	
	Contact phone 925-858-0411	Contact phone
	Contact email cameron.orourke@mac.com	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 MM/DD/YYYY
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?	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 6/4/2022
 Mary A. Schott, Clerk

**Official Form 410
 Proof of Claim**

04/22

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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?	David Macer	
	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?	Where should payments to the creditor be sent? (if different)
	David Macer	
	Name	Name
	1866 Cypress Mesa Drive Henderson, NV 89012	
	Contact phone 7028028920	Contact phone
	Contact email dmacer7@gmail.com	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 MM/DD/YYYY	
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?	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 6/4/2022
 Mary A. Schott, Clerk

**Official Form 410
 Proof of Claim**

04/22

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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?	John Pozar 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?	Where should payments to the creditor be sent? (if different)
	John Pozar Name	_____ Name
	416 NW 8th ST Pendleton, OR 97801	
	Contact phone _____	Contact phone _____
	Contact email <u>john_pozar@rush.edu</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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 6/4/2022
 Mary A. Schott, Clerk

**Official Form 410
 Proof of Claim**

04/22

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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?	Dawn Janz 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?	Where should payments to the creditor be sent? (if different)
	Dawn Janz Name 132 RICHARD ROAD 132 RICHARD ROAD CORRALES, NM 87048	_____ Name
	Contact phone 8476091038	Contact phone _____
	Contact email magickdawn@prodigy.net	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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 6/6/2022
 Mary A. Schott, Clerk

**Official Form 410
 Proof of Claim**

04/22

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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?	Dennis Zaferis	
	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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Dennis Zaferis	
	Name	Name
	1345 Latigo Boulevard Pipe Creek, TX 78063	
	Contact phone 661-886-6543	Contact phone
	Contact email Dennismz51@gmail.com	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 MM/DD/YYYY
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?	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 6/7/2022
 Mary A. Schott, Clerk

**Official Form 410
 Proof of Claim**

04/22

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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?	Trin Astrella, Jr. 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?	Where should payments to the creditor be sent? (if different)
	Trin Astrella, Jr. Name	_____ Name
	21 Brookside Dr. Sutton, MA 01590-4813	
	Contact phone <u>5088650484</u>	Contact phone _____
	Contact email <u>trintino@aol.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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 6/7/2022
 Mary A. Schott, Clerk

**Official Form 410
 Proof of Claim**

04/22

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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?	Michael Brusseau _____ 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?	Where should payments to the creditor be sent? (if different)
	Michael Brusseau _____	_____
	Name	Name
	1525 Cold Springs Road Spc 59 Placerville, CA 95667	
	Contact phone <u>9166933890</u>	Contact phone _____
Contact email <u>mr865@yahoo.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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 6/8/2022
 Mary A. Schott, Clerk

**Official Form 410
 Proof of Claim**

04/22

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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?	Igor Shpak 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 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?	Where should payments to the creditor be sent? (if different)
	Igor Shpak Name	
	20 Clayton Drive Dix Hills, NY 11746	
	Contact phone 9176961787	Contact phone
	Contact email ishpak@gmail.com	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 MM/DD/YYYY	
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?	

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

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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?

John J. Lennon
 Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Shari E. Lennon

2. Has this claim been acquired from someone else?

No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

<p>Where should notices to the creditor be sent?</p> <p><u>John J. Lennon</u> Name</p> <p><u>1286 Cielo Ct.</u> Number Street</p> <p><u>North Venice FL 34275</u> City State ZIP Code</p> <p>Contact phone <u>616 246 6741</u></p> <p>Contact email <u>john@lennonfinancial.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>SAME</u> Name</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
---	--

STRETTO
JUN 28 2022
RECEIVED

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? _____

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

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. You can also use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503(c). Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach copies of documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of work, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. 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. § 1572.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy.

Part 1: Identify the Claim

1. Who is the current creditor?
Michael Oltmann
 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?
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p><u>Michael Oltmann</u> Name</p> <p><u>32715 NE 147th St</u> Number Street</p> <p><u>Duvall WA 98019</u> City State ZIP Code</p> <p>Contact phone <u>425-766-7225</u></p>	<p>Where should payments be sent (if different)?</p> <p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City</p> <p>_____ Contact phone</p>
---	---

STRETTO
 JUL 05 2022
 RECEIVED

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

04/19

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? Gary Evans
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?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

STRETTO
AUG 02 2022
Received

Where should notices to the creditor be sent?
Gary Evans
Name
14724 Saticoy Street
Number Street
Van Nuys CA 91405
City State ZIP Code
Contact phone (818) 781-3483
Contact email jeff@hagenhagenlaw.com

Where should payments to the creditor be sent? (if different)
Name _____
Number Street _____
City State ZIP Code _____
Contact phone _____
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? No prior claim filed

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 8/6/2022
 Mary A. Schott, Clerk

**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?	Danielle R. Evansic 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?	Where should payments to the creditor be sent? (if different)
	Danielle R. Evansic Name	_____ Name
	6 Chickadee Court Bedford, NH 03110	
	Contact phone 4124807465	Contact phone _____
	Contact email Dani14@mac.com	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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 8/8/2022
 Mary A. Schott, Clerk

**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?	Graham Collings	
	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?	Where should payments to the creditor be sent? (if different)
	Graham Collings	
	Name	Name
	205 N Railroad St Council, ID 83612	
	Contact phone 5304460732	Contact phone
	Contact email mournarain@gmail.com	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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 8/8/2022
 Mary A. Schott, Clerk

**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?	Kenneth R Greenwood Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Ken R. Greenwood</u>	
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?	Where should payments to the creditor be sent? (if different)
	Kenneth R Greenwood Name	_____ Name
	6400 Kristin Lee Way N/A N/A Placerville, CA 95667	
	Contact phone <u>5303066390</u>	Contact phone _____
	Contact email <u>krq@d-web.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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 8/11/2022
 Mary A. Schott, Clerk

**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?	Brent B Adams	
	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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Brent B Adams	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	
	Name	Name
	24051 Pinehurst Lane 24051 Pinehurst Lane	
	Laguna Niguel, CA 92677	
	Contact phone 9494225409	Contact phone
Contact email Brentbba@cox.net	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 MM/DD/YYYY	
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?	

Fill in this information to identify the case:

Debtor 1 FrontSightManagement,LLC

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: _____ District of Nevada

Case number 22-11824-abl

RECEIVED AND FILED DLS

2022 AUG -8 P 12: 08

U.S. BANKRUPTCY COURT MARY A. SCHOTT, CLERK

04/22

Official Form 410

Proof of Claim

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? John J. Smith
 Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor JJ Smith

2. Has this claim been acquired from someone else? No
 Yes. From whom? _____

<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p><u>J.J. Smith</u> Name <u>7923 W. Friend Dr</u> Number Street <u>Littleton</u> <u>CO</u> <u>80128</u> City State ZIP Code Contact phone <u>3034751516</u> Contact email <u>smith.jj.ks@q.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____</p>
---	---	---

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

STRETTO
 AUG 10 2022
 RECEIVED

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? _____

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? WILLIAM RAY HOLLEY
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?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Name <u>WILLIAM R. HOLLEY</u>	Name _____
Number Street <u>1012 NANNEYTOWN RD.</u>	Number Street _____
City State ZIP Code <u>UNION MILLS NC 28167</u>	City State ZIP Code _____
Contact phone <u>828 747 9384</u>	Contact phone _____
Contact email <u>holleyray51@gmail.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?
 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? _____

STRETTO
AUG 18 2022
RECEIVED

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 8/25/2022
 Mary A. Schott, Clerk

**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?	Kevin Hochstrat 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?	Where should payments to the creditor be sent? (if different)
	Kevin Hochstrat Name Po Box 371 114 N Ordway St Wilsall, MT 59086-59086	_____ Name
	Contact phone 4062240704	Contact phone _____
	Contact email flyencowboy@gmail.com	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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:

Debtor 1 Front Slight Management LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of Nevada District of _____

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.

Files 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? Thomas P Hillmer
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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Thomas P Hillmer</u> Name <u>14540 W Wilshire Drive</u> Number Street <u>Goodyear AZ 85395</u> City State ZIP Code Contact phone <u>623-692-1599</u> Contact email <u>thillmer1@cox.net</u>	_____ Name _____ Number Street <u>Goodyear AZ 85395</u> City State ZIP Code Contact phone _____ Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

STRETTO
OCT 12 2022
RECEIVED

4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) 321-1 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? _____

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

CLAIM BEING RESUBMITTED DUE TO DEBTOR'S REJECTION OF EXECUTORY CONTRACTS

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? Beth A. Mohr
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?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p><u>Beth A. Mohr</u> Name <u>4031 Smith Ave SE</u> Number Street <u>Albuquerque, NM 87108</u> City State ZIP Code Contact phone <u>505-450-2818</u> Contact email <u>bethamohr@gmail.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>SAME</u> Name Number Street City State ZIP Code Contact phone _____ Contact email _____</p>
---	--

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed? Yes. Claim number on court claims registry (if known) _____
resubmitted due to the debtor's rejection of executory contracts Filed on 9/6/2022
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? _____



Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 9/10/2022
 Mary A. Schott, Clerk

**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?	Mark Fortune _____ 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?	Where should payments to the creditor be sent? (if different)
	Mark Fortune _____	_____
	Name	Name
	1301 Westwood Dr Windsor, CO 80550	
	Contact phone <u>3103477572</u>	Contact phone _____
Contact email <u>markifortune@gmail.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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 10/4/2022
 Mary A. Schott, Clerk

**Official Form 410
 Proof of Claim**

04/22

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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?	SHELLEY GRIFFIN	
	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?	Where should payments to the creditor be sent? (if different)
	SHELLEY GRIFFIN	
	Name	Name
	2907 SHELTER ISLAND DRIVE #105-285 SAN DIEGO, CA 92106	
	Contact phone 3232175688	Contact phone
	Contact email COMEDYSHELL@AOL.COM	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 MM/DD/YYYY
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?	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 10/5/2022
 Mary A. Schott, Clerk

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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?	Matthew Lee Baldwin	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	Matthew Baldwin
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)
	Matthew Lee Baldwin	_____
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name
	1520 ROBBIA AVE 1520 ROBBIA AVE	
	CORAL GABLES, FL 33146	
	Contact phone 3052837427	Contact phone _____
	Contact email matthew@vargasgonzalez.com	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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 10/5/2022
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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?	Jaime Clavito 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?	Where should payments to the creditor be sent? (if different)
	Jaime Clavito Name	_____ Name
	5100 N HIGHWAY 99 SPC 76 Stockton, CA 95212	
	Contact phone <u>+529841781595</u>	Contact phone _____
	Contact email <u>jaime_clavito@yahoo.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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
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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?	EMPLOYEES OF FRONT SIGHT MANAGEMENT LLC 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?	Where should payments to the creditor be sent? (if different)
	EMPLOYEES OF FRONT SIGHT MANAGEMENT LLC Name	_____ Name
	1 FRONT SIGHT ROAD PAHRUMP NV 89061	
	Contact phone <u>9314725147</u>	Contact phone _____
	Contact email <u>jarhead3004@yahoo.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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 10/5/2022
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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?	Shawn Cropper	
	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?	Where should payments to the creditor be sent? (if different)
	Shawn Cropper	
	Name	Name
	1230 Rose Quartz Rd 1230 Rose Quartz Rd	
	Henderson, NV 89002	
	Contact phone 7023550110	Contact phone
	Contact email shawncropper@gmail.com	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 MM/DD/YYYY
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?	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 10/5/2022
 Mary A. Schott, Clerk

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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?	Robert J Byrne Jr 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?	Where should payments to the creditor be sent? (if different)
	Robert J Byrne Jr Name 109 Minor Ct Ocoee, FL 34761-2815	_____ Name
	Contact phone 4074682118	Contact phone _____
	Contact email byrnerj@yahoo.com	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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
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FILED
 U.S. Bankruptcy Court
 District of Nevada
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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?	David Michael Hodges	
	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?	Where should payments to the creditor be sent? (if different)
	David Michael Hodges	
	Name	Name
	9239 Westhill Road Lakeside, CA 92040	
	Contact phone 6192122927	Contact phone
	Contact email dmhodes@tutanota.com	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 MM / DD / YYYY
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?	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

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 District of Nevada
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Part 1: Identify the Claim

1. Who is the current creditor?	Jared Beach 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?	Where should payments to the creditor be sent? (if different)
	Jared Beach Name 2632 Tres Lagos Alamogordo, NM 88310 Contact phone 321-960-5872 Contact email beach.jaredw@gmail.com Uniform claim identifier for electronic payments in chapter 13 (if you use one):	 Name Contact phone Contact email
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 MM/DD/YYYY	
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?	

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United States Bankruptcy Court	District of Nevada
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 District of Nevada
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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?	960 monte nerone ave Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Dominic Allen</u>																
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?	<table border="0"> <tr> <th>Where should notices to the creditor be sent?</th> <th>Where should payments to the creditor be sent? (if different)</th> </tr> <tr> <td>960 monte nerone ave</td> <td>_____</td> </tr> <tr> <td>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</td> <td>Name</td> </tr> <tr> <td>Name</td> <td>Name</td> </tr> <tr> <td>Henderson, NV 89012</td> <td>Henderson, NV 89012</td> </tr> <tr> <td>Contact phone <u>702-831-9832</u></td> <td>Contact phone _____</td> </tr> <tr> <td>Contact email <u>Dominic@gildedpendulum.com</u></td> <td>Contact email _____</td> </tr> <tr> <td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td> </tr> </table>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	960 monte nerone ave	_____	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name	Name	Henderson, NV 89012	Henderson, NV 89012	Contact phone <u>702-831-9832</u>	Contact phone _____	Contact email <u>Dominic@gildedpendulum.com</u>	Contact email _____	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)																
960 monte nerone ave	_____																
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name																
Name	Name																
Henderson, NV 89012	Henderson, NV 89012																
Contact phone <u>702-831-9832</u>	Contact phone _____																
Contact email <u>Dominic@gildedpendulum.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 _____ MM / DD / YYYY																
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? _____																

Fill in this information to identify the case:	
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Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
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 District of Nevada
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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?	David Eastman 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?	<table border="0"> <tr> <th>Where should notices to the creditor be sent?</th> <th>Where should payments to the creditor be sent? (if different)</th> </tr> <tr> <td>David Eastman</td> <td></td> </tr> <tr> <td>Name</td> <td>Name</td> </tr> <tr> <td>1491 W Gold Bar Road 1491 W Gold Bar Road Wasilla, AK 99654</td> <td></td> </tr> <tr> <td>Contact phone 9073554759</td> <td>Contact phone</td> </tr> <tr> <td>Contact email david.eastman@gmail.com</td> <td>Contact email</td> </tr> <tr> <td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one):</td> </tr> </table>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	David Eastman		Name	Name	1491 W Gold Bar Road 1491 W Gold Bar Road Wasilla, AK 99654		Contact phone 9073554759	Contact phone	Contact email david.eastman@gmail.com	Contact email	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)														
David Eastman															
Name	Name														
1491 W Gold Bar Road 1491 W Gold Bar Road Wasilla, AK 99654															
Contact phone 9073554759	Contact phone														
Contact email david.eastman@gmail.com	Contact email														
Uniform claim identifier for electronic payments in chapter 13 (if you use one):															
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) 362 Filed on 10/05/2022 MM / DD / YYYY														
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?														

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
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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?	DENNIS JERDAN 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?	Where should payments to the creditor be sent? (if different)
	DENNIS JERDAN Name	_____ Name
	215 CASEY WAY HATFIELD, PA 19440	
	Contact phone 215-740-3878	Contact phone _____
	Contact email djerdan@zoho.com	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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 10/6/2022
 Mary A. Schott, Clerk

**Official Form 410
 Proof of Claim**

04/22

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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?	Jason Russo	
	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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Jason Russo	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
	PO BOX 5119 El Dorado Hills, CA 95762	Name
	Contact phone 9167996727	Contact phone
	Contact email jrcpd11@gmail.com	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 MM/DD/YYYY	
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?	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

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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?	Anthony W Austin	
	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?	Where should payments to the creditor be sent? (if different)
	Anthony W Austin	
	Name	Name
	PO BOX 8022 Rancho Santa Fe Rancho Santa Fe, CA 92067-8022	
	Contact phone 8585189813	Contact phone
	Contact email bigmojodream@yahoo.com	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 MM/DD/YYYY
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?	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
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United States Bankruptcy Court	District of Nevada
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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?	Matthew Meyer _____ 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?	Where should payments to the creditor be sent? (if different)
	Matthew Meyer _____ Name	_____ Name
	7494 Mustang St Las Vegas, NV 89131	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
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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?	Joshua Weatherbie 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?	Where should payments to the creditor be sent? (if different)
	Joshua Weatherbie Name	_____ Name
	2024 Stagecoach Place Tulare, CA 93274	
	Contact phone <u>9094375191</u>	Contact phone _____
	Contact email <u>joshuaweatherbie@yahoo.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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
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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?	Robert DeJong _____ 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?	Where should payments to the creditor be sent? (if different)
	Robert DeJong _____ Name	_____ Name
	11691 Discovery Canyon Dr Las Vegas, NV 89135	
	Contact phone _____ 17024989049	Contact phone _____
	Contact email _____ robert.dejong@creditone.com	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 _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

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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?	David Marshall 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?	Where should payments to the creditor be sent? (if different)
	David Marshall Name PO Box 262488 San Diego, CA 92196	_____ Name
	Contact phone 619-888-8551	Contact phone _____
	Contact email davmarsh@aol.com	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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
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United States Bankruptcy Court	District of Nevada
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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?	Daniel Hughes 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?	Where should payments to the creditor be sent? (if different)
	Daniel Hughes Name	_____ Name
	8478 W CR 640 S 8478 W CR 640 S	
	Reelsville, IN 46171	
	Contact phone <u>7655058630</u>	Contact phone _____
	Contact email <u>safetydanh@yahoo.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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

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 U.S. Bankruptcy Court
 District of Nevada
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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?	Keenan Hilman 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?	Where should payments to the creditor be sent? (if different)
	Keenan Hilman Name	
	38088 W Santa Clara Ave Maricopa, AZ 85138	Name
	Contact phone 6024489303	Contact phone
	Contact email jewelfaz@yahoo.com	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 MM/DD/YYYY	
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?	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
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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?	Robbie Wright _____ Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Robert Wright</u> _____	
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?	Where should payments to the creditor be sent? (if different)
	Robbie Wright _____	_____
	Name	Name
	206 Park Village Ct Florence, OR 97439	
	Contact phone <u>5038101814</u>	Contact phone _____
Contact email <u>robwright@gmail.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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

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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?	Andreas Hont Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor The name listed on the membership is Hint	
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)
	Andreas Hont	_____
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
	P.O. Box 303 Rosebud, SD 57570	Name
	Contact phone 4066302508	Contact phone _____
Contact email andreas.hont@me.com	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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

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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?	Kerem Kapkin Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Jiwon Kapkin, Deniz Kapkin, Pinar Kapkin (Family membership)	
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)
	Kerem Kapkin Name 16705 Blue Horse Rd Anderson, CA 96007 Contact phone 8313344041 Contact email kkapkin@gmail.com Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name Contact phone _____ Contact email _____
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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
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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?	Ronald Hembd	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	Ron Hembd
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)
	Ronald Hembd	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
	6984 W Monona Dr Glendale, AZ 85308	Name
	Contact phone 909-754-8461	Contact phone
	Contact email ron.hembd@gmail.com	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
		MM / DD / YYYY
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?	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

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 10/9/2022
 Mary A. Schott, Clerk

**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?	Kevin Odom 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?	Where should payments to the creditor be sent? (if different)
	Kevin Odom Name	_____ Name
	8140 Peninsula Dr. Kelseyville, CA 95451	
	Contact phone 707-279-8837	Contact phone _____
	Contact email kevinandtaja@yahoo.com	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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 10/10/2022
 Mary A. Schott, Clerk

**Official Form 410
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04/22

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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?	Anthony Leanza _____ 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?	Where should payments to the creditor be sent? (if different)
	Anthony Leanza _____	_____
	Name	Name
	2409 Chestnut St Everett, WA, 98201-3242	
	Contact phone <u>5097030753</u>	Contact phone _____
Contact email <u>heyitstony@comcast.net</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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

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Part 1: Identify the Claim

1. Who is the current creditor?	Trinidelita Nedy Garcia Lao	
	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?	Where should payments to the creditor be sent? (if different)
	Trinidelita Nedy Garcia Lao	
	Name	Name
	658 Duncan Ranch Road 658 Duncan Ranch Road, Chula Vista, CA 91914	
	Contact phone 6199204592	Contact phone
	Contact email nedylao5@gmail.com	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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

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Part 1: Identify the Claim

1. Who is the current creditor?	Michael Chapman 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?	Where should payments to the creditor be sent? (if different)
	Michael Chapman Name	_____ Name
	4702 Ashby Ct Ellicott City, MD 21042-6143	
	Contact phone 5703502454	Contact phone _____
	Contact email chapmanmac@aol.com	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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

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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?	Douglas S Rohrer 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?	Where should payments to the creditor be sent? (if different)
	Douglas S Rohrer	
	Name	Name
	3122 Lake Hollywood Drive 3122 Lake Hollywood Dr	
	Los Angeles, CA 90068	
	Contact phone 9173558342	Contact phone
Contact email drohrer@aberdeen.law	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 MM/DD/YYYY	
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?	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 10/11/2022
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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?	Peter Konrad Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Danelle, Jordan, Garrett & Amanda Konrad</u>	
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?	Where should payments to the creditor be sent? (if different)
	Peter Konrad Name	_____ Name
	102 El Dorado St Auburn, CA 95603	
	Contact phone <u>916-531-1778</u>	Contact phone _____
	Contact email <u>pgkonrad@ifcins.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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
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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?	Lloyd C Phillips	
	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?	Where should payments to the creditor be sent? (if different)
	Lloyd C Phillips	
	Name	Name
	5828 Miller Crk Rd Missoula, MT 59803	
	Contact phone 4062515730	Contact phone
	Contact email impact@flintnet.org	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 _____ MM / DD / YYYY	
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? _____	

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

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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?

PAUL BICKLEY

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)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

PAUL BICKLEY

Name

1795 N. HIGHWAY 89

Number

Street

LAYTON UT. 84040

City

State

ZIP Code

Name

Number

Street

City

State

ZIP Code

Contact phone

801-200-1193

Contact phone

Contact email

PSBICKLEY22@GMAIL.COM

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? _____



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Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
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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?	Steve Rose _____ 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?	Where should payments to the creditor be sent? (if different)
	Steve Rose _____ Name	_____ Name
	PO Box 544 Twin Bridges, MT 59754 ,	
	Contact phone 505-660-8608 _____	Contact phone _____
	Contact email Srose1722@gmail.com _____	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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

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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?	Douglas Olivier	
	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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Douglas Olivier	_____
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
	402 Harvest Trail Harrisburg, SD 57032	Name
	Contact phone _____ 5208207766	Contact phone _____
	Contact email _____ olivier.doug@me.com	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 _____
MM / DD / YYYY		
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
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Part 1: Identify the Claim

1. Who is the current creditor?	Michael David 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?	Where should payments to the creditor be sent? (if different)
	Michael David	
	Name	Name
	PO Box 1056 11015 Sleeman Creek Rd #1056	
	Lolo, MT 59847	
	Contact phone 4066866329	Contact phone
Contact email mdavid01@gmail.com	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 MM/DD/YYYY	
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?	

Fill in this information to identify the case:	
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United States Bankruptcy Court	District of Nevada
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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?	Brett William McCann	
	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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Brett William McCann	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
	6691 Desert Crimson St. 6691 Desert Crimson St.	Name
	Las Vegas, NV 89148	
	Contact phone 7028064994	Contact phone
	Contact email brett.mccann@cox.net	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 _____ MM/DD/YYYY	
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? _____	

Fill in this information to identify the case:	
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Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
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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?	Melinda C Sanchez 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?	Where should payments to the creditor be sent? (if different)
	Melinda C Sanchez Name	_____ Name
	11719 RAMSEY DR ,	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 10/13/2022
 Mary A. Schott, Clerk

**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.

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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?	Ernesto A Sanchez 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?	Where should payments to the creditor be sent? (if different)
	Ernesto A Sanchez Name	_____ Name
	11719 RAMSEY DR ,	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 10/14/2022
 Mary A. Schott, Clerk

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 Proof of Claim**

04/22

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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?	Jason Damon _____ 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?	Where should payments to the creditor be sent? (if different)
	Jason Damon _____ Name	_____ Name
	7001 Santa Rachel St. N.E. Albuquerque, NM 87113 ,	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 10/15/2022
 Mary A. Schott, Clerk

**Official Form 410
 Proof of Claim**

04/22

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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?	William E Katon _____ 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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	William E Katon _____ Name 1802 Surrey Lane Enid, OK 73703 , Contact phone <u>2197816430</u> Contact email <u>wkaton@icloud.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name Contact phone _____ Contact email _____ _____
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 _____ MM / DD / YYYY	
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? _____	

Fill in this information to identify the case:	
Debtor 1	FRONT SIGHT MANAGEMENT LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of Nevada
Case number:	22-11824

FILED
 U.S. Bankruptcy Court
 District of Nevada
 10/15/2022
 Mary A. Schott, Clerk

**Official Form 410
 Proof of Claim**

04/22

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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?	giovanni angelo rossetti	
	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 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?	Where should payments to the creditor be sent? (if different)
	giovanni angelo rossetti	
	Name	Name
	21800 North Heritage Circle holly lakes Pembroke Pines, FL 33029-1051	
	Contact phone 19546996941	Contact phone
	Contact email rossetti@gmail.com	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
		MM / DD / YYYY
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?	

EXHIBIT 2

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STEVEN T. GUBNER – NV Bar No. 4624
SUSAN K. SEFLIN – CA Bar No. 213865 – Admitted *Pro Hac Vice*
JESSICA S. WELLINGTON – CA Bar No. 324477 – Admitted *Pro Hac Vice*
BG LAW LLP
300 S. 4th Street, Suite 1550
Las Vegas, NV 89101
Telephone: (702) 835-0800
Facsimile: (866) 995-0215
Email: sgubner@bg.law
sseflin@bg.law
jwellington@bg.law

Attorneys for Province, LLC, solely in its capacity as
the Liquidating Trustee of the Front Sight Creditors Trust

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEVADA**

In re:

Front Sight Management LLC,

Debtor.

Case No. 22-11824-abl

Chapter 11

Hearing Date: April 13, 2023
Hearing Time: 9:30 a.m.

**ORDER SUSTAINING NINTH OMNIBUS OBJECTION (1) REDUCING AND
ALLOWING CERTAIN MEMBER CLAIMS AND (2) DISALLOWING
AND EXPUNGING CERTAIN OTHER MEMBER CLAIMS**

1 On April 13, 2023 at 9:30 a.m., a hearing was held before the Honorable August Landis,
 2 Chief United States Bankruptcy Judge for the District of Nevada, for the Court to consider the *Ninth*
 3 *Omnibus Objection (1) Reducing and Allowing Certain Members Claims and (2) Disallowing and*
 4 *Expunging Certain Other Member Claims* [ECF No. ____] (the “Omnibus Objection”)¹ filed by
 5 Province, LLC, solely in its capacity as the duly authorized and acting Liquidating Trustee (the
 6 “Liquidating Trustee”)² of the Front Sight Creditors Trust (the “Liquidating Trust”). Appearances
 7 were as duly noted on the record at the hearing.

8 The Court, having read and considered the Omnibus Objection and all evidence filed in
 9 support of the Omnibus Objection; the Court having considered the argument and representations of
 10 counsel at the hearing and other matters which the Court may properly take judicial notice,
 11 including, without limitation, the record in this case as reflected on the docket; the Court having set
 12 forth its findings and conclusions on the record pursuant to Rule 52 of the Federal Rules of Civil
 13 Procedure and Rule 7052 of the Federal Rules of Bankruptcy Procedure; the Court having found that
 14 notice of the Omnibus Objection was sufficient under the circumstances and no other or further
 15 notice is required; the Court having determined that the legal and factual bases set forth in the
 16 Omnibus Objection establish just cause for the relief sought therein; and after due deliberation and
 17 sufficient cause appearing therefor,

18 **IT IS HEREBY ORDERED** that the Omnibus Objection is sustained in its entirety.

19 **IT IS HEREBY FURTHER ORDERED** that the following Proofs of Claim shall be
 20 allowed as GENERAL UNSECURED CLAIMS in the amounts set forth below in the column titled
 21 “Allowed General Unsecured Claim Amount” as follows:

Claimant	Claim No.	Filed Claim Amount	Allowed General Unsecured Claim Amount
John P. Hancock	2-1	\$5,000.00	\$3,476.00

22
 23
 24
 25
 26 ¹ All initial capitalized terms not defined herein shall have the same meaning ascribed to them in the Omnibus Objection.

27 ² Pursuant to Front Sight Management, LLC’s (the “Debtor”) confirmed chapter 11 plan of
 28 reorganization and order thereon, the Liquidating Trustee has standing to pursue all claim objections in this case except for those relating to Las Vegas Development Fund, LLC and Michael Meacher.

	Claimant	Claim No.	Filed Claim Amount	Allowed General Unsecured Claim Amount
1				
2	Peter Theodore Malone	35-1	\$5,000.00	\$3,317.00
3	Brandon A. Green	36-1	\$3,997.00	\$2,196.00
4	David C. McCarthy	38-1	\$2,020.00	\$846.00
5	Eric Cisco	43-1	\$7,500.00	\$299.00
6	Steven Kocsis	53-1	\$2,000.00	\$299.00
7	Kenneth Smith	56-1	\$5,000.00	\$2,190.00
8	James Charles Kutz	59-1	\$9,100.00	\$1,943.00
9	Peter Passaretti (420 Spotted Saddle Ct)	64-1	\$3,444.00	\$2,144.00
10	David Jacobs Kotz	70-1	\$3,000.00	\$1,579.00
11	Steven Greenstein	83-1	\$2,500.00	\$138.00
12	Robin Badart	86-1	\$5,000.00	\$2,738.00
13	Cameron O'Rourke	97-1	\$8,000.00	\$1,749.00
14	David Macer	103-1	\$2,000.00	\$798.00
15	Dennis Zaferis	114-1	\$2,500.00	\$1,299.00
16	Michael Brusseau	129-1	\$9,900.00	\$250.00
17	Igor Shpak	131-1	\$3,900.00	\$199.00
18	Gary Evans	223-1	\$9,500.00	\$2,400.00
19	Brent B. Adams	296-1	\$1,344.95	\$349.00
20	John J. Smith	297-1	\$3,700.00	\$349.00
21	William Ray Holley	308-1	\$4,500.00	\$1,750.00
22	Thomas P Hillmer	321-2	\$5,700.00	\$3,047.00
23	Beth Mohr	329-2	\$7,200.00	\$200.00
24	Mark Fortune	330-1	\$2,000.00	\$198.00
25	Jaime Clavito	339-1	\$1,800.00	\$51.00
26	David Michael Hodges	357-1	\$2,097.00	\$199.00
27	Jared Beach	360-1	\$6,000.00	\$1,294.00
28	Brian D. Allen (Dominic Allen)	361-1	\$3,000.00	\$549.00
	David Eastman	362-2	\$6,500.00	\$299.00
	Dennis Jerdan	363-1	\$5,093.00	\$2,188.00
	Jason Russo	377-1	\$5,000.00	\$1,749.00
	Matthew Meyer	399-1	\$5,000.00	\$299.00
	Joshua Weatherbie	403-1	\$5,000.00	\$1,797.00
	David Marshall	410-1	\$5,000.00	\$797.00

Claimant	Claim No.	Filed Claim Amount	Allowed General Unsecured Claim Amount
Daniel Hughes	413-1	\$5,000.00	\$894.00
Robert Wright	419-1	\$4,150.00	\$350.00
Ronald Hembd	448-1	\$5,796.00	\$3,225.00
Michael Chapman	459-1	\$8,037.00	\$3,952.00
Douglas S. Rohrer	462-1	\$3,500.00	\$997.00
Peter Konrad (Denelle, Jordan, Garrett & Amanda Konrad)	477-1	\$7,250.00	\$2,894.00
Lloyd C. Phillips	478-1	\$8,000.00	\$289.00
Paul Bickley	496-1	\$2,100.00	\$100.00
Michael David	513-1	\$5,500.00	\$499.00
Jason Damon	528-1	\$1,200.00	\$149.00
Giovanni Angelo Rossetti	539-1	\$2,596.02	\$1,236.00

IT IS HEREBY FURTHER ORDERED that the following Proofs of Claim shall be **DISALLOWED** in their entirety:

Claimant	Claim No.	Filed Claim Amount	Treatment
James Grant	4-1	\$1,997.00	Disallowed
Shaun Clements	16-1	\$1,800.00	Disallowed
Sean Barber	19-1	\$6,000.00	Disallowed
Nick Goit	22-1	\$1,099.00	Disallowed
Brian Werth	40-1	\$1,200.00	Disallowed
Chester Hansen	42-1	\$2,397.00	Disallowed
Sarah Boss	46-1	\$4,500.00	Disallowed
Kirk Christopher Skinner	50-1	\$5,00.00	Disallowed
Barry McCann	65-1	\$4,000.00	Disallowed
Sandra D. Jensen	66-1	\$6,000.00	Disallowed
Michael Deslauriers	82-1	\$4,410.00	Disallowed
John Pozar	105-1	\$2,500.00	Disallowed
Dawn Janz	106-1	\$3,000.00	Disallowed
Trin Astrella, Jr.	124-1	\$1,500.00	Disallowed
John J. Lennon and Shari E. Lennon	174-1	\$3,000.00	Disallowed
Michael Oltmann	177-1	\$1,976.00	Disallowed
Danielle R. Evansic	241-1	\$6,270.00	Disallowed

Claimant	Claim No.	Filed Claim Amount	Treatment
Graham Collings	277-1	\$1,997.00	Disallowed
Kenneth R. Greenwood	295-1	\$1,500.00	Disallowed
Kevin Hochstrat	317-1	\$1,500.00	Disallowed
Shelley Griffin	337-1	\$7,200.00	Disallowed
Matthew Baldwin	338-1	\$2,000.00	Disallowed
Paul Clay (Employees of Front Sight Management LLC)	352-1	\$1,200.00	Disallowed
Shawn Cropper	354-1	\$2,000.00	Disallowed
Robert J. Byrne Jr.	355-1	\$1,000.00	Disallowed
Anthony W Austin	390-1	\$7,200.00	Disallowed
Robert DeJong	408-1	\$2,500.00	Disallowed
Keenan Hilman	414-1	\$1,000.00	Disallowed
Andreas Hont	422-1	\$1,000.00	Disallowed
Kerem Kapkin	426-1	\$3,000.00	Disallowed
Kevin Odom	452-1	\$1,000.00	Disallowed
Anthony Leanza	455-1	\$1,000.00	Disallowed
Trinidelita Nedy Garcia Lao	457-1	\$1,000.00	Disallowed
Steve Rose	502-1	\$1,000.00	Disallowed
Douglas Olivier	512-1	\$1,200.00	Disallowed
Brett William McCann	523-1	\$1,995.00	Disallowed
Melinda C. Sanchez	524-1	\$2,000.00	Disallowed
Ernesto A. Sanchez	525-1	\$2,000.00	Disallowed
William E. Katon	538-1	\$3,900.00	Disallowed

IT IS HEREBY FURTHER ORDERED that for any Claim disallowed pursuant to this Order, Claimant forever waives such Claim against the Debtor, its estate, the Liquidating Trustee and the Liquidating Trust.

IT IS HEREBY FURTHER ORDERED that any further claims filed or asserted by the Claimants, including any amendments, shall be deemed disallowed without further Court order.

IT IS HEREBY FURTHER ORDERED that pursuant to Civil Rule 54(b), made applicable in contested matters through Bankruptcy Rules 7054 and 9014, this Order shall be treated as a final judgment with respect to Claimants and their Claims.

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IT IS HEREBY FURTHER ORDERED that the Court clerk is hereby directed to modify the claim register in this case consistent with this Order.

IT IS SO ORDERED.

Prepared and Submitted By:

BG Law LLP

By: /s/ Susan K. Seflin

Susan K. Seflin

Jessica S. Wellington

Attorneys for Province, LLC, solely in its capacity as
the Liquidating Trustee of the Front Sight Creditors
Trust