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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 <b>Hearing Date:</b> April 13, 2023  <b>Hearing Time:</b> 9:30 a.m.</p>
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22 **TENTH OMNIBUS OBJECTION (1) REDUCING AND ALLOWING CERTAIN**  
 23 **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”)<sup>1</sup> of the Front Sight Creditors Trust (the “Trust”), hereby submits this  
 tenth omnibus objection (“Omnibus Objection”) for entry of an order pursuant to Section<sup>2</sup> 502 and

<sup>1</sup> 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.

<sup>2</sup> 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	Robert A. Wilcox	541-1	\$8,000.00	Disallow claim in its entirety.
4	Brent Frame	542-1	\$3,049.00	Allow as a \$299.00 general unsecured claim.
5	Robert Perez	546-1	\$2,000.00	Allow as a \$299.00 general unsecured claim.
6	James Stone, II	553-1	\$1,000.00	Disallow claim in its entirety.
7	Phan Nguyen	554-1	\$1,000.00	Disallow claim in its entirety.
8	Deborah Zugel	555-1	\$1,000.00	Allow as a \$50.00 general unsecured claim.
9	Hollis K. Fox	562-1	\$3,644.00	Allow as a \$1,547.00 general unsecured claim.
10	Ronald Hack	571-1	\$1,000.00	Disallow claim in its entirety.
11	Walter Fetsch	572-1	\$1,997.00	Disallow claim in its entirety.
12	Thomas V. Gentry	573-1	\$1,500.00	Allow as a \$99.00 general unsecured claim.
13	Frank Chandler Harris	575-1	\$1,500.00	Allow as a \$301.00 general unsecured claim.
14	W.R. Henderson	583-1	\$4,900.00	Allow as a \$1,000.00 general unsecured claim.
15	Somboon Sayawat	588-1	\$1,050.00	Disallow claim in its entirety.
16	Peter Gibbons	592-1	\$4,450.00	Disallow claim in its entirety.
17	Catherine J. Johnson	595-1	\$2,000.00	Disallow claim in its entirety.
18	Charlotte C. Wagner	596-1	\$2,000.00	Disallow claim in its entirety.
19	Rich Zollinger	603-1	\$1,000.00	Allow as a \$150.00 general unsecured claim.
20	Marc Kuttner	609-1	\$2,500.00	Allow as a \$100.00 general unsecured claim.
21	Timothy Mulverhill	617-1	\$3,000.00	Disallow claim in its entirety.
22	Ewin Theodore Verdict	620-1	\$3,398.00	Allow as a \$1,594.00 general unsecured claim.
23	Kason Goodrich	624-1	\$2,100.00	Allow as a \$751.00 general unsecured claim.
24	John E. McCabe	626-1	\$3,998.00	Allow as a \$2,000.00 general unsecured claim.
25	Chad Behrend	630-1	\$1,550.00	Allow as a \$348.00 general unsecured claim.
26	Thomas Amero	639-1	\$1,000.00	Disallow claim in its entirety.
27	Gregory W. Romaniak	640-1	\$3,000.00	Allow as a \$1,093.00 general unsecured claim.
28	Eric Fletcher	642-1	\$2,500.00	Disallow claim in its entirety.
	Tammy J. Smith	654-1	\$9,185.00	Allow as a \$1,046.00 general unsecured claim.
	Erik Matthew Moll	655-1	\$5,000.00	Allow as a \$10.00 general unsecured claim.
	Nicholas McRay	656-1	\$1,800.00	Allow as a \$400.00 general unsecured claim.
	Scott Ingham	662-1	\$2,749.00	Disallow claim in its entirety.

Claimant	Claim No.	Claim Amount	Proposed Treatment
Thomas J. Campbell	666-1	\$9,600.00	Allow as a \$4,391.00 general unsecured claim.
Jeffrey Lee Tucker	676-1	\$5,740.00	Allow as a \$299.00 general unsecured claim.
Lisa Thomas	677-1	\$3,000.00	Disallow claim in its entirety.
Stuart Butler	680-1	\$8,691.00	Allow as a \$4,241.00 general unsecured claim.
William M. Scruggs	693-1	\$3,767.10	Allow as a \$2,147.00 general unsecured claim.
Scott Sacchi	694-1	\$2,334.00	Allow as a \$794.00 general unsecured claim.
Catherine Logie	701-1	\$1,694.00	Allow as a \$297.00 general unsecured claim.
Bruce Logie <sup>3</sup>	702-1	\$1,294.00	Disallow claim in its entirety.
Max Kibu	708-1	\$3,200.00	Allow as a \$1,751.00 general unsecured claim.
Stephen Wilson	710-1	\$6,000.00	Disallow claim in its entirety.
Dara Grieger	711-1	\$1,500.00	Allow as a \$500.00 general unsecured claim.
Jim Bradley (Front Sight Management LLC [Short, Gary])	720-1	\$2,496.00	Allow as a \$596.00 general unsecured claim.
Kevrin J. Johnson	722-1	\$2,500.00	Allow as a \$1,099.00 general unsecured claim.
Ron Maddon (Front Sight Management LLC)	724-1	\$3,894.00	Allow as a \$1,593.00 general unsecured claim.
Michael Walstien	725-1	\$5,000.00	Disallow claim in its entirety.
James J. Wilcox, Jr.	728-1	\$1,250.00	Allow as a \$397.00 general unsecured claim.
James E. Larson, Jr.	730-1	\$2,000.00	Disallow claim in its entirety.
Deborah Torrano	734-1	\$1,100.00	Allow as a \$100.00 general unsecured claim.
John P. Panozzo, Jr.	748-1	\$5,000.00	Allow as a \$748.00 general unsecured claim.
Jill Adler	761-1	\$1,200.00	Disallow claim in its entirety.
Geoffrey Stimack	763-1	\$8,197.00	Allow as a \$997.00 general unsecured claim.
Mitchell Tyler Ryan (Stretto)	771-1	\$1,200.00	Disallow claim in its entirety.
Joan Modes	788-1	\$2,000.00	Disallow claim in its entirety.
Colin Camillo	795-1	\$2,000.00	Allow as a \$997.00 general unsecured claim.
Karin Macer	814-1	\$2,000.00	Disallow claim in its entirety.
Matthew Macer	815-1	\$2,000.00	Disallow claim in its entirety.
Christina Macer	816-1	\$2,000.00	Disallow claim in its entirety.

<sup>3</sup> The Debtor previously objected to Claim 169-1 filed by Claimant Bruce Logie, which objection was sustained by the Court [ECF No. 577] and Claim 169-1 was disallowed in its entirety.

Claimant	Claim No.	Claim Amount	Proposed Treatment
Brian Joseph Simmons	818-1	\$3,500.00	Disallow claim in its entirety.
Larry Fried	826-1	\$1,000.00	Disallow claim in its entirety.
Eric R. Fried	829-1	\$1,000.00	Disallow claim in its entirety.
Kerem Kapkin	831-1	\$3,150.00	Disallow claim in its entirety.
Melanie L. Fried	833-1	\$1,000.00	Disallow claim in its entirety.
Robin Withrow Wong	838-1	\$3,000.00	Allow as a \$549.00 general unsecured claim.
Charles Herron	846-1	\$3,545.00	Disallow claim in its entirety.
Christopher Brown	901-1	\$9,359.00	Disallow claim in its entirety.
Joseph Ignacio Sandoval	902-1	\$1,000.00	Disallow claim in its entirety.
Connie Rae Sandoval	903-1	\$1,000.00	Disallow claim in its entirety.
Rudy Quan	904-1	\$5,810.00	Allow as a \$1,698.00 general unsecured claim.
Christopher Kyler	906-1	\$1,000.00	Disallow claim in its entirety.
Faye Johnson	913-1	\$4,500.00	Allow as a \$2,597.00 general unsecured claim.
Amanda Todd	920-1	\$1,800.00	Disallow claim in its entirety.
James M. Bledsoe, III	921-1	\$2,000.00	Disallow claim in its entirety.
Gregory P. Smith	935-1	\$1,998.98	Allow as a \$700.00 general unsecured claim.
Truman D. Fields	947-1	\$5,000.00	Allow as a \$2,963.00 general unsecured claim.
David Maurin	949-1	\$2,290.02	Allow as a \$1,297.00 general unsecured claim.
Gregory F. Ariola	987-1	\$2,000.00	Disallow claim in its entirety.
David W. Frye	997-1	\$1,849.00	Allow as a \$299.00 general unsecured claim.
Kathleen M. Hayes	1012-1	\$5,000.00	Disallow claim in its entirety.
Jonathan Stern	1031-1	\$1,450.00	Disallow claim in its entirety.

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”)<sup>4</sup> 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

<sup>4</sup> 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 or was given memberships to the Debtor and subsequently purchased or was given membership  
2 rewards. These rewards had no value outside of the Debtor’s business and currently have no value.  
3 While the Liquidating Trustee believes that most, if not all, of the Claimants received services from  
4 the Debtor at least equal to what was paid, the Liquidating Trustee does not object to the Claimants  
5 retaining a claim in this case for the amount each Claimant actually paid. By this Omnibus  
6 Objection, the Liquidating Trustee seeks to (i) disallow certain claims in their entirety and (ii) reduce  
7 the amount of certain of the Claims to the amount reflected on the Debtor’s books and records as to  
8 what was actually paid by the Claimants to the Debtor for their respective memberships and  
9 membership rewards. Accordingly, the Liquidating Trustee objects to the Claims and respectfully  
10 requests entry of an order substantially in the form attached hereto as **Exhibit 2** reducing certain  
11 Claims and disallowing certain Claims pursuant to section 502(b) and Bankruptcy Rules 3003 and  
12 3007.

13 **CLAIMANTS RECEIVING THIS OMNIBUS OBJECTION SHOULD LOCATE**  
14 **THEIR NAMES AND CLAIMS ON PAGES 2-4 AND 9-16.**

15 This Omnibus Objection is made and based upon the following Memorandum of Points and  
16 Authorities, the declaration of Amanda Demby Swift (the “Swift Decl.”) filed in support of the  
17 Omnibus Objection, the papers, pleadings, and other documents on file with the clerk of the Court,  
18 and judicial notice of which is respectfully requested pursuant to Federal Rule of Evidence 201, and  
19 such other and further evidence as may be provided at the hearing on the Omnibus Objection.

20 **MEMORANDUM OF POINTS AND AUTHORITIES**

21 **I. JURISDICTION AND VENUE**

- 22 1. This Court has jurisdiction to consider this matter pursuant to 28 U.S.C. §§ 157 and  
23 1334 and Local Rule 1001(b)(1).
- 24 2. Venue is proper before this Court pursuant to 28 U.S.C. §§ 1408 and 1409.
- 25 3. This is a core proceeding pursuant to 28 U.S.C. § 157(b)(2).
- 26 4. The statutory predicates for the relief sought herein are Section 11 U.S.C. §§ 105 and  
27 502, Bankruptcy Rule 3007, and Local Rule 3007.
- 28

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

5 **II.     STATEMENT OF FACTS**

6           **A.     General Case Background**

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

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

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

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

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

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

25          11.       Historically, the Debtor operated its business by selling “lifetime” memberships and  
26 promotional benefits such as “Front Sight Bucks,” TBD memberships, and certificates to use for  
27 training courses, plus the Debtor sold ancillary products. Pre-petition, the Debtor developed a major  
28 expansion plan that contemplated the construction of a vacation and resort development to be known

1 as the “Front Sight Vacation Club & Resort,” to include vacation residences, an RV park and related  
2 facilities, a retail area, and a pavilion. The Debtor envisioned creating a self-fulfilling ecosystem,  
3 involving memberships and promotional benefits, that would lead to an incentivized customer base  
4 that would take advantage of the club and resort and other offerings to redound to the Debtor’s  
5 benefit.

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

### 9 **III. RELIEF REQUESTED**

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

15 14. Each of the Claimants appears to be a former member of the Debtor who is asserting  
16 a Claim or Claims against the estate based either on nothing or based on account of member benefits  
17 or member rewards. Each Claimant apparently purchased or was given memberships to the Debtor  
18 and subsequently purchased or was given membership rewards. These rewards had no value outside  
19 of the Debtor’s business and currently have no value. While the Liquidating Trustee believes that  
20 most, if not all, of the Claimants received services from the Debtor at least equal to what was paid,  
21 the Liquidating Trustee does not object to the Claimants retaining a claim in this case for the amount  
22 each Claimant actually paid for their respective memberships and membership rewards.

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

28

1 **IV. BASIS FOR RELIEF**

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

11 17. Section 502 authorizes a “party in interest,” such as the Liquidating Trustee, to object  
12 to claims. 11 U.S.C. § 502(a). Once the objector raises “facts tending to defeat the claim by  
13 probative force equal to that of the allegations of the proofs of claim themselves,” then the burden  
14 reverts to the claimant to prove the validity of the claim by a preponderance of evidence. *Wright v.*  
15 *Holm (In re Holm)*, 931 F.2d 620, 623 (9th Cir. 1991); *In re Consolidated Pioneer Mortgage*, 178  
16 B.R. at 226. Indeed, the ultimate burden of persuasion is always on the claimant. *In re Holm*, 931  
17 F.2d at 623; *see also In re Heath*, 331 B.R. 424 (9th Cir. BAP 2005) (explaining that a claim that  
18 fails to attach supporting documentation is not entitled to be considered as prima facie evidence of  
19 validity and amount of claim).

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

24 19. Section 502(b)(1) requires disallowance of a claim if “such claim is unenforceable  
25 against the debtor and property of the debtor, under any agreement or applicable law for a reason  
26 other than because such claim is contingent or unmatured. . .” 11 U.S.C. § 502(b)(1). The  
27 “applicable law” referenced in Section 502(b)(1) includes bankruptcy law as well as other federal  
28 and state laws. *See Cavaliere v. Sapir*, 208 B.R. 784, 786-787 (D. Conn. 1997) (providing that



1 “applicable law” includes bankruptcy law). A debtor is therefore allowed to raise any federal or  
 2 state law defenses to a claim. *See In re G.I. Industries, Inc.*, 204 F.3d 1276, 1281 (9th Cir. 2000)  
 3 (stating that a claim cannot be allowed under Section 502(b)(1) if it is unenforceable under  
 4 nonbankruptcy law); *Johnson v. Righetti*, 756 F.2d 738, 741 (9th Cir. 1985) (finding that the validity  
 5 of the claim may be determined under state law); *In re Eastview Estates II*, 713 F.2d 443, 447 (9th  
 6 Cir. 1983) (applying California law).

## 7 **V. OBJECTIONS TO CLAIMS**

8 20. First, many of the Claims are not entitled to prima facie validity because the Claims  
 9 do not contain sufficient evidence to support the amount of the Claim. Many of the Claims are  
 10 essentially “face page” proofs of claim that do not set forth the facts necessary to support the amount  
 11 of the Claims though some of them do have attachments. Specifically as to Claims 624-1, 630-1,  
 12 640-1, 722-1, 901-1, 913-1, 947-1, and 997-1 the attachments to the Claims do not provide sufficient  
 13 evidence of the alleged payments made by the Claimants. As to Claims 763-1 and 959-1, the  
 14 attachments evidence that Claimants paid the Debtor the amount listed in the Debtor’s books and  
 15 records. The balance of the Claims do not include a sufficient accounting of the amounts paid by  
 16 Claimants to the Debtor for their memberships and membership rewards. The burden of persuasion  
 17 for establishing the validity and amount of a Claim is on the Claimant, and the Claimants have failed  
 18 to meet their burden. Consequently, the Court should sustain the Omnibus Objection.

19 21. Second, the Claims should be reduced to the amount that the respective Claimant paid  
 20 to the Debtor for their membership and membership rewards. Specifically, the Debtor’s books and  
 21 records show that the Claimants paid the following amounts to the Debtor for their membership and  
 22 membership rewards:

23	24	25	26	27	28
Claimant	Claim No.	Claim Amount	Amount Reflected on Debtor’s Records as Being Paid by Claimant for Membership and Membership Rewards		
Robert A. Wilcox	541-1	\$8,000.00	\$0.00		
Brent Frame	542-1	\$3,049.00	\$299.00		
Robert Perez	546-1	\$2,000.00	\$299.00		
James Stone, II	553-1	\$1,000.00	\$0.00		

	<b>Claimant</b>	<b>Claim No.</b>	<b>Claim Amount</b>	<b>Amount Reflected on Debtor's Records as Being Paid by Claimant for Membership and Membership Rewards</b>
1	Phan Nguyen	554-1	\$1,000.00	\$0.00
2	Deborah Zugel	555-1	\$1,000.00	\$50.00
3	Hollis K. Fox	562-1	\$3,644.00	\$1,547.00
4	Ronald Hack	571-1	\$1,000.00	\$0.00
5	Walter Fetsch	572-1	\$1,997.00	\$0.00
6	Thomas V. Gentry	573-1	\$1,500.00	\$99.00
7	Frank Chandler Harris	575-1	\$1,500.00	\$301.00
8	W.R. Henderson	583-1	\$4,900.00	\$1,000.00
9	Somboon Sayawat	588-1	\$1,050.00	\$0.00
10	Peter Gibbons	592-1	\$4,450.00	\$0.00
11	Catherine J. Johnson	595-1	\$2,000.00	\$0.00
12	Charlotte C. Wagner	596-1	\$2,000.00	\$0.00
13	Rich Zollinger	603-1	\$1,000.00	\$150.00
14	Marc Kuttner	609-1	\$2,500.00	\$100.00
15	Timothy Mulverhill	617-1	\$3,000.00	\$0.00
16	Ewin Theodore Verdict	620-1	\$3,398.00	\$1,594.00
17	Kason Goodrich	624-1	\$2,100.00	\$751.00
18	John E. McCabe	626-1	\$3,998.00	\$2,000.00
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20	Gregory W. Romaniak	640-1	\$3,000.00	\$1,093.00
21	Eric Fletcher	642-1	\$2,500.00	\$0.00
22	Tammy J. Smith	654-1	\$9,185.00	\$1,046.00
23	Erik Matthew Moll	655-1	\$5,000.00	\$10.00
24	Nicholas McRay	656-1	\$1,800.00	\$400.00
25	Thomas J. Campbell	666-1	\$9,600.00	\$4,391.00
26	Jeffrey Lee Tucker	676-1	\$5,740.00	\$299.00
27	Stuart Butler	680-1	\$8,691.00	\$4,241.00
28	William M. Scruggs	693-1	\$3,767.10	\$2,147.00
	Scott Sacchi	694-1	\$2,334.00	\$794.00
	Catherine Logie	701-1	\$1,694.00	\$297.00
	Max Kibu	708-1	\$3,200.00	\$1,751.00
	Stephen Wilson	710-1	\$6,000.00	\$0.00

	<b>Claimant</b>	<b>Claim No.</b>	<b>Claim Amount</b>	<b>Amount Reflected on Debtor's Records as Being Paid by Claimant for Membership and Membership Rewards</b>
1	Dara Grieger	711-1	\$1,500.00	\$500.00
2	Jim Bradley (Front Sight Management LLC [Short, Gary])	720-1	\$2,496.00	\$596.00
3	Kevrin J. Johnson	722-1	\$2,500.00	\$1,099.00
4	Ron Maddon (Front Sight Management LLC)	724-1	\$3,894.00	\$1,593.00
5	Michael Walstien	725-1	\$5,000.00	\$0.00
6	James J. Wilcox, Jr.	728-1	\$1,250.00	\$397.00
7	Deborah Torrano	734-1	\$1,100.00	\$100.00
8	John P. Panozzo, Jr.	748-1	\$5,000.00	\$748.00
9	Geoffrey Stimack	763-1	\$8,197.00	\$997.00
10	Mitchell Tyler Ryan (Stretto)	771-1	\$1,200.00	\$0.00
11	Joan Modes	788-1	\$2,000.00	\$0.00
12	Colin Camillo	795-1	\$2,000.00	\$997.00
13	Karin Macer	814-1	\$2,000.00	\$0.00
14	Matthew Macer	815-1	\$2,000.00	\$0.00
15	Christina Macer	816-1	\$2,000.00	\$0.00
16	Brian Joseph Simmons	818-1	\$3,500.00	\$0.00
17	Larry Fried	826-1	\$1,000.00	\$0.00
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19	Kerem Kapkin	831-1	\$3,150.00	\$0.00
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22	Charles Herron	846-1	\$3,545.00	\$0.00
23	Christopher Brown	901-1	\$9,359.00	\$0.00
24	Joseph Ignacio Sandoval	902-1	\$1,000.00	\$0.00
25	Connie Rae Sandoval	903-1	\$1,000.00	\$0.00
26	Rudy Quan	904-1	\$5,810.00	\$1,698.00
27	Christopher Kyler	906-1	\$1,000.00	\$0.00
28	Faye Johnson	913-1	\$4,500.00	\$2,597.00
	Amanda Todd	920-1	\$1,800.00	\$0.00
	James M. Bledsoe, III	921-1	\$2,000.00	\$0.00

Claimant	Claim No.	Claim Amount	Amount Reflected on Debtor's Records as Being Paid by Claimant for Membership and Membership Rewards
Gregory P. Smith	935-1	\$1,998.98	\$700.00
Truman D. Fields	947-1	\$5,000.00	\$2,963.00
David Maurin	949-1	\$2,290.02	\$1,297.00
Gregory F. Ariola	987-1	\$2,000.00	\$0.00
David W. Frye	997-1	\$1,849.00	\$299.00
Kathleen M. Hayes	1012-1	\$5,000.00	\$0.00
Jonathan Stern	1031-1	\$1,450.00	\$0.00

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, Claim 935-1 states that all or a portion of the Claim is entitled to priority status under Section 507(a)(7). However, deposits for memberships are not entitled to priority status under Section 507(a)(7). *In re Palmas del Mar Country Club, Inc.*, 443 B.R. 569, 575 (Bankr. D.P.R. 2010) (disallowing priority claims filed by the country club's members for refund of the membership deposit and allowing the claims as general unsecured claims). Accordingly, the Claim is not entitled to priority and should be reclassified as general unsecured claim.

25. Fifth, 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:

- Thomas Amero, Claim 639-1, refunded \$50.00;
- Scott Ingham, Claim 662-1, refunded \$2,499.00;

- Lisa Thomas, Claim 677-1, refunded \$1,995.00;
- Bruce Logie, Claim 702-1, refunded \$1,294.00;
- James E. Larson, Jr., Claim 730-1, refunded \$1,893.00; and
- Jill Adler, Claim 761-1, refunded \$407.00.

26. 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.

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

Claimant	Claim No.	Asserted Claim Amount	Amount of Reduced Allowed General Unsecured Claim
Brent Frame	542-1	\$3,049.00	\$299.00
Robert Perez	546-1	\$2,000.00	\$299.00
Deborah Zugel	555-1	\$1,000.00	\$50.00
Hollis K. Fox	562-1	\$3,644.00	\$1,547.00
Thomas V. Gentry	573-1	\$1,500.00	\$99.00
Frank Chandler Harris	575-1	\$1,500.00	\$301.00
W.R. Henderson	583-1	\$4,900.00	\$1,000.00
Rich Zollinger	603-1	\$1,000.00	\$150.00
Marc Kuttner	609-1	\$2,500.00	\$100.00
Ewin Theodore Verdict	620-1	\$3,398.00	\$1,594.00
Kason Goodrich	624-1	\$2,100.00	\$751.00
John E. McCabe	626-1	\$3,998.00	\$2,000.00
Chad Behrend	630-1	\$1,550.00	\$348.00
Gregory W. Romaniak	640-1	\$3,000.00	\$1,093.00
Tammy J. Smith	654-1	\$9,185.00	\$1,046.00
Erik Matthew Moll	655-1	\$5,000.00	\$10.00
Nicholas McRay	656-1	\$1,800.00	\$400.00
Thomas J. Campbell	666-1	\$9,600.00	\$4,391.00
Jeffrey Lee Tucker	676-1	\$5,740.00	\$299.00
Stuart Butler	680-1	\$8,691.00	\$4,241.00
William M. Scruggs	693-1	\$3,767.10	\$2,147.00

Claimant	Claim No.	Asserted Claim Amount	Amount of Reduced Allowed General Unsecured Claim
Scott Sacchi	694-1	\$2,334.00	\$794.00
Catherine Logie	701-1	\$1,694.00	\$297.00
Max Kibu	708-1	\$3,200.00	\$1,751.00
Dara Grieger	711-1	\$1,500.00	\$500.00
Jim Bradley (Front Sight Management LLC [Short, Gary])	720-1	\$2,496.00	\$596.00
Kevrin J. Johnson	722-1	\$2,500.00	\$1,099.00
Ron Maddon (Front Sight Management LLC)	724-1	\$3,894.00	\$1,593.00
James J. Wilcox, Jr.	728-1	\$1,250.00	\$397.00
Deborah Torrano	734-1	\$1,100.00	\$100.00
John P. Panozzo, Jr.	748-1	\$5,000.00	\$748.00
Geoffrey Stimack	763-1	\$8,197.00	\$997.00
Colin Camillo	795-1	\$2,000.00	\$997.00
Robin Withrow Wong	838-1	\$3,000.00	\$549.00
Rudy Quan	904-1	\$5,810.00	\$1,698.00
Faye Johnson	913-1	\$4,500.00	\$2,597.00
Gregory P. Smith	935-1	\$1,998.98	\$700.00
Truman D. Fields	947-1	\$5,000.00	\$2,963.00
David Maurin	949-1	\$2,290.02	\$1,297.00
David W. Frye	997-1	\$1,849.00	\$299.00

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

Claimant	Claim No.	Asserted Claim Amount	Treatment
Robert A. Wilcox	541-1	\$8,000.00	Disallowed
James Stone, II	553-1	\$1,000.00	Disallowed
Phan Nguyen	554-1	\$1,000.00	Disallowed
Ronald Hack	571-1	\$1,000.00	Disallowed
Walter Fetsch	572-1	\$1,997.00	Disallowed
Somboon Sayawat	588-1	\$1,050.00	Disallowed
Peter Gibbons	592-1	\$4,450.00	Disallowed

	<b>Claimant</b>	<b>Claim No.</b>	<b>Asserted Claim Amount</b>	<b>Treatment</b>
1	Catherine J. Johnson	595-1	\$2,000.00	Disallowed
2	Charlotte C. Wagner	596-1	\$2,000.00	Disallowed
3	Timothy Mulverhill	617-1	\$3,000.00	Disallowed
4	Thomas Amero	639-1	\$1,000.00	Disallowed
5	Eric Fletcher	642-1	\$2,500.00	Disallowed
6	Scott Ingham	662-1	\$2,749.00	Disallowed
7	Lisa Thomas	677-1	\$3,000.00	Disallowed
8	Bruce Logie <sup>5</sup>	702-1	\$1,294.00	Disallowed
9	Stephen Wilson	710-1	\$6,000.00	Disallowed
10	Michael Walstien	725-1	\$5,000.00	Disallowed
11	James E. Larson, Jr.	730-1	\$2,000.00	Disallowed
12	Jill Adler	761-1	\$1,200.00	Disallowed
13	Mitchell Tyler Ryan (Stretto)	771-1	\$1,200.00	Disallowed
14	Joan Modes	788-1	\$2,000.00	Disallowed
15	Karin Macer	814-1	\$2,000.00	Disallowed
16	Matthew Macer	815-1	\$2,000.00	Disallowed
17	Christina Macer	816-1	\$2,000.00	Disallowed
18	Brian Joseph Simmons	818-1	\$3,500.00	Disallowed
19	Larry Fried	826-1	\$1,000.00	Disallowed
20	Eric R. Fried	829-1	\$1,000.00	Disallowed
21	Kerem Kapkin	831-1	\$3,150.00	Disallowed
22	Melanie L. Fried	833-1	\$1,000.00	Disallowed
23	Charles Herron	846-1	\$3,545.00	Disallowed
24	Christopher Brown	901-1	\$9,359.00	Disallowed
25	Joseph Ignacio Sandoval	902-1	\$1,000.00	Disallowed
26	Connie Rae Sandoval	903-1	\$1,000.00	Disallowed
27	Christopher Kyler	906-1	\$1,000.00	Disallowed
28	Amanda Todd	920-1	\$1,800.00	Disallowed
	James M. Bledsoe, III	921-1	\$2,000.00	Disallowed
	Gregory F. Ariola	987-1	\$2,000.00	Disallowed
	Kathleen M. Hayes	1012-1	\$5,000.00	Disallowed

<sup>5</sup> The Debtor previously objected to Claim 169-1 filed by Claimant Bruce Logie, which objection was sustained by the Court [ECF No. 577] and Claim 169-1 was disallowed in its entirety.

Claimant	Claim No.	Asserted Claim Amount	Treatment
Jonathan Stern	1031-1	\$1,450.00	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 information that may be discovered upon further review by the Liquidating Trustee or through discovery pursuant to the Bankruptcy Rules.

## VII. SEPARATE CONTESTED MATTERS

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

## VIII. NOTICE

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

## IX. CONCLUSION

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

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

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



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

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

8 E. Providing that, pursuant to Rule 54(b) of the Federal Rules of Civil Procedure, made  
9 applicable in contested matters through Bankruptcy Rules 7054 and 9014, any such ruling on the  
10 Omnibus Objection shall be treated as a final judgment with respect to the Claimants and their  
11 Claims subject to such ruling, and determining that there is no just reason for delay in entry of a final  
12 judgment on the Claims resolved herein;

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

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

17 DATED: February 17, 2023

BG Law LLP

19 By: /s/ Susan K. Seflin

Susan K. Seflin

Jessica S. Wellington

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

# **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  
 10/15/2022  
 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**

<b>1. Who is the current creditor?</b>	Robert A Wilcox	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Robert A Wilcox	
	Name	Name
	2606 S Inglenook Pl Meridian, ID. 83642	
	Contact phone 208-999-0052	Contact phone
	Contact email rrrwilcox55@gmail.com	Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM/DD/YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>1. Who is the current creditor?</b>	Brent Frame Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Brent Frame Name	
	9396 W Mirror Pond Dr Boise, ID 83714-83714	
	Contact phone (408)489-8644	Contact phone
	Contact email bframe@framekids.come	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM/DD/YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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

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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**

<b>1. Who is the current creditor?</b>	Robert Perez _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Robert Perez _____ Name	_____ Name
	28794 Sunburst Dr Menifee, CA 92584-92584	
	Contact phone 951-805-6379 _____	Contact phone _____
	Contact email Rperez3101@gmail.com _____	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 10/16/2022  
 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**

<b>1. Who is the current creditor?</b>	James Stone, II _____ Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	James Stone, II _____ Name 13212 Ridings Dr. Haslet, TX 76052	_____ Name
	Contact phone _____ 8179394400	Contact phone _____
	Contact email _____ stacy.stone77@yahoo.com	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 10/17/2022  
 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**

<b>1. Who is the current creditor?</b>	Phan Nguyen Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Phan Nguyen Name 1409 French Merlot Court Las Vegas, NV 89144 Contact phone 9092614785 Contact email phannquyendds@hotmail.com Uniform claim identifier for electronic payments in chapter 13 (if you use one):	Name Contact phone Contact email
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM/DD/YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 10/17/2022  
 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**

<b>1. Who is the current creditor?</b>	Deborah Zugel Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Deborah Zugel Name 1153 Finch Street El Cajon, CA 92020	_____ Name
	Contact phone 6195071450	Contact phone _____
	Contact email debbie750@hotmail.com	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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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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? Hollis K. Fox  
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)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<p><u>Hollis K. Fox</u> Name</p> <p><u>865 S. Pagosa Blvd</u> Number Street</p> <p><u>Pagosa Springs CO 81147</u> City State ZIP Code</p> <p>Contact phone <u>970-903-3535</u></p> <p>Contact email <u>f15slyfox@gmail.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>_____ Contact phone</p> <p>_____ Contact email</p>

**STRETTO**  
**OCT 17 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	District of Nevada
Case number:	22-11824

FILED  
 U.S. Bankruptcy Court  
 District of Nevada  
 10/17/2022  
 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**

<b>1. Who is the current creditor?</b>	Ronald Hack _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Ronald Hack _____	_____
	Name	Name
	3413 Conifer Dr North Pole, 99705	
	Contact phone <u>9074883982</u>	Contact phone _____
Contact email <u>RAHACK@GCI.NET</u>	Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 10/17/2022  
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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**

<b>1. Who is the current creditor?</b>	Walter Fetsch Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Walter Fetsch Name	
	17205 President Dr Castro Valley, CA 94546-3842	
	Contact phone 510-478-8576	Contact phone
	Contact email wfjunkmail@yahoo.com	Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM/DD/YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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

FILED  
 U.S. Bankruptcy Court  
 District of Nevada  
 10/18/2022  
 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**

<b>1. Who is the current creditor?</b>	Thomas V Gentry	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Thomas V Gentry	
	Name	Name
	PO Box 2971 PO Box 2971	
	Key West, FL 33045	
	Contact phone 5614037001	Contact phone
	Contact email Tom.gentry@yahoo.com	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM/DD/YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 10/18/2022  
 Mary A. Schott, Clerk

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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**

<b>1. Who is the current creditor?</b>	Frank Chandler Harris Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>F. Chandler Harris, Chandler Harris</u>	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Frank Chandler Harris Name	_____ Name
	4491 Cheyenne Avenue Davenport, IA 52806-4606	
	Contact phone <u>5635808123</u>	Contact phone _____
	Contact email <u>charris@pts-llc.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 10/18/2022  
 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?	W.R. Henderson	
	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)
	W.R. Henderson	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
		PO Box 376 Rexburg, ID 83440
	Contact phone	208-351-6487
	Contact email	bill@wrhcon.com
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 _____ <span style="float: right;">MM / DD / YYYY</span>	
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  
 10/19/2022  
 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?	Somboon Sayawat	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	Sam Sayawat
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)
	Somboon Sayawat	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
	1414 Greenfield Circle Pinole, CA 94564-2138	Name
	Contact phone 341-314-0898	Contact phone _____
	Contact email simco08@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 _____ <span style="float: right;">MM / DD / YYYY</span>	
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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 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**

<b>1. Who is the current creditor?</b>	Peter Gibbons Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Else Donnell</u>	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Peter Gibbons Name Suite E 1805 North Carson Street Carson City, NV 89701-1216 ,	_____ Name
	Contact phone <u>775-434-1856</u>	Contact phone _____
	Contact email <u>LawDr1@lawdr.us</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>1. Who is the current creditor?</b>	Catherine J. Johnson Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Catherine J. Johnson Name 1240 W. Hardy Lane Pahrump, NV 89048	_____ Name
	Contact phone 725-350-8354	Contact phone _____
	Contact email cjmawhirt@yahoo.com	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Who made the earlier filing? Mark Johnson _____	

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  
 10/19/2022  
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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**

<b>1. Who is the current creditor?</b>	Charlotte C. Wagner Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Charlotte C. Wagner Name 11487 So. Willow Walk Drive So Jordan, UT 8400 Contact phone 801-910-1312 Contact email char.c.wagner@gmail.com Uniform claim identifier for electronic payments in chapter 13 (if you use one):	Name Contact phone Contact email MM/DD/YYYY
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 10/20/2022  
 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**

<b>1. Who is the current creditor?</b>	Rich Zollinger Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Rich Zollinger Name	
	4305 S Bighorn Lane Spokane Valley, WA 99206	Name
	Contact phone 509-209-0324	Contact phone
	Contact email r.zollinger@ndsu.edu	Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM/DD/YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>1. Who is the current creditor?</b>	Marc Kuttner _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Marc Kuttner _____	_____
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
	5722 Timber Star San Antonio, TX 78250	Name
	Contact phone 415-55-6290	Contact phone _____
Contact email turbodubs@startmail.com	Contact email _____	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 10/21/2022  
 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**

<b>1. Who is the current creditor?</b>	Timothy Mulverhill _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Timothy Mulverhill _____	_____
	Name	Name
	6558 Lanier road 18 6558 Lanier Road Maryville, TN 37801	
	Contact phone 8453099998	Contact phone _____
Contact email tim.mulverhill@sdsimports.com	Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 10/22/2022  
 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**

<b>1. Who is the current creditor?</b>	Ewin Theodore Verdict	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Ewin Theodore Verdict	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
	45816 Hickory Ln Lexington Park, MD 20653	Name
	Contact phone 3019047005	Contact phone
	Contact email tverdict@gmail.com	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)	Filed on
		MM / DD / YYYY
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>1. Who is the current creditor?</b>	Kason Goodrich	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Kason Goodrich	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
	583 E 600 N Vernal, UT 84078	Name
	Contact phone 4352191860	Contact phone
	Contact email kwgoodrich@gmail.com	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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 E MCCABE  
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?**

JOHN E MCCABE  
Name  
2948 S 51ST STR W  
Number Street  
BILLINGS MT 59106  
City State ZIP Code  
Contact phone 406-281-0932  
Contact email JOHN@JANDLINDUSTRIES.COM

**Where should payments to the creditor be sent? (if different)**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code  
\_\_\_\_\_  
Contact phone  
\_\_\_\_\_  
Contact email

STRETTO  
OCT 21 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**

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?

Chad Behrend  
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)

Chad Behrend  
Name

Name

7309 Portland Ave  
Number Street

Number Street

Richfield MN 55423  
City State ZIP Code

City State ZIP Code



Contact phone 920 217 6840

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

Contact email Cbehrend@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? \_\_\_\_\_

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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 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**

<b>1. Who is the current creditor?</b>	Thomas Amero Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Thomas Amero Name 24107 72nd Ave e Graham, WA 98338	_____ Name
	Contact phone 2077450881	Contact phone _____
	Contact email Thomas.amero88@gmail.com	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>1. Who is the current creditor?</b>	Gregory W Romaniak Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor <u>Greg Romaniak</u>	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Gregory W Romaniak Name	_____ Name
	4508 Alligator Flag Cir West Melbourne, FL 32904	
	Contact phone <u>301-785-0058</u>	Contact phone _____
	Contact email <u>gregromaniak@gmail.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>1. Who is the current creditor?</b>	Eric Fletcher Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Eric Fletcher Name	
	1616 Sheridan Road Glendale, CA 91206	
	Contact phone 3145043456	Contact phone
	Contact email ericfletcher@mac.com	Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM/DD/YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>1. Who is the current creditor?</b>	Tammy 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 _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Tammy J Smith _____	_____
	Name	Name
	1014 N High Desert Drive Deer Park WA 99006 ,	
	Contact phone _____	Contact phone _____
Contact email _____	Contact email _____	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>1. Who is the current creditor?</b>	Erik Matthew Moll Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Erik Matthew Moll Name	_____ Name
	9033 Rivers Edge Dr. Las Vegas, NV 89117	
	Contact phone _____	Contact phone _____
	Contact email <u>eriks.career@hotmail.com</u>	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>1. Who is the current creditor?</b>	Nicholas McRay	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	Nick McRay
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Nicholas McRay	
	Name	Name
	9931 Cherry Melee Ave Las Vegas, NV 89148	
	Contact phone 7022623916	Contact phone _____
	Contact email silor13@gmail.com	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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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 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**

<b>1. Who is the current creditor?</b>	Scott Ingham _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Scott Ingham _____ Name 1335 Lemon Street 1335 Lemon Street  Vallejo, CA 94590  Contact phone <u>7076436757</u> Contact email <u>scott@expedition-imports.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name     Contact phone _____ Contact email _____
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 10/26/2022  
 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**

<b>1. Who is the current creditor?</b>	Thomas J. Campbell Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Thomas J. Campbell Name 1128 GENESEE DR ROYAL OAK, MI 48073	_____ Name
	Contact phone <u>2487898032</u>	Contact phone _____
	Contact email <u>cictom@camindcon.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 10/27/2022  
 Mary A. Schott, Clerk

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**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	Jeffrey Lee Tucker	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	Jeffrey L. Tucker, Jeff Tucker, Jeff L. Tucker
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Jeffrey Lee Tucker	
	Name	Name
	9098 Lava Bluff Ct Las Vegas, NV 89123	
	Contact phone 6198409597	Contact phone _____
	Contact email jeff.tucker.cfii@gmail.com	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 10/27/2022  
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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?	Lisa Thomas	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	Lisa Black
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)
	Lisa Thomas	_____
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
	1856 Millpond Ct Reno, NV 89523-89523	Name
	Contact phone _____	Contact phone _____
	Contact email <u>lmthomas@unr.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 _____ <span style="float: right;">MM / DD / YYYY</span>	
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  
 10/27/2022  
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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**

<b>1. Who is the current creditor?</b>	Stuart Butler Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Stuart Butler Name	
	1967 Ridgetrail Dr Castle Rock, CO 80104	
	Contact phone 7202736526	Contact phone
	Contact email butler@gdsassociates.net	Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM/DD/YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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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**Part 1: Identify the Claim**

1. Who is the current creditor? WILLIAM M SCRUGGS  
 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><b>Where should notices to the creditor be sent?</b></p> <p><u>WILLIAM M SCRUGGS</u> Name</p> <p><u>8 MORRIS LN</u> Number Street</p> <p><u>EAST LYME, CT 06333</u> City State ZIP Code</p> <p>Contact phone <u>970-846-5819</u></p> <p>Contact email <u>bionickbilly45@gmail.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one):              _____</p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
---	---

4. Does this claim amend one already filed?  
 No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  
 No  
 Yes. Who made the earlier filing? \_\_\_\_\_

**STRETTO**  
**OCT 28 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**  
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04/22

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**Part 1: Identify the Claim**

1. Who is the current creditor? Scott M. Sacchi  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor none

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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p><u>Scott M. Sacchi</u> Name</p> <p><u>2764 NE NOLL VALLEY LOOP</u> Number Street</p> <p><u>POULSBORO WA 98370</u> City State ZIP Code</p> <p>Contact phone <u>360.509.4864</u></p> <p>Contact email <u>Subdiver1@gmail.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
--	--	--

**STRETTO**  
**OCT 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	District of Nevada
Case number:	22-11824

FILED  
 U.S. Bankruptcy Court  
 District of Nevada  
 10/29/2022  
 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**

<b>1. Who is the current creditor?</b>	Catherine Logie Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Catherine Logie Name 4280 Cub Drive Louisville, TN 37777	_____ Name
	Contact phone 4439953028	Contact phone _____
	Contact email clogie@verizon.net	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 10/29/2022  
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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**

<b>1. Who is the current creditor?</b>	Bruce Logie Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Bruce Logie Name 4280 Cub Drive Louisville, TN 37777	_____ Name
	Contact phone <u>8655851289</u>	Contact phone _____
	Contact email <u>logieb@verizon.net</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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

FILED  
 U.S. Bankruptcy Court  
 District of Nevada  
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**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	Max Kibu _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Max Kibu _____	_____
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
	4505 Paradise Road, 1107 Las Vegas, NV 89169	Name
	Contact phone <u>408-300-8378</u>	Contact phone _____
Contact email <u>maxkibu@gmail.com</u>	Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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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**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	Stephen Wilson Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Stephen Wilson Name	
	3670 Tarpon Dr Lake Havasu City, AZ 86406-86406	
	Contact phone 9282088208	Contact phone
	Contact email stodd615@hotmail.com	Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM/DD/YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>1. Who is the current creditor?</b>	Dara Grieger	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Dara Grieger	
	Name	Name
	6387 Camp Bowie Blvd Ste 156 Fort Worth Tx 76116,	
	Contact phone 585 354 7242	Contact phone
	Contact email dara.grieger@outlook.com	Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM/DD/YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 10/30/2022  
 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**

<b>1. Who is the current creditor?</b>	FRONT SIGHT MANAGEMENT LLC [SHORT, GARY]	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	FRONT SIGHT MANAGEMENT LLC [SHORT, GARY]	_____
	Name	Name
	C/O CARLYON CICA CHTD 1425 Market LN., STE F 265 E WARM SPRINGS ROAD SUITE 107	
	Contact phone <u>9282999364</u>	Contact phone _____
	Contact email <u>randjsailaz@gmail.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>1. Who is the current creditor?</b>	Kevrin J. Johnson Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Kevrin J. Johnson Name	_____ Name
	1 Wild Goose Circle Durham, NC 27712	
	Contact phone <u>9193993118</u>	Contact phone _____
	Contact email <u>kevrin.johnson@gmail.com</u>	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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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 Proof of Claim**

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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**

<b>1. Who is the current creditor?</b>	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	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	FRONT SIGHT MANAGEMENT LLC	
	Name	Name
	C/O DAWN M. CICA, ESQ. CARLYON CICA CHTD 265 E. WARM SPRINGS ROAD, SUITE 107 LAS VEGAS, NV 89119	
	Contact phone 6613407111	Contact phone
	Contact email rpmaddon@outlook.com	Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM/DD/YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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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 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**

<b>1. Who is the current creditor?</b>	Michael Walstien Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Michael Walstien	_____
	Name	Name
	16525 39th Pl N 16525 39th Pl N,  Plymouth, MN 55446	_____
	Contact phone <u>6125994982</u>	Contact phone _____
Contact email <u>walstien@gmail.com</u>	Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 10/30/2022  
 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**

<b>1. Who is the current creditor?</b>	James J Wilcox Jr Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor <u>James Wilcox, Jim Wilcox</u>	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	James J Wilcox Jr Name 3017 Hillside Ave Durango, CO 81301	_____ Name
	Contact phone <u>480-371-0121</u>	Contact phone _____
	Contact email <u>Jimwilcox68@gmail.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 10/31/2022  
 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**

<b>1. Who is the current creditor?</b>	James E Larson Jr Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor <u>James Larson</u>	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	James E Larson Jr Name 1305 Gilray Dr Joliet, IL 60431	_____ Name
	Contact phone <u>8159557041</u>	Contact phone _____
	Contact email <u>Larsmedic7@comcast.net</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 10/31/2022  
 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**

<b>1. Who is the current creditor?</b>	Deborah Torrano	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Deborah Torrano	
	Name	Name
	6417 Stone Dry Ave Unit 101 Henderson, NV 89011-89011	
	Contact phone 4155951958	Contact phone
	Contact email lemoncreature@yahoo.com	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)	
		Filed on MM/DD/YYYY
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 10/31/2022  
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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**

<b>1. Who is the current creditor?</b>	John P Panozzo Jr _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	John P Panozzo Jr _____ Name	_____ Name
	11275 Idyllic Dr Unit 103 Las Vegas, NV 89135	
	Contact phone 18088861003 _____	Contact phone _____
	Contact email johnpanozzo@gmail.com _____	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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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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**

<b>1. Who is the current creditor?</b>	Jill Adler _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Jill Adler _____	_____
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
	8827 Gorgoza Dr Park City, 84098	Name
	Contact phone _____ 4356492665	Contact phone _____
Contact email _____ pcskigal@yahoo.com	Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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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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**

<b>1. Who is the current creditor?</b>	Geoffrey Stimack Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Geoffrey Stimack Name	_____ Name
	10601 W 79th Pl Arvada, CO 80005	
	Contact phone <u>3034251217</u>	Contact phone _____
	Contact email <u>serenix@earthlink.net</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>1. Who is the current creditor?</b>	Stretto _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Stretto _____	_____
	Name	Name
	410 Exchange, Ste. 100 Irvine, CA 92602	
	Contact phone <u>80006347734</u>	Contact phone _____
Contact email <u>support@stretto.com</u>	Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 11/2/2022  
 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**

<b>1. Who is the current creditor?</b>	Joan Modes Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Joan Modes Name	
	34026 Navin Ave Livonia MI 48152,	Name
	Contact phone 7348122597	Contact phone
	Contact email joanmodes@hotmail.com	Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM/DD/YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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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**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	Colin Camillo Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Colin Camillo Name 6340 Waterford Pahrump, NV 89061	_____ Name
	Contact phone 734-968-0794	Contact phone _____
	Contact email colincam1234@yahoo.com	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>1. Who is the current creditor?</b>	Karin Macer Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Karin Macer Name	_____ Name
	1866 Cypress Mesa Drive Henderson, NV 89012	
	Contact phone <u>7028028920</u>	Contact phone _____
	Contact email <u>dmacer7@gmail.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>1. Who is the current creditor?</b>	Matthew Macer Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Matthew Macer Name	_____ Name
	1866 Cypress Mesa Drive Henderson, NV 89012	
	Contact phone <u>7028028920</u>	Contact phone _____
	Contact email <u>dmacer7@gmail.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>1. Who is the current creditor?</b>	Christina Macer Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Christina Macer Name	_____ Name
	1866 Cypress Mesa Drive Henderson, NV 89012	
	Contact phone <u>7028028920</u>	Contact phone _____
	Contact email <u>dmacer7@gmail.com</u>	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>1. Who is the current creditor?</b>	Brian Joseph Simmons _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Brian Joseph Simmons _____	_____
	Name	Name
	5701 Corona Vista St. Las Vegas, NV 89135	
	Contact phone <u>7026725174</u>	Contact phone _____
Contact email <u>brian.j.simmons@gmail.com</u>	Contact email _____	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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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**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	Larry C. Fried Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Larry C. Fried Name	_____ Name
	1931 W. Basin Ave. 1931 W. Basin Ave.  Pahrump, NV 89060	_____
	Contact phone <u>7755136267</u>	Contact phone _____
	Contact email <u>larryfried6351@gmail.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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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**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	Eric R. Fried _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Eric R. Fried _____ Name	_____ Name
	P.O. Box 505 205 2nd St. Bath, SD 57427 ,	
	Contact phone _____	Contact phone _____
	Contact email _____	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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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**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	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	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Kerem Kapkin	
	Name	Name
	16705 Blue Horse Rd Anderson, CA 96007	
	Contact phone 8313344041	Contact phone
	Contact email kkapkin@gmail.com	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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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**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	1931 W. Basin Ave. Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	1931 W. Basin Ave. Name	
	1931 W. Basin Ave. Pahrump, NV 89060	Name
	Contact phone 7755136157	Contact phone
	Contact email melaniefried6152@gmail.com	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM/DD/YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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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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**

<b>1. Who is the current creditor?</b>	Robin Withrow Wong _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor      Robin Wong _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Robin Withrow Wong _____	_____
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
	Name PO Box 369 Clarksburg, CA 95612	Name
	Contact phone      9167994639 _____	Contact phone      _____
Contact email withrowwong@gmail.com _____	Contact email      _____	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 11/3/2022  
 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**

<b>1. Who is the current creditor?</b>	Charles Herron Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor <u>Chip Herron</u>	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Charles Herron Name 3774 Marsha Dr 3774 Marsha Dr  West Valley City, UT 84128  Contact phone <u>801-230-9907</u>  Contact email <u>chipherron55@gmail.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name     Contact phone _____  Contact email _____
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 11/6/2022  
 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**

<b>1. Who is the current creditor?</b>	Christopher Brown	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Christopher Brown	
	Name	Name
	1513 Kingsgate Dr Sunnyvale, CA 94087-4143	
	Contact phone 408-730-9713	Contact phone
	Contact email chris_furby@yahoo.com	Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 11/6/2022  
 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**

<b>1. Who is the current creditor?</b>	Joseph Ignacio Sandoval _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Joseph Ignacio Sandoval _____ Name	_____ Name
	8640 W ROSADA WAY Las Vegas, NV 89149 ,	
	Contact phone <u>702569-7055</u>	Contact phone _____
	Contact email <u>jocon2000@aol.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 11/6/2022  
 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**

<b>1. Who is the current creditor?</b>	Connie Rae Sandoval _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Connie Rae Sandoval _____ Name 8640 W ROSADA WAY Las Vegas, NV 89149 Las Vegas, NV 89149	_____ Name
	Contact phone _____ 7025697055 _____	Contact phone _____
	Contact email _____ jocon2000@aol.com _____	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 11/7/2022  
 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?	Rudy Quan	
	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)
	Rudy Quan	
	Name	Name
	2181 N. Tracy Blvd Ste#247 Tracy, CA 95376	
	Contact phone 4159998439	Contact phone
	Contact email rudyquan18@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  
 11/7/2022  
 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**

<b>1. Who is the current creditor?</b>	Christopher Kyler Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Christopher Kyler Name PO BOX 6 American Fork, Utah 84003 431 Sunrise drive Alpine, UT 84004	_____ Name
	Contact phone <u>801-756-0907</u>	Contact phone _____
	Contact email <u>chris@utahrealtors.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 11/8/2022  
 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**

<b>1. Who is the current creditor?</b>	Faye Johnson Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Faye Johnson Name 4824 W 118th Place Hawthorne, CA 90250	_____ Name
	Contact phone 9516625513	Contact phone _____
	Contact email ladyfavej2020@gmail.com	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 11/10/2022  
 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**

<b>1. Who is the current creditor?</b>	Amanda Todd _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Amanda Todd Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  Name 2761 E 3800 S 2761 East 3800 South  St. George, UT 84790  Contact phone <u>9163036375</u>  Contact email <u>amanda@amandatoddgroup.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____  Name      Contact phone _____  Contact email _____
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 11/10/2022  
 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**

<b>1. Who is the current creditor?</b>	James M. Bledsoe, III _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	James M. Bledsoe, III _____ Name 2761 East 3800 South 2761 East 3800 South  St. George, UT 84790  Contact phone <u>9163036375</u> Contact email <u>amanda@amandatoddgroup.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name     Contact phone _____ Contact email _____
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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? GREGORY P. 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?  
 No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>GREGORY P. SMITH</u> Name <u>4791 GRANBY WAY</u> Number Street <u>DENVER CO. 80239</u> City State ZIP Code Contact phone <u>3039127400</u> Contact email <u>gggrimsmith@comcast.net</u>	_____ Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email

**STRETTO**

**NOV 15 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

Date Stamp Copy Returned

**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? TRUMAN D. FIELDS  
 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)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>TRUMAN D. FIELDS</u> Name <u>PO BOX 189</u> Number Street <u>HAGERHILL KY 41222</u> City State ZIP Code Contact phone <u>440 864 9021</u> Contact email <u>TRUMANFIELDS@YAHOO.COM</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<u>TRUMAN D. FIELDS</u> Name <u>PO BOX 189</u> Number Street <u>HAGERHILL KY 41222</u> City State ZIP Code Contact phone <u>440 864 9021</u> Contact email <u>TRUMANFIELDS@YAHOO.COM</u>



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	District of Nevada
Case number:	22-11824

FILED  
 U.S. Bankruptcy Court  
 District of Nevada  
 11/23/2022  
 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**

<b>1. Who is the current creditor?</b>	David Maurin Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	David Maurin Name 12 TUSCANY CT 12 TUSCANY CT SACRAMENTO, CA 95831 Contact phone 916-213-5751 Contact email maurindasac@gmail.com Uniform claim identifier for electronic payments in chapter 13 (if you use one):	 Name Contact phone Contact email
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Filed on MM/DD/YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 12/16/2022  
 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**

<b>1. Who is the current creditor?</b>	Gregory F. Ariola _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Gregory F. Ariola _____	_____
	Name	Name
	6608 Peppermill Dr Las Vegas, NV 89146	
	Contact phone 702-882-9956	Contact phone _____
Contact email gregariola@netscape.net	Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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

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 W. FRYE  
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><b>Where should notices to the creditor be sent?</b></p> <p><u>DAVID W. FRYE</u> Name</p> <p><u>789 ALMARIDA DR</u> Number Street</p> <p><u>CAMPBELL CA 95008</u> City State ZIP Code</p> <p>Contact phone <u>408 508 9142</u></p> <p>Contact email <u>DAVE3661@COMPAST.NET</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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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	District of Nevada
Case number:	22-11824

FILED  
 U.S. Bankruptcy Court  
 District of Nevada  
 12/28/2022  
 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**

<b>1. Who is the current creditor?</b>	Kathleen M Hayes	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	Fabricius
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Kathleen M Hayes	
	Name	Name
	1283 Madison 7555 Wesley, AR 72773-6001	
	Contact phone 4064072374	Contact phone _____
	Contact email kmh.rdh@yahoo.com	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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  
 1/2/2023  
 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**

<b>1. Who is the current creditor?</b>	Jonathan Stern _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Jonathan Stern _____ Name	_____ Name
	87 Diehl Rd. POB 67 Damascus, PA 18415	
	Contact phone <u>3107337162</u>	Contact phone _____
	Contact email <u>jscowboy@gmail.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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. 4<sup>th</sup> 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 TENTH 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 *Tenth*  
 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”)<sup>1</sup> filed by  
 5 Province, LLC, solely in its capacity as the duly authorized and acting Liquidating Trustee (the  
 6 “Liquidating Trustee”)<sup>2</sup> 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
Brent Frame	542-1	\$3,049.00	<b>\$299.00</b>

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

27 <sup>2</sup> 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 claim objections of unsecured creditors.

	<b>Claimant</b>	<b>Claim No.</b>	<b>Filed Claim Amount</b>	<b>Allowed General Unsecured Claim Amount</b>
1				
2	Robert Perez	546-1	\$2,000.00	\$299.00
3	Deborah Zugel	555-1	\$1,000.00	\$50.00
4	Hollis K. Fox	562-1	\$3,644.00	\$1,547.00
5	Thomas V. Gentry	573-1	\$1,500.00	\$99.00
6	Frank Chandler Harris	575-1	\$1,500.00	\$301.00
7	W.R. Henderson	583-1	\$4,900.00	\$1,000.00
8	Rich Zollinger	603-1	\$1,000.00	\$150.00
9	Marc Kuttner	609-1	\$2,500.00	\$100.00
10	Ewin Theodore Verdict	620-1	\$3,398.00	\$1,594.00
11	Kason Goodrich	624-1	\$2,100.00	\$751.00
12	John E. McCabe	626-1	\$3,998.00	\$2,000.00
13	Chad Behrend	630-1	\$1,550.00	\$348.00
14	Gregory W. Romaniak	640-1	\$3,000.00	\$1,093.00
15	Tammy J. Smith	654-1	\$9,185.00	\$1,046.00
16	Erik Matthew Moll	655-1	\$5,000.00	\$10.00
17	Nicholas McRay	656-1	\$1,800.00	\$400.00
18	Thomas J. Campbell	666-1	\$9,600.00	\$4,391.00
19	Jeffrey Lee Tucker	676-1	\$5,740.00	\$299.00
20	Stuart Butler	680-1	\$8,691.00	\$4,241.00
21	William M. Scruggs	693-1	\$3,767.10	\$2,147.00
22	Scott Sacchi	694-1	\$2,334.00	\$794.00
23	Catherine Logie	701-1	\$1,694.00	\$297.00
24	Max Kibu	708-1	\$3,200.00	\$1,751.00
25	Dara Grieger	711-1	\$1,500.00	\$500.00
26	Jim Bradley (Front Sight Management LLC [Short, Gary])	720-1	\$2,496.00	\$596.00
27	Kevrin J. Johnson	722-1	\$2,500.00	\$1,099.00
28	Ron Maddon (Front Sight Management LLC)	724-1	\$3,894.00	\$1,593.00
29	James J. Wilcox, Jr.	728-1	\$1,250.00	\$397.00
30	Deborah Torrano	734-1	\$1,100.00	\$100.00
31	John P. Panozzo, Jr.	748-1	\$5,000.00	\$748.00
32	Geoffrey Stimack	763-1	\$8,197.00	\$997.00
33	Colin Camillo	795-1	\$2,000.00	\$997.00

Claimant	Claim No.	Filed Claim Amount	Allowed General Unsecured Claim Amount
Robin Withrow Wong	838-1	\$3,000.00	\$549.00
Rudy Quan	904-1	\$5,810.00	\$1,698.00
Faye Johnson	913-1	\$4,500.00	\$2,597.00
Gregory P. Smith	935-1	\$1,998.98	\$700.00
Truman D. Fields	947-1	\$5,000.00	\$2,963.00
David Maurin	949-1	\$2,290.02	\$1,297.00
David W. Frye	997-1	\$1,849.00	\$299.00

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

Claimant	Claim No.	Filed Claim Amount	Treatment
Robert A. Wilcox	541-1	\$8,000.00	Disallowed
James Stone, II	553-1	\$1,000.00	Disallowed
Phan Nguyen	554-1	\$1,000.00	Disallowed
Ronald Hack	571-1	\$1,000.00	Disallowed
Walter Fetsch	572-1	\$1,997.00	Disallowed
Somboon Sayawat	588-1	\$1,050.00	Disallowed
Peter Gibbons	592-1	\$4,450.00	Disallowed
Catherine J. Johnson	595-1	\$2,000.00	Disallowed
Charlotte C. Wagner	596-1	\$2,000.00	Disallowed
Timothy Mulverhill	617-1	\$3,000.00	Disallowed
Thomas Amero	639-1	\$1,000.00	Disallowed
Eric Fletcher	642-1	\$2,500.00	Disallowed
Scott Ingham	662-1	\$2,749.00	Disallowed
Lisa Thomas	677-1	\$3,000.00	Disallowed
Bruce Logie	702-1	\$1,294.00	Disallowed
Stephen Wilson	710-1	\$6,000.00	Disallowed
Michael Walstien	725-1	\$5,000.00	Disallowed
James E. Larson, Jr.	730-1	\$2,000.00	Disallowed
Jill Adler	761-1	\$1,200.00	Disallowed
Mitchell Tyler Ryan (Stretto)	771-1	\$1,200.00	Disallowed
Joan Modes	788-1	\$2,000.00	Disallowed

Claimant	Claim No.	Filed Claim Amount	Treatment
Karin Macer	814-1	\$2,000.00	Disallowed
Matthew Macer	815-1	\$2,000.00	Disallowed
Christina Macer	816-1	\$2,000.00	Disallowed
Brian Joseph Simmons	818-1	\$3,500.00	Disallowed
Larry Fried	826-1	\$1,000.00	Disallowed
Eric R. Fried	829-1	\$1,000.00	Disallowed
Kerem Kapkin	831-1	\$3,150.00	Disallowed
Melanie L. Fried	833-1	\$1,000.00	Disallowed
Charles Herron	846-1	\$3,545.00	Disallowed
Christopher Brown	901-1	\$9,359.00	Disallowed
Joseph Ignacio Sandoval	902-1	\$1,000.00	Disallowed
Connie Rae Sandoval	903-1	\$1,000.00	Disallowed
Christopher Kyler	906-1	\$1,000.00	Disallowed
Amanda Todd	920-1	\$1,800.00	Disallowed
James M. Bledsoe, III	921-1	\$2,000.00	Disallowed
Gregory F. Ariola	987-1	\$2,000.00	Disallowed
Kathleen M. Hayes	1012-1	\$5,000.00	Disallowed
Jonathan Stern	1031-1	\$1,450.00	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.

**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.**

[Remainder of Page Intentionally Blank]

1 Prepared and Submitted By:

2 BG Law LLP

3 By: /s/ Susan K. Seflin

4 Susan K. Seflin

5 Jessica S. Wellington

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