

Your claim can be filed electronically on KCC's website at <https://epoc.kccllc.net/autoplus>.

ID: 25820295

PIN: gs2hYK2q

United States Bankruptcy Court for the Southern District of Texas, Houston Division

Indicate Debtor against which you assert a claim by checking the appropriate box below. **(Check only one Debtor per claim form.)**

- IEH Auto Parts Holding LLC (Case No. 23-90054)
- AP Acquisition Company Clark LLC (Case No. 23-90053)
- Auto Plus Auto Sales LLC (Case No. 23-90055)
- AP Acquisition Company New York LLC (Case No. 23-90056)
- IEH Auto Parts LLC (Case No. 23-90057)
- IEH Auto Parts Puerto Rico, Inc. (Case No. 23-90058)
- IEH BA LLC (Case No. 23-90059)
- AP Acquisition Company Gordon LLC (Case No. 23-90060)
- AP Acquisition Company Washington LLC (Case No. 23-90061)
- AP Acquisition Company Massachusetts LLC (Case No. 23-90062)
- AP Acquisition Company Missouri LLC (Case No. 23-90063)
- AP Acquisition Company North Carolina LLC (Case No. 23-90064)
- IEH AIM LLC (Case No. 23-90065)

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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

Part 1: Identify the Claim

NameID: 15184632

1. Who is the current creditor?	ATHENS UTILITIES BOARD 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? ATHENS UTILITIES BOARD PO BOX 689 ATHENS, TN 37371-0689	Where should payments to the creditor be sent? (if different) <u>Allen Michelle Millaps</u> Name _____ Number Street _____ City State ZIP Code _____ Country _____ Contact phone _____ Contact email _____
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Address _____ Contact phone <u>423-745-4521</u> Contact email <u>mmillaps@aub.org</u>	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 3 7 1 9

7. How much is the claim? \$ 1132.67 Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
Services sold - utilities

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate: If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____

Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)

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Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

Fixed
 Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition: \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

Amount entitled to priority

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

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____

Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____

Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____

Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. \$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

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

No

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

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 05/08/2023
MM / DD / YYYY

Michelle Millaps
Signature

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

Name Michelle Marie Millaps
First name Middle name Last name

Title Superintendent of Accounting

Company Athens Utilities Board
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 100 New England Rd PO Box 689
Number Street

Athens TN 37303 USA
City State ZIP Code Country

Contact phone 423-745-4501 Email MMillaps@aub.org

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Account Name
WAREHOUSE DIST INC
 Account Number
213719-113719
 Service Address
904 DECATUR PIKE

Athens Utilities:
Your Neighbor. Your Utility.



Days Used
33

Meter Read
02/14/2023
 Service Dates
01/12/2023 - 02/14/2023

What do I owe?

2,206.26

See Summary of charges

Service Dates

01/12/2023 - 02/14/2023

Budget Payment Status Y-T-D

Usage Comparison

Service	Units Used This Month	Same Month Last Year
ELECTRIC	7840	11520
WATER	3	7

Summary of Charges

ELECTRIC		Meter #AP020875CT	Amount
Previous - Current Reading	6342 - 6440	Energy Usage	7840 kWhrs
		** Total Electric Service	926.69
Availability Fee			33.23
Sales Tax 7.0%			67.19
WATER		Meter #W08344	Amount
Previous - Current Reading	17100 - 17103	Water Consumption	3 gals (X100)
		** Total Water Service	1.04
Availability Fee			10.50
Sales Tax 9.75%			1.13
CLASS 35 FIRE PROTECTION			6.25
Sales Tax 9.75%			0.61
WASTEWATER			26.95
Balance Forward (Past Due)			1,132.67
		** Current Month Charges	1073.59
Total Balance Due			2,206.26

Messages

PLEASE RETURN BOTTOM PORTION WITH PAYMENT OR BRING ENTIRE STATEMENT WHEN PAYING IN PERSON

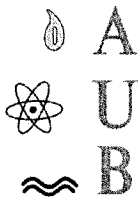
This office is not responsible for bills or payments lost in the mail. Previous Balance added to this bill is past due and is subject to collection actions prior to the due date.

ACCOUNT NUMBER	213719-113719
AMOUNT DUE NOW	2,206.26
LATE CHARGE AMOUNT	
IF NOT PAID BY DUE DATE	21.84
IF PAID AFTER DUE DATE:	2,228.10
Due Date	03/16/2023

I have added to my bill for warm Neighbors

\$1 \$5 \$10

TO REPORT A POWER OUTAGE CALL 745-3131 24 HOURS A DAY



Athens Utilities Board
 P.O. Box 689
 Athens, TN 37371-0689
 Address Service Requested

Phone (423) 745-4501 Email: aub@aub.org Website: www.aub.org

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WAREHOUSE DIST INC
 C/O PEP BOYS
 PO BOX 1177
 MANDAN ND 58554-7177



ATHENS UTILITIES BOARD
PO BOX 689
ATHENS TN 37371-0689



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