


Fill in this information to identify the case:

Debtor 1 IEH Auto Parts LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Texas 

Case number 23-90057

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? Autologue Computer Systems, Inc
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor SBC Solutions

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)	Name <u>Donny Krause</u>	Name _____
	Number <u>8452</u> Street <u>Commonwealth Ave.</u>	Number _____ Street _____
	City <u>Buena Park</u> State <u>CA</u> ZIP Code <u>90621</u>	City _____ State _____ ZIP Code _____
	Contact phone <u>800-962-0358 x.279</u>	Contact phone _____
	Contact email <u>dkrause@autologue.com</u>	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		

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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? _____



239005723020600000000002

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: 8 9 7 5

7. How much is the claim? \$ 112,714.32 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 performed

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

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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)?

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

No

Yes. Check one:

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

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

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

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

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

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

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

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

Part 3: Sign Below

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

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

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

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

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

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

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

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

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

Executed on date 02/02/2023
MM / DD / YYYY

Signature _____

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

Name Donny E. Krause
First name Middle name Last name

Title CFO

Company Autologue Computer Systems / SBC Solutions
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 8452 Commonwealth Ave.
Number Street

Buena Park CA 90621
City State ZIP Code

Contact phone 800-962-0358 x.279 Email dkrause@autologue.com

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KURTZMAN AND ASSOCIATES



A DIVISION OF AUTOLOGUE COMPUTER SYSTEMS, INC.

AutoPlus Claims Processing Center

c/o KCC

RE: Case # 23-90057 IEH Auto Parts LLC

Dear United States Bankruptcy Court of the Southern District of Texas:

I am writing to submit a Proof of Claim for the bankruptcy case of IEH Auto Parts LLC. As a creditor, I have a claim for \$112,714.32 for services provided. These services are for the software licensing of their store point of sale services.

Enclosed with this letter, please find supporting documentation for my claim, that is the two months of invoices. I certify that the information provided in this Proof of Claim is true and accurate to the best of my knowledge.

I request that the court allow my claim and provide me with payment in accordance with the priorities established by the Bankruptcy Code. I would be happy to provide any additional information or documentation that may be required.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Donny Krause'. The signature is fluid and cursive.

Donny Krause

CFO

Autologue Computer Systems / SBC Solutions

8452 Commonwealth Ave.

Buena Park, CA. 90621



AUTOLOGUE COMPUTER SYSTEMS/SBC
 8452 COMMONWEALTH AVE.
 BUENA PARK, CA 90621

TEL: (714) 522.3551
 FAX: (714) 522.3565
 U.S. (800) 722.1113

Cntr: A

AUTO PLUS AUTO PARTS	Cust#:	8975	Date:	12/20/22
112 TOWNPARK DRIVE NW SUITE1155 ROBERTS BLVD SUITE 175	Inv#:	26272	Time:	12:51:16
KENNESAW, GA 30144 KENNESAW, GA 30144	Doc#:		Type:	**CHARGE**
ATTN: ACCOUNTS PAYABLE	Po #:	JANUARY 2023 SUPPORT		

QTY	LINE	PART NUMBER	DESCRIPTION	CORE	LIST	EACH	TOTAL	TAX
333	MNT	SW	AP SBC - S/W SUPPORT	0.00	0.00	143.51	47788.83	Y
1	MNT	SW	LOCATION FEE	0.00	0.00	150.00	150.00	Y
1	MNT	SW	LOCATION FEE-BINGHAMTO	0.00	0.00	150.00	150.00	Y
2	MNT	SW	TOP VIEW (WAREHOUSE MA	0.00	0.00	75.00	150.00	Y
2	MNT	SW	INDAGO CLIENT	0.00	0.00	75.00	150.00	Y
30	MNT	SW	INDAGO RF USER	0.00	0.00	60.00	1800.00	Y
2	MNT	SW	SBC INTEGRATION ADAPTE	0.00	0.00	125.00	250.00	Y
7	ACS	EDELEOFF	E-OFFICE/E-DELIVERY BU	0.00	0.00	66.00	462.00	N
378	Misc	Freight	50438.83	0.00	0.00	462.00	50438.83	3026.33
		Labor						
		Misc						
		Core Total						
		List Total						
		Non-Taxable						
		Taxable						
		Total Tax						

Pay This Amount
 53927.16

Received by: _____



AUTOLOGUE COMPUTER SYSTEMS/SBC
 8452 COMMONWEALTH AVE.
 BUENA PARK, CA 90621

TEL: (714) 522.3551
 FAX: (714) 522.3565
 U.S. (800) 722.1113

Cntr: A

AUTO PLUS AUTO PARTS	Cust#:	8975	Date:	01/19/23
112 TOWNPARK DRIVE NW SUITE 1155 ROBERTS BLVD SUITE 175	Inv#:	26422	Time:	12:50:41
KENNESAW, GA 30144	Doc#:		Type:	**CHARGE**
ATTN: ACCOUNTS PAYABLE	Po #:	FEBRUARY 2023	SUPPORT	

QTY	LINE	PART NUMBER	DESCRIPTION	CORE	LIST	EACH	TOTAL	TAX		
333	MNT	SW	AP SBC- S/W SUPPORT	0.00	0.00	143.51	47788.83	Y		
1	MNT	SW	LOCATION FEE	0.00	0.00	150.00	150.00	Y		
1	MNT	SW	LOCATION FEE-BINGHAMTO	0.00	0.00	150.00	150.00	Y		
2	MNT	SW	TOP VIEW (WAREHOUSE MA	0.00	0.00	75.00	150.00	Y		
2	MNT	SW	INDAGO CLIENT	0.00	0.00	75.00	150.00	Y		
30	MNT	SW	INDAGO RF USER	0.00	0.00	60.00	1800.00	Y		
2	MNT	SW	SBC INTEGRATION ADAPTE	0.00	0.00	125.00	250.00	Y		
7	ACS	EDELEOFF	E-OFFICE/E-DELIVERY BU	0.00	0.00	66.00	462.00	N		
378	Tot Units	Misc	Freight	50438.83	0.00	0.00	0.00	462.00	50438.83	3026.33
			Labor		Misc	Core Total	List Total	Non-Taxable	Taxable	Total Tax

Pay This Amount
 53927.16

Received by: _____