Fill in this information to identify the case:					
Debtor 1	EBPI MERGER INC.				
Debtor 2 (Spouse, if filing))				
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS					
Case number	24-80041-SGJ11				

Bankruptcy

Proof of Claim

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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

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

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

ı	Part 1: Identify the C	laim						
1.	Who is the current creditor?	TEXAS COMPTROLLER OF PUBLIC ACCOUNTS 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)	Office of the Bankruptcy & Name P.O. Box 125 Number Austin City Contact phone Contact email	I notices to the creditor be Attorney General Collections Division 48, MC-008 TX State (512) 463-2173 bankruptcytax@oag.texas		Where should payments to the creditor be sent? (if different) Revenue Accounting Division Attention: Bankruptcy Name P.O. Box 13528 Number Austin TX 78711 City State ZIP Code Contact phone (512) 463-4510 Contact email bankruptcysection@cpa.texas.gov			
4.	Does this claim amend one already filed?	☑ No ☐ Yes. Clair	n number on court claims reg	istry (if known)	2 <u></u>	Filed on	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?					

Official Form 410 Proof of Claim

24800402408130000000000002

-	alt 24 Give informatio	II About the Glaim as of the bate the Gase 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: 2 3 9 9
7.	How much is the claim?	\$ 31,882.00 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. FRANCHISE TAX CH. 171
9.	Is all or part of the claim secured?	No Yes. The claim is secured by a lien on property. Nature of property:
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:See attached.

12. Is all or part of the claim	☐ No							
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check one:					Amount entitled to priority		
A claim may be partly priority and partly	Domest 11 U.S.	\$						
nonpriority. For example, in some categories, the law limits the amount entitled to priority.		Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).						
5	bankrup	salaries, or commissions (up to story petition is filed or the debtor's C. § 507(a)(4).				\$		
	☑ Taxes o	or penalties owed to governmenta	ıl units. 11 U.S.C. § 50	7(a)(8).		\$31,882.00		
	☐ Contribu	utions to an employee benefit pla	n. 11 U.S.C. § 507(a)(5).		\$		
	☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.				\$			
	* Amounts a	are subject to adjustment on 4/01/16 a	and every 3 years after tha	nt for cases b	egun on or afte	or the date of adjustment.		
Part 3: Sign Below								
The person completing this proof of claim must	Check the appro	priate box:						
sign and date it.	☑ I am the creditor.							
FRBP 9011(b).	☐ I am the cre	☐ I am the creditor's attorney or authorized agent.						
If you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.							
5005(a)(2) authorizes courts	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.							
to establish local rules								
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.							
A person who files a	amount of the stains, the steam gave the debior steam for any payments received toward the debt.							
fraudulent claim could be fined up to \$500,000,	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.							
imprisoned for up to 5 years, or both.	I declare under penalty of perjury that the foregoing is true and correct.							
18 U.S.C. §§ 152, 157, and 3571.	00/05/2024							
	Executed on dat	e <u>08/05/2024</u> MM / DD / YYYY						
	Signature							
	CARLOTT COLOR PORTION CONTROL			120				
	Print the name	of the person who is completin	ng and signing this cl	aim:				
	Name	LYDIA H HEWETT	NC July		T. Lia L. vancioneron	g-		
		First name	Middle name		Last name			
	Title	Accounts Examiner				<u> </u>		
	Company Texas Comptroller of Public Accounts Identify the corporate servicer as the company if the authorized agent is a servicer.							
	Address	111 E. 17th Street, ATTN: Rev Number Street	venue Accounting Div	<i>.</i> .				
		Austin City		Texas State	78711 ZIP Code			
	Contact phone	(512) 463-4510	ı	Email		ysection@cpa.texas.gov		



Bankruptcy Claim Worksheet —

With Addendum

Date	Case court number	Primary TP ID	Taxpayer number					
08/05/2024	24-80041-SGJ11	XXXXXXX2399	XXXXXX2399					
Entity name	intity name							
EBPI MERGER, INC.								

Basis for claim:

13 - FRANCHISE TAX

PERIOD	BASIS	GROSS TAX	PENALTY	INTEREST	TOTAL	PAYMENT	BALANCE
24	EAR	\$31,882.00	\$0.00	\$0.00	\$31,882.00	\$0.00	\$31,882.00
TOTAL	_:	\$31,882.00	\$0.00	\$0.00	\$31,882.00	\$0.00	\$31,882.00

ORIGINAL PRIORITY PROOF OF CLAIM

Addendum:

- This claim is based, in whole or in part, on estimated liability due to the debtor's non-filing of a return or returns. The claim may be amended when actual amounts are obtained.
- Claim is based on statute. No other supporting documentation is required. Creditor reserves all setoff rights under Texas law, including those arising from audits, credits, refunds, or payments due for goods and services provided to the State of Texas.

\$31,882.00

GRAND TOTAL: