

Your claim can be filed electronically on Verita's website at <https://www.veritaglobal.net/EpicCreations>

ID: 26376424

PIN: 9tfwfvvV

United States Bankruptcy Court for the District of Delaware

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

☒ Epic! Creations, Inc. (Case No. 24-11161)☐ Neuron Fuel, Inc. (Case No. 24-11162)☐ Tangible Play, Inc. (Case No. 24-11163)**Modified 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: 15726967

1. Who is the current creditor?

Hawaii Department of Tax

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?

Hawaii Department of Tax
830 Punchbowl Street
Honolulu, HI 96813Federal Rule of
Bankruptcy Procedure
(FRBP) 2002(g)

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

Department of Taxation, State of Hawaii

Name

P O Box 259 Attn: Bankruptcy Unit M Robideau

Number Street
Honolulu HI 96809-0259

City

State

ZIP Code

Address

Contact phone

Contact email

Country

Contact phone 808 543-6820 x 4024

Contact email

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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?