

Fill in this information to identify the case:

Debtor 1 Higher Ground Education Inc.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Texas, Dallas Division

Case number 25-80121

Official Form 410

- ☒ Date Stamped Copy Returned
- ☐ No self addressed stamped envelope
- ☐ No copy to return

11/23

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.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>214 E Hallandale Beach LLC</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>See attached addendum</u>	
2. Has this claim been acquired from someone else?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. From whom? <u>See attached addendum</u>	
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)	<u>214 E Hallandale Beach LLC</u> c/o Winstead PC Attn: Annmarie Chiarello Name	<u>214 E Hallandale Beach LLC</u> Attn: Martin Saidon Name
	<u>500 Winstead Building, 2728 N. Harwood Street</u> Number Street	<u>1395 Brickell Avenue, Suite 760</u> Number Street
	<u>Dallas TX 75201</u> City State ZIP Code	<u>Miami FL 33131</u> City State ZIP Code
	Contact phone <u>(214) 745-5410</u>	Contact phone <u>305.692.0334</u>
	Contact email <u>achiarello@winstead.com</u>	Contact email <u>martin@fortecnow.com</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 _____ 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? _____	

RECEIVED

JUL 10 2025

MERITA GLOBAL

