Fill in this information to iden	ntify the case: Claim #556 Da	ate Filed: 10/14/2025	
Debtor 1 <u>Higher Grou</u>	und Education Inc.		
Debtor 2 Spouse, if iling)			
Jnited States Bankruptcy Co	ourt for the: Northern District of Texas, Dallas Division		
Case number <u>25-80121</u>			
Official Form 410  Proof of Clair	☐ Date Stamped Copy ☐ No self addressed stamped Copy ☐ No copy to return	amped envelope 11/2	
3 - d the improveding hefore	filling out this form. This form is for making a claim for payment in a bankruptcy of administrative expense. Make such a request according to 11 U.S.C. § 503.	case. Do not use this form to mak	
and security agreements. Do i attachment.	of information that is entitled to privacy on this form of our any attached documents is promissory notes, purchase orders, invoices, itemized statements of running account not send original documents; they may be destroyed after scanning. If the document to claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. Sout the claim as of the date the case was filed. That date is on the notice of bankrung the statements of the date the case was filed.	§§ 152, 157, and 3571.	
Part 1: Identify the CI	laim		
1. Who is the current creditor?  214 E Hallandale Beach LLC Name of the current creditor (the person or entity to be paid for this claim)			
	Other names the creditor used with the debtor See attached addendum	<u> </u>	
Has this claim been acquired from someone else?	☐ No  ▼ Yes. From whom? See attached addendum  ———————————————————————————————————		
3. Where should notices and payments to the	Where should notices to the creditor be sent? Where should pay (if different)	Where should payments to the creditor be sent? (if different)  214 E Hallandale Beach LLC  Attn: Martin Saidon Name	
creditor be sent? Federal Rule of Bankruptcy Procedure	c/o Winstead PC Attn: Annmarie Chiarello  Attn: Martin Saido		
(FRBP) 2002(g) RECEIVED	Name	1395 Brickell Avenue, Suite 760	
OCT 1 4 2025	<u>Dallas TX 75201 Miami</u> City State ZIP Code City	FL         33131           State         ZIP Code	
ERITA GLOBAL	Contact phone (214) 745-5410 Contact phone	305.692.0334	
	•	nartin@fortecnow.com	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one		
4. Does this claim amend one already filed?	I □ No	iled on 07/10/2025 MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	₩ yaa Wha made the earlier filing? 214 F Hallandale Beach LLC		