

FILED

2019 DEC 10 AM 9:56

CLERK
U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE

Fill in this information to identify the case:

Debtor 1 HRI Holding Corp

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of Delaware

Case number 19-12415

Official Form 410

Proof of Claim

04/16

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? Ameren Missouri
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)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Ameren Missouri/Bankruptcy Desk MC 310</u> Name	<u>Ameren Missouri/Bankruptcy Desk MC 310</u> Name
<u>P O BOX 66881</u> Number Street	<u>P O BOX 66881</u> Number Street
<u>Saint Louis MO 63166</u> City State ZIP Code	<u>Saint Louis MO 63166</u> City State ZIP Code
Contact phone _____	Contact phone <u>314-992-8875</u>
Contact email _____	Contact email <u>jhovis2@ameren.com</u>

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? _____

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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: 3 9 2 6
4113, 0040, 0035 + 2936

7. How much is the claim? \$ 13,840.19. 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.
Utility Service

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.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

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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)?

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 \$2,850* 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 \$12,850*) 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 4/01/19 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.

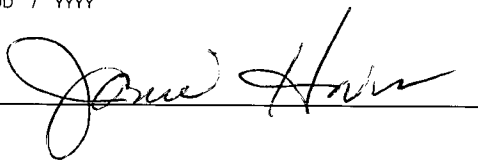
I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

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

Executed on date 11/29/2019
MM / DD / YYYY

/s/ Janie Hovis

Signature



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

Name Janie S Hovis
First name Middle name Last name

Title Credit Advisor

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address P O BOX 66881
Number Street

Saint Louis MO 63166
City State ZIP Code

Contact phone 314-992-8875 Email jhovis2@ameren.com

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KURTZMAN CARSON CONSULTANT

*** Account Information ***

Account Number: ██████████3926
 Account Status: Written Off
 Customer Name: HOULIHANS RESTAURANTS INC
 Requested By:
 HOULIHANS RESTAURANTS INC
 (816)756-2200 Extension: 1250

Mail To:
 HOULIHANS RESTAURANTS INC
 8700 STATE LINE RD STE 100
 LEAWOOD KS 66206

Credit Amount: \$0.00
 Deposit Requested: \$0.00
 Deposit On-Hand: \$0.00
 Suspended Charges: \$
 Service Address:
 11801 OLIVE BLVD,
 CREVE COEUR-87
 SAINT LOUIS MO 63141

*** Current Account Status ***

New Charges: \$0.00
 Current Bill: \$0.00
 Billed Prior: \$4423.91
 Balance Due: \$4423.91

Current Rate(s): 1. Rate 3M Large General Service

- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

TRANSACTION DATE	TRANSACTION	BILLING PERIOD	CHARGES/DEBITS	PAYMENT/CREDITS	TOTAL BILL	PREVIOUS BALANCE	DUE DATE	Usage: KWH/THERM/CCF	BILLED KW/DEMAND
10/01/2019	Payment			\$8990.48					
10/10/2019	ELECTRIC SERVICE	09/10/19 TO 10/09/19	\$4831.03		\$4831.03	\$0.00	11/01/19	68800	197
10/10/2019	Bill Amount - Regular Bill								
10/29/2019	Payment			\$4831.03					
11/08/2019	ELECTRIC SERVICE	10/09/19 TO 11/07/19	\$3585.77		\$3585.77	\$0.00	12/04/19	48480	138
11/08/2019	Bill Amount - Regular Bill								
11/22/2019	ELECTRIC SERVICE	11/07/19 TO 11/14/19	\$838.14		\$4423.91	\$3585.77	12/17/19	12160	122
11/22/2019	Bill Amount - Bill Final								
11/25/2019	Charge Off			\$4423.91					

*** Account Information ***

Account Number: 4113
 Account Status: Written Off
 Customer Name: BRISTOL BAR & GRILL DIP
 Requested By: BRISTOL BAR & GRILL DIP
 (314)567-0272 Extension:

Mail To:
 BRISTOL BAR & GRILL DIP
 HOULIHANS RESTAURANT INC
 8700 STATE LINE RD STE 100
 LEAWOOD KS 66206

*** Current Account Status ***

Credit Amount: \$0.00
 Deposit Requested: \$0.00
 Deposit On-Hand: \$0.00
 Suspended Charges: \$
 Service Address: 11801 OLIVE BLVD,
 PAL-CREVE COEUR-87
 SAINT LOUIS MO 63141

New Charges: \$0.00
 Current Bill: \$0.00
 Billed Prior: \$144.14
 Balance Due: \$144.14

Current Rate(s): 1. Rate 5M Private Area Lighting - RSC

- 2.
- 3.
- 4.
- 5.
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- 7.
- 8.

TRANSACTION DATE	TRANSACTION	BILLING PERIOD	CHARGES/DEBITS	PAYMENT/CREDITS	TOTAL BILL	PREVIOUS BALANCE	DUE DATE	Usage: KWH/THERM/CCF	BILLED KW/DEMAND
10/01/2019	Payment								
10/14/2019	ELECTRIC LIGHTING	09/13/19 TO 10/14/19	\$140.37	\$141.98	\$140.37	\$0.00	11/05/19	0	0
10/14/2019	Bill Amount - Regular Bill								
10/29/2019	Payment								
11/13/2019	ELECTRIC LIGHTING	10/14/19 TO 11/13/19	\$139.51	\$140.37	\$139.51	\$0.00	12/06/19	0	0
11/13/2019	Bill Amount - Regular Bill								
11/21/2019	ELECTRIC LIGHTING	11/13/19 TO 11/14/19	\$4.63		\$144.14	\$139.51	12/16/19	0	0
11/21/2019	Bill Amount - Bill Final								
11/22/2019	Charge Off			\$144.14					

*** Account Information ***

Account Number: 0040
 Account Status: Written Off
 Customer Name: J GILBERTS
 Requested By:
 J GILBERTS
 (913)901-2599 Extension:

Mail To:
 J GILBERTS
 8700 STATE LINE RD STE 100
 LEAWOOD
 KS 66206

Credit Amount: \$0.00
 Deposit Requested: \$0.00
 Deposit On-Hand: \$0.00
 Suspended Charges: \$
 Service Address:
 17 WEST COUNTY CTR UNIT A,
 SPC A102
 SAINT LOUIS MO 63131

*** Current Account Status ***

New Charges: \$0.00
 Current Bill: \$0.00
 Billed Prior: \$2871.57
 Balance Due: \$2871.57

Current Rate(s): 1. Rate 3M Large General Service

- 2.
- 3.
- 4.
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- 6.
- 7.
- 8.

TRANSACTION DATE	TRANSACTION	BILLING PERIOD	CHARGES/DEBITS	PAYMENT/CREDITS	TOTAL BILL	PREVIOUS BALANCE	DUE DATE	Usage: KWH/THERM/CCF	BILLED KW/DEMAND
10/01/2019	Payment			\$5245.04					
10/10/2019	ELECTRIC SERVICE	09/10/19 TO 10/09/19	\$2899.46		\$2899.46	\$0.00	11/01/19	40920	123
10/10/2019	Bill Amount - Regular Bill								
10/29/2019	Payment			\$2899.46					
11/08/2019	ELECTRIC SERVICE	10/09/19 TO 11/07/19	\$2334.73		\$2334.73	\$0.00	12/04/19	30720	106
11/08/2019	Bill Amount - Regular Bill								
11/22/2019	ELECTRIC SERVICE	11/07/19 TO 11/14/19	\$536.84		\$2871.57	\$2334.73	12/17/19	7200	100
11/22/2019	Bill Amount - Bill Final								
11/25/2019	Charge Off			\$2871.57					

*** Account Information ***

Account Number: ██████████0035
 Account Status: Written Off
 Customer Name: HOULIHANS RESTAURANT INC
 Requested By:
 HOULIHANS RESTAURANT INC
 (314)863-9116 Extension: 1250

Mail To:
 HOULIHANS RESTAURANT INC
 163 ACCOUNTS PAYABLE
 LEAWOOD KS 66206

Credit Amount: \$0.00
 Deposit Requested: \$0.00
 Deposit On-Hand: \$0.00
 Suspended Charges: \$
 Service Address:
 1221 STRASSNER DR
 SAINT LOUIS MO 63144

*** Current Account Status ***

New Charges: \$0.00
 Current Bill: \$0.00
 Billed Prior: \$3023.69
 Balance Due: \$3023.69

- Current Rate(s): 1. Rate 3M Large General Service
 2.
 3.
 4.
 5.
 6.
 7.
 8.

TRANSACTION DATE	TRANSACTION	BILLING PERIOD	CHARGES/DEBITS	PAYMENT/CREDITS	TOTAL BILL	PREVIOUS BALANCE	DUE DATE	Usage: KWH/THERM/CCF	BILLED KW/DEMAND
10/07/2019	Payment								
10/11/2019	ELECTRIC SERVICE								
10/11/2019	Bill Amount - Regular Bill	09/11/19 TO 10/10/19	\$3677.55	\$6489.26	\$3677.55	\$0.00	11/04/19	51840	139
11/04/2019	Payment								
11/12/2019	ELECTRIC SERVICE								
11/12/2019	Bill Amount - Regular Bill	10/10/19 TO 11/11/19	\$2890.23	\$3677.55	\$2890.23	\$0.00	12/05/19	39240	106
11/22/2019	ELECTRIC SERVICE								
11/22/2019	Bill Amount - Bill Final	11/11/19 TO 11/14/19	\$133.46		\$3023.69	\$2890.23	12/17/19	1320	100
11/25/2019	Charge Off			\$3023.69					

*** Account Information ***

Account Number: ██████████ 2936
 Account Status: Written Off
 Customer Name: HOULIHANS RESTAURANT INC
 Requested By:
 HOULIHANS RESTAURANT INC
 (314)469-1167 Extension:

Mail To:
 HOULIHANS RESTAURANT INC
 ACCOUNTS PAYABLE 115
 LEAWOOD KS 66206

Credit Amount: \$0.00
 Deposit Requested: \$0.00
 Deposit On-Hand: \$0.00
 Suspended Charges: \$
 Service Address:
 1085 N MASON RD,
 CREVE COEUR-115
 SAINT LOUIS MO 63141

*** Current Account Status ***

New Charges: \$0.00
 Current Bill: \$0.00
 Billed Prior: \$3376.88
 Balance Due: \$3376.88

Current Rate(s): 1. Rate 3M Large General Service

- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

TRANSACTION DATE	TRANSACTION	BILLING PERIOD	CHARGES/DEBITS	PAYMENT/CREDITS	TOTAL BILL	PREVIOUS BALANCE	DUE DATE	Usage: KWH/THERM/CCF	BILLED KW/DEMAND
10/07/2019	ELECTRIC SERVICE								
10/07/2019	Bill Amount - Regular Bill	09/05/19 TO 10/06/19	\$3379.88		\$3379.88	\$0.00	10/29/19	47600	129
10/30/2019	Payment			\$3379.88					
11/05/2019	ELECTRIC SERVICE								
11/05/2019	Bill Amount - Regular Bill	10/06/19 TO 11/04/19	\$2428.15		\$2428.15	\$0.00	11/29/19	32000	100
11/22/2019	ELECTRIC SERVICE								
11/22/2019	Bill Amount - Bill Final	11/04/19 TO 11/15/19	\$948.73		\$3376.88	\$2428.15	12/17/19	13200	100
11/25/2019	Charge Off			\$3376.88					