

Fill in this information to identify the case:

Debtor 1 _____

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: _____ District of _____

Case number _____

Official Form 410

Proof of Claim

04/19

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?** ALLIANCE LANDSCAPE COMPANY, LLC
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?** **Where should payments to the creditor be sent? (if different)**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

ALLIANCE LANDSCAPE COMPANY, LLC
Name ALLIANCE LANDSCAPE COMPANY, LLC Name

13825 AVIATOR WAY, SUITE 200
Number Street 13825 AVIATOR WAY, SUITE 200 Number Street

FORT WORTH TX 76103
City State ZIP Code FORT WORTH TX 76103 City State ZIP Code

Contact phone 817-224-6018 Contact phone _____

Contact email karen.killman@hillwood.com Contact email _____

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: _____

7. How much is the claim? \$ 1,649.70 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.

LANDSCAPE SERVICES AND IRRIGATION REPAIRS

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

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: _____

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12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

Up to \$3,025* 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 \$13,650*) 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.

\$ _____

* Amounts are subject to adjustment on 4/01/22 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.

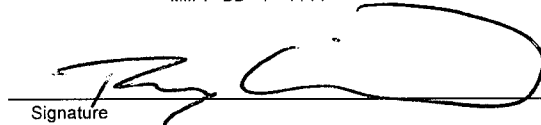
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 12/18/2019
MM / DD / YYYY



Signature

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

Name TONY GILE
First name Middle name Last name

Title GENERAL MANAGER

Company ALLIANCE LANDSCAPE COMPANY, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 13825 AVIATOR WAY, SUITE 200

Number Street

FORT WORTH TX 76177

City State ZIP Code

Contact phone 817-224-6018 Email karen_killman@hillwood.com

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**Case #19-12415 (MFW) – Houlihan’s at Alliance Town Center
HRI Holding Corp.**

To Whom It May Concern,

I would like to file the following documents for Alliance Landscape Company, LLC:

- Official Form 410 – Proof of Claim (5 pages) – Houlihan’s at Alliance Town Center, Fort Worth, TX 76177
- Invoice #95477 (landscape maintenance)
- Invoice #95824 (irrigation repairs with back-up)
- Invoice #96629 (landscape maintenance)

If you have any additional questions, please contact me at (817) 224-6018.

Thank you for your assistance.

Karen

Karen Killman

Office Administrator

Alliance Landscape Company

Hillwood, A Perot Company

13825 Aviator Way, Suite 200, Fort Worth, TX 76177

Direct: 817.224.6018 | AllianceLandscapeCompany.com

Mobile: 817.994.4574 | karen.killman@hillwood.com





Job Location
 Houlihan's @ ATC
 9365 Rain Lily Trail
 Fort Worth, TX 76177

Sold To
 Houlihan's @ ATC
 9365 Rain Lily Trail
 Fort Worth, TX 76177

PO #

INVOICE #
 95477

Terms
 Net 30

DATE
 09/30/2019

Contract No
 275

Job No
 91

Description of Services	
Description	Total
Sept Landscape Maintenance	247.49
Sub-Total	247.49
TAX	20.42
TOTAL	267.91

THANK YOU

INVOICE



Job Location:
Houlihan's @ ATC 9365 Rain Lily Trail Fort Worth, TX 76177

Sold To:
Houlihan's @ ATC 9365 Rain Lily Trail Fort Worth, TX 76177

PO #

INVOICE #
95824

Terms
Net 30

DATE
9/4/2019

Contract No
275

Job No
15614

Description of Services		
Description	Total	Billable
Complete irrigation repairs found on 08-30-19 irrigation inspection.	534.00	
	SUB TOTAL	\$534.00
	TAX	\$44.06
	TOTAL	\$ 578.06

Initial & Date

THANK YOU

13825 Aviator Way Suite 200 Fort Worth, Texas 76177. Phone: 817 224 6010

13825 Aviator Way, Suite 200 Fort Worth, Texas 76177 817 224 6010

Project: Haulihan's Proposal #: Inspection/Repairs Date: 9/30/19
Address: _____ Time: (Start) 9:00 (Stop) 12:00

Irrigation System Inspection

Controller(s): Accessible yes / no Power On yes / no Functioning Properly yes / no Set to Run yes / no
Valves: Functioning Properly yes / no Mainline: DCA Open yes / no Pipe Breaks/Leaks yes / no
Zones: Heads Functioning Properly yes / no Pipe Breaks/Leaks yes / no Adequate Coverage yes / no

Controller Settings _____

Description of Services Inspection and repairs complete for August 2019.

Zone 3: Drip system wasn't coming on due to bad wiring.

Zone 7: Main line break at the electric valve male adapter. Also replaced 10" round box.

Zone 9: Replaced damaged round box.

Parts Description	Quantity	Unit Price	Total N/C	Total Charges
2" Electric Valve	1	225.00		225.00
2" Male Adapter	2	6.00		12.00
2" Slip-fit	1	25.00		25.00
10" Round Box	2	20.00		40.00
Direct Burial Splice	4	1.75		7.00

Lead Labor: 3 75.00 225.00
Labor: 3 35.00 105.00

Sub-Total: _____

Total: ~~105.00~~

\$534.00

Supervisor _____

Other Staff _____

I verify that the crew mentioned here worked at our property: _____

Job: Complete / Incomplete

13825 Aviator Way, Suite 200 Fort Worth, Texas 76177 817 224 6010

LOCATION: Houlihan's
 CONTROLLER: Riser Rm
 TECH: _____

CONTROLLER STATUS: ON / OFF
 WATER STATUS: OPEN / CLOSED
 R/F SENSOR: YES / NO

ZONE	RUN TIME	TYPE	COVERS	DAMAGES	NOTES
1		D	LS		
2		D	LS		
3				D: ↓ not come on	
4		D	LS		
5		D	LS		
6		D	LS		
7		R	T	Main line break	North in valve box/male adapter.
8		R	T		
9		K	T	Damage round box	West in mall area
10					
11					
12					
13					
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27					
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29					
30					
31					
32					

PROGRAM SETTINGS: _____



Job Location
Houlihan's @ ATC 9365 Rain Lily Trail Fort Worth, TX 76177

Sold To
Houlihan's @ ATC 9365 Rain Lily Trail Fort Worth, TX 76177

PO #

INVOICE #
96629

Terms
Net 30

DATE
10/31/2019

Contract No
275

Job No
91

Description of Services	
Description	Total
Oct Landscape Maintenance	247.49
Sub-Total	247.49
TAX	20.42
TOTAL	267.91

THANK YOU



Job Location
Houlihan's @ ATC 9365 Rain Lily Trail Fort Worth, TX 76177

Sold To
Houlihan's @ ATC 9365 Rain Lily Trail Fort Worth, TX 76177

PO #

INVOICE #
97177

Terms
Net 30

DATE
11/30/2019

Contract No
275

Job No
91

Description of Services	
Description	Total
Nov Landscape Maintenance	247.49

Sub-Total	247.49
TAX	20.42
TOTAL	267.91

THANK YOU



Job Location
 Houlihan's @ ATC
 9365 Rain Lily Trail
 Fort Worth, TX 76177

Sold To
 Houlihan's @ ATC
 9365 Rain Lily Trail
 Fort Worth, TX 76177

PO #

INVOICE #
 97714

Terms
 Net 30

DATE
 12/31/2019

Contract No
 275

Job No
 91

Description of Services	
Description	Total
Dec Landscape Maintenance	247.49

Sub-Total	247.49
TAX	20.42
TOTAL	267.91

THANK YOU