

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 Illinois
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)

<p>Where should notices to the creditor be sent?</p> <p><u>Ameren Illinois</u> Name</p> <p><u>2105 E State Route 104</u> Number Street</p> <p><u>Pawnee IL 62558</u> City State ZIP Code</p> <p>Contact phone <u>888-678-2477</u></p> <p>Contact email <u>e35133@ameren.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>Ameren Illinois</u> Name</p> <p><u>2105 E State Route 104</u> Number Street</p> <p><u>Pawnee IL 62558</u> City State ZIP Code</p> <p>Contact phone <u>888-678-2477</u></p> <p>Contact email <u>e35133@ameren.com</u></p>
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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? _____

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



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? \$ _____ 545.64 . 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

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 \$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.

\$ _____

* 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.

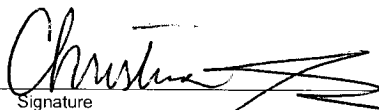
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 12/19/2019
MM / DD / YYYY


Signature

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

Name Christina Schierer
First name Middle name Last name

Title Customer Service

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

Address 2105 E State Route 104
Number Street

Pawnee IL 62558
City State ZIP Code

Contact phone 888-678-2477 Email e35133@ameren.com

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KURTZMAN CARSON CONSULTANTS



2105 E State Route 104
Pawnee, IL 62558

December 19, 2019

Kuntzman Carson Consultants LLC
222 N. Pacific Coast Highway Suite 300
El Segundo, CA 90245

RE: HRI Holding Corp.
Case No. 19-12415

Proof of Claim

Mr. /Mrs.:

I am enclosing a Proof of Claim in connection with bills totaling \$ 545.64 on the books of Ameren Illinois against the above mentioned bankruptcy.

Please acknowledge receipt of this claim by returning a duplicate copy of the Proof of Claim with an authorized stamp. A postage paid business reply envelope is enclosed for your convenience.

Sincerely,

Ameren Illinois
Credit and Collections
1-888-678-2477

Enclosure

MC330

*** Account Information ***

Account Number: ██████████ 1428
 Account Status: Written Off
 Customer Name: HOULIHANS RESTAURANT INC
 Requested By: ██████████
 HOULIHANS RESTAURANT INC
 Extension: 1250

Mail To:
 HOULIHANS RESTAURANT INC
 2105 E STATE ROUTE 104
 PAWNEE IL 62558

Credit Amount: \$0.00
 Deposit Requested: \$0.00
 Deposit On-Hand: \$0.00
 Suspended Charges: \$
 Service Address:
 15 LUDWIG DR.
 FAIRVIEW HTS-117
 FAIRVIEW HEIGHTS IL 62208

*** Current Account Status ***

New Charges: \$0.00
 Current Bill: \$0.00
 Billed Prior: \$545.64
 Balance Due: \$545.64

- Current Rate(s):
1. GDS-2 Small Gas Delivery Service Space Heat 5.
 2. SGS-2 Rdr S-Supply 6.
 3. DS-3 General Delivery Service < 400 kW 7.
 4. EGS-3 Basic Generation Service 8.

TRANSACTION DATE	TRANSACTION	BILLING PERIOD	CHARGES/DEBITS	PAYMENT/CREDITS	TOTAL BILL	PREVIOUS BALANCE	DUE DATE	Usage: KWH/THERM/CCF	BILLED KW/DEMAND
09/25/2019	ELECTRIC SERVICE	08/23/19 TO 09/24/19	\$443.20					9069	30
09/25/2019	GAS SERVICE	08/26/19 TO 09/24/19	\$58.73					0	0
09/25/2019	Bill Amount - Regular Bill				\$501.93	\$0.00	10/10/19		
10/10/2019	Payment			\$501.93					
10/25/2019	ELECTRIC SERVICE	09/24/19 TO 10/23/19	\$387.01					5553	28
10/25/2019	GAS SERVICE	09/24/19 TO 10/23/19	\$94.92					60	
10/25/2019	Bill Amount - Regular Bill				\$481.93	\$0.00	11/12/19		
11/12/2019	Payment			\$481.93					
11/27/2019	ELECTRIC SERVICE	10/23/19 TO 11/25/19	\$258.47					3903	11
11/27/2019	GAS SERVICE	10/23/19 TO 11/25/19	\$287.17					380	
11/27/2019	Bill Amount - Bill Final				\$545.64	\$0.00	12/13/19		
12/02/2019	Charge Off			\$545.64					