

Fill in this information to identify the case:

Debtor 1 HRI Holding Corp., et al

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: District of Delaware

Case number 19-12415-MFW

FILED

2020 JAN -7 AM 8:50

CLERK  
U.S. BANKRUPTCY COURT  
DISTRICT OF DELAWARE

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? CBC Specialty Beverage  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Chicagoland Beverage Company

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>CBC Specialty Beverage</u> Name <u>2056 W Walnut St.</u> Number Street <u>Chicago IL 60612</u> City State ZIP Code Contact phone <u>312-533-4027</u> Contact email <u>ar@cbcbev.com</u>	 Name  Number Street  City State ZIP Code Contact phone _____ 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? \$ 1,471.96 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.  
Goods Sold

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.)

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**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: \_\_\_\_\_

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 \$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.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* 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 12/27/2019  
MM / DD / YYYY

Ana Mejia  
Signature

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

Name Ana Marie Mejia  
First name Middle name Last name

Title Senior Accountant

Company CBC Specialty Beverage  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2056 W Walnut St  
Number Street

Chicago IL 60612  
City State ZIP Code

Contact phone 312-533-4027 Email ana@cbcbev.com

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**CBC Specialty Beverage  
 Chicagoland Beverage Co. (Consolidated)  
 A/R Aging Detail  
 As of December 27, 2019**

CUSTOMER:JOB	TRANSACTION TYPE	DATE	DOCUMENT NUMBER	P.O. NO.	DUE DATE	AGE	OPEN BALANCE
<b>DEVONCORP Houlihan's Restaurant Group</b>							
<b>DEVON01 DEVON SEAFOOD GRILL</b>							
	Invoice	10/16/2019	CBC:471512-IN		11/15/2019	42	\$180.42
	Invoice	10/29/2019	CBC:472781-IN		11/28/2019	29	\$211.09
	Invoice	11/6/2019	CBC:473618-IN		12/6/2019	21	\$221.40
<b>Total - DEVON01 DEVON SEAFOOD GRILL</b>							<b>\$612.91</b>
<b>DEVON02 DEVON SEAFOOD &amp; STEAK</b>							
	Invoice	10/18/2019	CBC:471809-IN		11/17/2019	40	\$204.28
	Invoice	11/8/2019	CBC:473922-IN		12/8/2019	19	\$408.77
<b>Total - DEVON02 DEVON SEAFOOD &amp; STEAK</b>							<b>\$613.05</b>
<b>JGILBERTS01 J. GILBERTS STEAKHOUSE AND SEAFOOD</b>							
	Invoice	10/28/2019	CBC:472700-IN		11/27/2019	30	\$246.00
<b>Total - JGILBERTS01 J. GILBERTS STEAKHOUSE AND SEAFOOD</b>							<b>\$246.00</b>
<b>Total - DEVONCORP Houlihan's Restaurant Group</b>							<b>\$1,471.96</b>
<b>Total</b>							<b>\$1,471.96</b>



# CBC Specialty Beverage Invoice

**Please Remit To:**  
**CBC SPECIALTY BEVERAGE**  
 2056 WEST WALNUT STREET  
 CHICAGO, IL 60612  
 (312) 455-1955  
<http://www.cbcbev.com/>


**Invoice Number** CBC:471512-IN  
**Invoice Date** 10/16/2019  
**Customer Number** DEVON01  
**Terms** Net 30  
**Customer P.O. Comments**  
**Shipping Method** Truck  
**Tracking #**  
**Sales Rep** Kevin Spain  
**Ship VIA:** 3B-3E  
**SO #** CBC:404487-SO  
**Customer Phone Number** (312) 440-8660

**Bill To**  
 DEVON SEAFOOD GRILL  
 39 E CHICAGO AVE.  
 DELIVER AFTER 12 PM!!!  
 CHICAGO IL 60611  
 United States

**Ship To**  
 DEVON SEAFOOD GRILL  
 39 E CHICAGO AVE.  
 DELIVER AFTER 12 PM!!!  
 CHICAGO IL 60611  
 United States

SHP	B/O	Item Code	Item Description	Price	Amount
1	0	LC-CORS5LBSWB-1	LA COLOMBE CORSICA WHOLE BEAN 5 LBS. BAG	48.69	48.69
1	0	LA256	TOP CLASS BLUE REGULAR ESPRESSO CARTRIDGES 100 PER CASE (FORMERLY LA0940/LA0960 INTENSO BLUE)	53.30	53.30
1	0	33300	TEA CUBED CLASSIC BLACK ICED TEA 30/3 GALLON BREWS PER CASE. ITEM# T3500	58.43	58.43
		MINIMUM REMINDER	MINIMUM REMINDER  THERE WILL BE A \$20 DELIVERY FEE ADDED TO ALL ORDERS UNDER THE \$200 MINIMUM.  THANK YOU.		

Please pay directly from this invoice making certain to note Invoice # on all checks. A fee of \$25.00 will be charged for each returned check. All discrepancies must be clearly outlined on both copies of this document if delivered or within 48 hours if shipped. Thank you for your business. No returns will be accepted after 30 days.	<b>Subtotal</b>	160.42
	<b>Shipping Cost (Truck)</b>	20.00
	<b>Total</b>	\$180.42

Signed: \_\_\_\_\_ Printed: 



# CBC Specialty Beverage Invoice

Please Remit To:  
**CBC SPECIALTY BEVERAGE**  
 2056 WEST WALNUT STREET  
 CHICAGO, IL 60612  
 (312) 455-1955  
<http://www.cbcbbev.com/>

Invoice Number      CBC:472781-IN  
 Invoice Date         10/29/2019  
 Customer Number    DEVON01  
 Terms                 Net 30  
 Customer P.O.  
 Comments  
 Shipping Method     Truck  
 Tracking #  
 Sales Rep             Kevin Spain  
 Ship VIA:             2C  
 SO #                    CBC:405780-SO  
 Customer Phone Number    (312) 440-8660

**Bill To**  
 DEVON SEAFOOD GRILL  
 39 E CHICAGO AVE.  
 DELIVER AFTER 12 PM!!!  
 CHICAGO IL 60611  
 United States

**Ship To**  
 DEVON SEAFOOD GRILL  
 39 E CHICAGO AVE.  
 DELIVER AFTER 12 PM!!!  
 CHICAGO IL 60611  
 United States

SHP	B/O	Item Code	Item Description	Price	Amount
✓ 2	0	LC-CORS5LBSWB-1	LA COLOMBE CORSICA WHOLE BEAN 5 LBS. BAG	48.69	97.38
✓ 2	0	LC-MONT2.5WB-1	LA COLOMBE MONTE CARLO DECAF COFFEE 1-2.5 LB BAG WHOLE BEAN	27.64	55.28
✓ 1	0	33300	TEA CUBED CLASSIC BLACK ICED TEA 30/3 GALLON BREWS PER CASE. ITEM# T3500	58.43	58.43
		COMMENT	ADDED 1 REGULAR TO MEET THE MINIMUM REQUIRED FOR DELIVERY. THANK YOU		

Please pay directly from this invoice making certain to note Invoice # on all checks. A fee of \$25.00 will be charged for each returned check. All discrepancies must be clearly outlined on both copies of this document if delivered or within 48 hours if shipped. Thank you for your business. No returns will be accepted after 30 days.

Subtotal	211.09
Shipping Cost (Truck)	0.00
<b>Total</b>	<b>\$211.09</b>

Signed: *Rhea Brown*

Printed: Rhea Brown



# CBC Specialty Beverage Invoice

Please Remit To:  
CBC SPECIALTY BEVERAGE  
2056 WEST WALNUT STREET  
CHICAGO, IL 60612  
(312) 455-1955  
<http://www.cbcbev.com/>

Invoice Number CBC:473618-IN  
Invoice Date 11/6/2019  
Customer Number DEVON01  
Terms Net 30  
Customer P.O. Comments  
Shipping Method Truck  
Tracking # Kevin Spain  
Sales Rep 3E  
Ship VIA: CBC:406597-SO  
SO #  
Customer Phone Number (312) 440-8660

**Bill To**  
DEVON SEAFOOD GRILL  
39 E CHICAGO AVE.  
DELIVER AFTER 12 PM!!!  
CHICAGO IL 60611  
United States

**Ship To**  
DEVON SEAFOOD GRILL  
39 E CHICAGO AVE.  
DELIVER AFTER 12 PM!!!  
CHICAGO IL 60611  
United States

SHP	B/O	Item Code	Item Description	Price	Amount
3	0	LA256	TOP CLASS BLUE REGULAR ESPRESSO CARTRIDGES 100 PER CASE (FORMERLY LA0940/LA0960 INTENSO BLUE)	53.30	159.90
1	0	LA261	DEK BLUE DECAF ESPRESSO CARTRIDGES 100 PER CASE (FORMERLY LA0800/LA0910/LA0728)	61.50	61.50

Please pay directly from this invoice making certain to note Invoice # on all checks. A fee of \$25.00 will be charged for each returned check. All discrepancies must be clearly outlined on both copies of this document if delivered or within 48 hours if shipped. Thank you for your business. No returns will be accepted after 30 days.

Subtotal	221.40
Shipping Cost (Truck)	0.00
Total	\$221.40

Signed: \_\_\_\_\_

Printed: \_\_\_\_\_

*Jan Tang*



# CBC Specialty Beverage Invoice

**Please Remit To:**  
**CBC SPECIALTY BEVERAGE**  
 2056 WEST WALNUT STREET  
 CHICAGO, IL 60612  
 (312) 455-1955  
<http://www.cbcbev.com/>

**Invoice Number** CBC:471809-IN  
**Invoice Date** 10/18/2019  
**Customer Number** DEVON02  
**Terms** Net 30  
**Customer P.O. Comments**  
**Shipping Method** Truck  
**Tracking #**  
**Sales Rep** Kevin Spain  
**Ship VIA:** 5C  
**SO #** CBC:404785-SO  
**Customer Phone Number** (630) 516-0180

**Bill To**  
 DEVON SEAFOOD & STEAK  
 17W400 22ND STREET  
 OPEN AT 11AM  
 OAKBROOK TERRACE IL 60181  
 United States

**Ship To**  
 DEVON SEAFOOD & STEAK  
 17W400 22ND STREET  
 OPEN AT 11AM  
 OAKBROOK TERRACE IL 60181  
 United States

SHP	B/O	Item Code	Item Description	Price	Amount
1	0	LC-CORS05	LA COLOMBE CORSICA 80- HALF GALLON BREWS PER CASE LCT# CCCORF05DR	146.06	146.06
2	0	LC-NIZZBOXPOD	LA COLOMBE NIZZA PODS ESPRESSO PODS 71 PER CASE	29.11	58.22

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<b>Subtotal</b>	204.28
<b>Shipping Cost (Truck)</b>	0.00
<b>Total</b>	\$204.28

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_





# CBC Specialty Beverage Invoice

**Please Remit To:**  
**CBC SPECIALTY BEVERAGE**  
 2056 WEST WALNUT STREET  
 CHICAGO, IL 60612  
 (312) 455-1955  
<http://www.cbcbev.com/>

**Invoice Number** CBC:473922-IN  
**Invoice Date** 11/8/2019  
**Customer Number** DEVON02  
**Terms** Net 30  
**Customer P.O. Comments**  
**Shipping Method** Truck  
**Tracking #**  
**Sales Rep** Kevin Spain  
**Ship VIA:** 5C  
**SO #** CBC:406864-SO  
**Customer Phone Number** (630) 516-0180

**Bill To**  
 DEVON SEAFOOD & STEAK  
 17W400 22ND STREET  
 OPEN AT 11AM  
 OAKBROOK TERRACE IL 60181  
 United States

**Ship To**  
 DEVON SEAFOOD & STEAK  
 17W400 22ND STREET  
 OPEN AT 11AM  
 OAKBROOK TERRACE IL 60181  
 United States

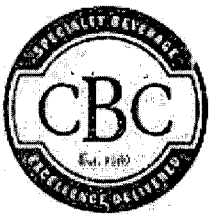
SHP	B/O	Item Code	Item Description	Price	Amount
2	0	LC-CORS05	LA COLOMBE CORSICA 80- HALF GALLON BREWS PER CASE LCT# CCCORF05DR	146.06	292.12
2	0	LC-NIZZBOXPOD	LA COLOMBE NIZZA PODS ESPRESSO PODS 71 PER CASE	29.11	58.22
1	0	33300	TEA CUBED CLASSIC BLACK ICED TEA 30/3 GALLON BREWS PER CASE. ITEM# T3500	58.43	58.43

Please pay directly from this invoice making certain to note Invoice # on all checks. A fee of \$25.00 will be charged for each returned check. All discrepancies must be clearly outlined on both copies of this document if delivered or within 48 hours if shipped. Thank you for your business. No returns will be accepted after 30 days.

Subtotal	408.77
Shipping Cost (Truck)	0.00
<b>Total</b>	<b>\$408.77</b>

Signed: \_\_\_\_\_

Printed: \_\_\_\_\_



# CBC Specialty Beverage Invoice

**Please Remit To:**  
**CBC SPECIALTY BEVERAGE**  
 2056 WEST WALNUT STREET  
 CHICAGO, IL 60612  
 (312) 455-1955  
<http://www.cbcbev.com/>

<b>Invoice Number</b>	CBC:472700-IN
<b>Invoice Date</b>	10/28/2019
<b>Customer Number</b>	JGILBERTS01
<b>Terms</b>	Net 30
<b>Customer P.O.</b>	
<b>Comments</b>	
<b>Shipping Method</b>	FedEx Ground® Preferred
<b>Tracking #</b>	780554275438
<b>Sales Rep</b>	Katie Costello
<b>Ship VIA:</b>	SHIP
<b>SO #</b>	CBC:405711-SO
<b>Customer Phone Number</b>	(913) 901-2519

**Bill To**  
 J. GILBERT'S STEAKHOUSE & SEAFOOD  
 1010 CAPITOL AVE.  
 OMAHA NE 68102  
 United States

**Ship To**  
 J. GILBERT'S STEAKHOUSE & SEAFO...  
 1010 CAPITOL AVE.  
 OMAHA NE 68102  
 United States

SHP	B/O	Item Code	Item Description	Price	Amount
4	0	LA256	TOP CLASS BLUE REGULAR ESPRESSO CARTRIDGES 100 PER CASE (FORMERLY LA0940/LA0960 INTENSO BLUE)	61.50	246.00

Please pay directly from this invoice making certain to note Invoice # on all checks. A fee of \$25.00 will be charged for each returned check. All discrepancies must be clearly outlined on both copies of this document if delivered or within 48 hours if shipped. Thank you for your business. No returns will be accepted after 30

<b>Subtotal</b>	246.00
<b>Shipping Cost (FedEx Ground® Preferred)</b>	0.00
<b>Total</b>	<b>\$246.00</b>

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_



December 27, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **780554275438**.

---

**Delivery Information:**

---

<b>Status:</b>	Delivered	<b>Delivery location:</b>	1010 CAPITOL AVE Omaha, NE 68102
<b>Signed for by:</b>	Signature on File	<b>Delivery date:</b>	Oct 30, 2019 11:42
<b>Service type:</b>	FedEx Ground		
<b>Special Handling:</b>			

**NO SIGNATURE REQUIRED**

Proof-of-delivery details appear below; however, no signature is available for this FedEx Ground shipment because a signature was not required.

---

**Shipping Information:**

---

<b>Tracking number:</b>	780554275438	<b>Ship date:</b>	Oct 28, 2019
		<b>Weight:</b>	10.3 lbs/4.7 kg

**Recipient:**  
J. GILBERT'S STEAKHOUSE & SEAFOOD  
1010 CAPITOL AVE.  
OMAHA, NE 68102 US

**Shipper:**  
Javier Lopez  
CBC - Illinois  
2056 W. Walnut Street  
Chicago, IL 60612 US

**Reference**

CBC:405711-SO

Thank you for choosing FedEx.