

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

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? Armstrong Teasdale LLP
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>Armstrong Teasdale LLP</u> Name <u>7700 Forsyth Blvd. Suite 1800</u> Number Street <u>St. Louis MO 63105</u> City State ZIP Code Contact phone <u>314-621-5070</u> Contact email <u>dsharp@atllp.com</u>	_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____

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JAN 14 2020

KURTZMAN CARSON CONSULTANTS 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? _____

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? \$ 1,766.80 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.
Legal Services-see attached invoices

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)?

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

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 01/10/2020
MM / DD / YYYY

/s/ Darren Sharp

Signature

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

Name Darren Sharp
First name Middle name Last name

Title Partner

Company Armstrong Teasdale LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 7700 Forsyth Blvd. Suite 1800
Number Street

St. Louis MO 63105

City State ZIP Code

Contact phone 314-621-5070 Email dsharp@atllp.com

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JAN 14 2020

KURTZMAN CARSON CONSULTANTS

January 10, 2020

Via UPS

HRI Claims Processing Center
c/o KCC
222 N. Pacific Coast Highway, Suite 300
El Segundo, CA 90245

**Re: HRI Holding Corp., et al.
Case No. 19-12415**

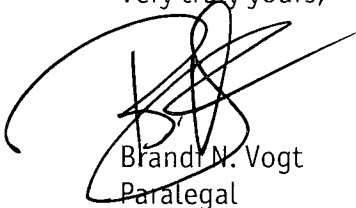
Dear Sirs,

Enclosed please find a Proof of Claim for Armstrong Teasdale LLP. Please file the Proof of Claim in the above-referenced case and return a filed stamped copy in the enclosed prepaid UPS envelope.

Please let me know if you have any questions. You can reach me at (314) 552-6623 or via email at bvogt@armstrongteasdale.com.

Thank you for your time and assistance.

Very truly yours,



Brandt N. Vogt
Paralegal

BNV

Enclosures



Armstrong
Teasdale

Houlihan's Restaurants, Inc. (#61602)
Statement of Account as of 12/20/2019

Bill Num	Bill Date	Matter #	Matter Name	Fees	Disb	Total
2440648	10/7/2019	116	Mitchell	572.00	-	572.00
2454239	11/5/2019	116	Mitchell	924.00	2.50	926.50
2470568	12/10/2019	116	Mitchell	88.00	-	88.00
2471629	12/10/2019	117	Pierson	176.00	4.30	180.30
				1,760.00	6.80	1,766.80



**Armstrong
Teasdale**

2345 Grand
Suite 1500
Kansas City, MO 64108-2617
Phone: 816.221.3420
Fax: 816.221.0786

Fed ID: 43-1274026

Attn: Melissa Woetzel
Houlihan's Restaurants, Inc.
8700 State Line Road
Suite 100
Leawood, KS 66206

October 7, 2019
Invoice No. 2440648
File No. 61602

*Questions about your account? Contact us at
accountinginfo@ArmstrongTeasdale.com or 314.719.8270*

REMITTANCE COPY

Please return with payment

Matter	Matter Name	Fees	Disbursements	Total
116	Mitchell	572.00	0.00	572.00

TOTAL AMOUNT DUE: 572.00

**PAYMENT IS DUE UPON RECEIPT
INTEREST CHARGES MAY ACCRUE ON PAST DUE BALANCES**

Please Remit Payment To:
ARMSTRONG TEASDALE LLP
Department Number 478150
P.O. Box 790100
St. Louis, MO 63179-9933



**Armstrong
Teasdale**

2345 Grand
Suite 1500
Kansas City, MO 64108-2617
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Fed ID: 43-1274026

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Suite 100
Leawood, KS 66206

October 7, 2019
Invoice No. 2440648
File No. 61602

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**Summary of Prior Invoices Outstanding
for Mitchell - Matter #116**

<u>Invoice Date</u>	<u>Invoice No.</u>	<u>Invoice Amt</u>	<u>Payments Applied</u>	<u>Balance Due</u>
08/07/19	2409965	440.60	0.00	440.60
09/05/19	2426546	440.00	0.00	440.00
Past Due Amount				880.60
Current Invoice Total				572.00
Total Now Due				1,452.60



**Armstrong
Teasdale**

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Suite 1500
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Phone: 816.221.3420
Fax: 816.221.0786

Fed ID: 43-1274026

Attn: Melissa Woetzel
Houlihan's Restaurants, Inc.
8700 State Line Road
Suite 100
Leawood, KS 66206

October 7, 2019
Invoice No. 2440648
File No. 61602 / 116

*Questions about your account? Contact us at
accountinginfo@ArmstrongTeasdale.com or 314.719.8270*

Attorney/Paralegal Summary			
Name	Hours	Rate	Amount
D. Sharp	1.30	440.00	572.00
Total	1.30		572.00



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Fed ID: 43-1274026

Attn: Melissa Woetzel
Houlihan's Restaurants, Inc.
8700 State Line Road
Suite 100
Leawood, KS 66206

November 5, 2019
Invoice No. 2454239
File No. 61602

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REMITTANCE COPY

Please return with payment

Matter	Matter Name	Fees	Disbursements	Total
116	Mitchell	924.00	2.50	926.50

TOTAL AMOUNT DUE: 926.50

**PAYMENT IS DUE UPON RECEIPT
INTEREST CHARGES MAY ACCRUE ON PAST DUE BALANCES**

Please Remit Payment To:
ARMSTRONG TEASDALE LLP
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St. Louis, MO 63179-9933



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Attn: Melissa Woetzel
Houlihan's Restaurants, Inc.
8700 State Line Road
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Leawood, KS 66206

November 5, 2019
Invoice No. 2454239
File No. 61602

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**Summary of Prior Invoices Outstanding
for Mitchell - Matter #116**

<u>Invoice Date</u>	<u>Invoice No.</u>	<u>Invoice Amt</u>	<u>Payments Applied</u>	<u>Balance Due</u>
10/07/19	2440648	572.00	0.00	572.00
Past Due Amount				572.00
Current Invoice Total				926.50
Total Now Due				1,498.50



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Attn: Melissa Woetzel
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November 5, 2019
Invoice No. 2454239
File No. 61602 / 116

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Disbursements Summary

Date	Cost	Amount
10/28/19	Digital Reproductions - User: 10383, 24 pages	2.40
10/29/19	Digital Reproductions - User: 2205, 1 page	0.10
	Total Disbursements	2.50
	Matter Total	926.50



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Attn: Melissa Woetzel
Houlihan's Restaurants, Inc.
8700 State Line Road
Suite 100
Leawood, KS 66206

December 10, 2019
Invoice No. 2470568
File No. 61602

*Questions about your account? Contact us at
accountinginfo@ArmstrongTeasdale.com or 314.719.8270*

REMITTANCE COPY

Please return with payment

Matter	Matter Name	Fees	Disbursements	Total
116	Mitchell	88.00	0.00	88.00

TOTAL AMOUNT DUE: 88.00

**PAYMENT IS DUE UPON RECEIPT
INTEREST CHARGES MAY ACCRUE ON PAST DUE BALANCES**

Please Remit Payment To:
ARMSTRONG TEASDALE LLP
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St. Louis, MO 63179-9933



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December 10, 2019
Invoice No. 2470568
File No. 61602

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**Summary of Prior Invoices Outstanding
for Mitchell - Matter #116**

<u>Invoice Date</u>	<u>Invoice No.</u>	<u>Invoice Amt</u>	<u>Payments Applied</u>	<u>Balance Due</u>
10/07/19	2440648	572.00	0.00	572.00
11/05/19	2454239	926.50	0.00	926.50
Past Due Amount				1,498.50
Current Invoice Total				88.00
Total Now Due				1,586.50



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Leawood, KS 66206

December 10, 2019
Invoice No. 2470568
File No. 61602 / 116

*Questions about your account? Contact us at
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Attorney/Paralegal Summary			
Name	Hours	Rate	Amount
D. Sharp	0.20	440.00	88.00
Total	0.20		88.00



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Teasdale**

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Phone: 816.221.3420
Fax: 816.221.0786

Fed ID: 43-1274026

Attn: Melissa Woetzel
Houlihan's Restaurants, Inc.
8700 State Line Road
Suite 100
Leawood, KS 66206

December 10, 2019
Invoice No. 2471629
File No. 61602

*Questions about your account? Contact us at
accountinginfo@ArmstrongTeasdale.com or 314.719.8270*

REMITTANCE COPY
Please return with payment

Matter	Matter Name	Fees	Disbursements	Total
117	Pierson	176.00	4.30	180.30
TOTAL AMOUNT DUE:				180.30

PAYMENT IS DUE UPON RECEIPT
INTEREST CHARGES MAY ACCRUE ON PAST DUE BALANCES

Please Remit Payment To:
ARMSTRONG TEASDALE LLP
Department Number 478150
P.O. Box 790100
St. Louis, MO 63179-9933



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Fed ID: 43-1274026

Attn: Melissa Woetzel
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Suite 100
Leawood, KS 66206

December 10, 2019
Invoice No. 2471629
File No. 61602 / 117

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accountinginfo@ArmstrongTeasdale.com or 314.719.8270*

117 - PIERSON

FOR SERVICES RENDERED THROUGH NOVEMBER 30, 2019:

Fee Summary

Date	Name	Hours	Narrative
11/12/19	D. Sharp	0.30	Review correspondence from M. Woetzel regarding settlement, Medicare lien; respond to M. Woetzel.
11/12/19	D. Sharp	0.10	Teleconference with M. Woetzel regarding Pierson claim.
	Total Hours	0.40	

Total Services 176.00

Disbursements Summary

Date	Cost	Amount
07/26/19	Digital Reproductions - User: 10383, 43 pages	4.30
	Total Disbursements	4.30
	Matter Total	180.30