

Fill in this information to identify the case:

Debtor Houlihan's Restaurants, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 19-12416

**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 or 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

<p>1. Who is the current creditor?</p>	<p><u>CHIPMAN ADAMS ARCHITECTS, INC</u></p> <p>Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor _____</p>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p><u>CHIPMAN ADAMS ARCHITECTS, INC</u> <u>1350 E TOUHY AVENUE</u> <u>FIRST FLOOR EAST</u> <u>DES PLAINES, IL 60018</u></p>	<p>Where should payments to the creditor be sent? (if different)</p>
	<p>Contact phone <u>847-298-6900</u></p> <p>Contact email <u>jlapade@chipman-design.com</u></p>	<p>Contact phone _____</p> <p>Contact email _____</p>
	<p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	
<p>4. Does this claim amend one already filed?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY</p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	



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? \$ 5,479.74. 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.
design services

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle 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 amount 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: _____



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

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> 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.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

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 acknowledgement 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 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 04/21/2020
MM / DD / YYYY

/s/DANIEL L TESSAROLO
Signature

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

Name DANIEL L TESSAROLO
First name Middle name Last name

Title COO

Company CHIPMAN DESIGN ARCHITECTURE INC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 725-7530 | International 001-310-823-9000

Debtor: 19-12416 - Houlihan's Restaurants, Inc.		
District: District of Delaware		
Creditor: CHIPMAN ADAMS ARCHITECTS, INC 1350 E TOUHY AVENUE FIRST FLOOR EAST DES PLAINES, IL, 60018 Phone: 847-298-6900 Phone 2: Fax: Email: jlapade@chipman-design.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded	
	Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
		Filing Party: Creditor
Other Names Used with Debtor:		Amends Claim: No Acquired Claim: No
Basis of Claim: design services	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 5,479.74	Includes Interest or Charges: Yes	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: DANIEL L TESSAROLO on 21-Apr-2020 6:13:26 p.m. Eastern Time Title: COO Company: CHIPMAN DESIGN ARCHITECTURE INC		



**CHIPMAN
DESIGN
ARCHITECTURE**

1350 E. Touhy Avenue
First Floor East
Des Plaines, IL 60018
847-298-6900

Houlihan's Restaurants, Inc.
Kurt Thuenemann
8700 State Line Rd.
Suite 100
Leawood, KS 66206

Invoice number 55005
Date 10/16/2019

Project **19-4400 J. GILBERT'S - KS OVERLAND
PARK**

Professional services provided through 09/30/2019.

Professional services to provide site visit meeting & Design Development package, including permit patio enclosure for private dining room.

Description	Contract Amount	Percent Complete	Billed To Date	Previously Billed	Remaining To Bill	Current Billed
BASE FEE						
PRE-DESIGN	4,000.00	100.00	4,000.00	4,000.00	0.00	0.00
Total	4,000.00	100.00	4,000.00	4,000.00	0.00	0.00

Expense

	Billed Amount
TRAVEL	1,389.10

Invoice total **1,389.10**

Aging Summary

Invoice Number	Invoice Date	Outstanding	Current	Over 30	Over 60	Over 90	Over 120
54686	09/19/2019	4,090.64	4,090.64				
55005	10/16/2019	1,389.10	1,389.10				
	Total	5,479.74	5,479.74	0.00	0.00	0.00	0.00

Payment is due within 30 days of the invoice date. Please contact the Project Manager if you have any questions concerning this invoice. Make checks payable to Chipman Design Architecture Inc.



Cancel Flight Reservation

Confirmation # VCVVNU

✕ # 459 MDW to ATL	DEPART 3/13 Wednesday	MDW 6:55 AM	→	ATL 9:50 AM	Duration 1h 55m	Nonstop
	RETURN 3/13 Wednesday	ATL 7:05 PM	→	MDW 8:05 PM	Duration 2h 0m	Nonstop

Ariel Delao
Voucher used
View flight details

Things to know before you cancel:

- By cancelling this reservation you will be giving up your space and fare on this flight.
- Rebooking is subject to current flight availability and may result in a higher fare.
- Due to system processing time, funds from this reservation may not be available for immediate use toward the purchase of a new flight reservation.
- **Applying Travel Funds:** In the event your travel plans change and you need to apply travel funds to future trips, please make note of your confirmation number. Customers calling Southwest to request a refund or to research travel funds for a specific ticket must provide their confirmation number, ticket number or flight information (date, origin and destination).

Travel funds

Hold for future use ⓘ

Travel Funds will be held for future use under confirmation number VCVVNU.

\$173.96

No, go back

Cancel flight

Want to change your flight instead?


Icon legend

✕ Change planes

ENTERED

SEP 11 2019

19-4400
Business Select (Adult x2) \$535.22

 DEPARTS **8:25** AM **MDW**
Chicago (Midway), IL - MDW

FLIGHT
1677  

Nonstop

 ARRIVES **9:55** AM **MCI**
Kansas City, MO - MCI

TRAVEL TIME
1hr 30min

SUBTOTAL
\$535.22


Returning 8/13/19 Tuesday

Business Select (Adult x2) \$535.22

 DEPARTS **6:10** PM **MCI**
Kansas City, MO - MCI

FLIGHT
472  

Nonstop

 ARRIVES **7:35** PM **MDW**
Chicago (Midway), IL - MDW



TRAVEL TIME
1hr 25min

SUBTOTAL
\$535.22

Taxes & fees \$137.48

Flight total **\$1,207.92** / 2 = **\$603.96**

Icon legend



-  WiFi available
-  Live TV available
-  EarlyBird Check-In®

Helpful Information:

- Please read the [fare rules](#) associated with this purchase
- When booking with Rapid Rewards® points, your point balance may not immediately update in your account.

Meg Boyle Flight = \$603.96
Ariel Delao Flight = \$430.00
+ 173.96 travel voucher

Payment summary

PAYMENT INFORMATION			AMOUNT PAID
	Ariel Delao Travel Fund (VCVNU) Expiration: 02/27/20		\$173.96 ✓
	MasterCard 2177 XXXXXXXXXXXX2177 Expiration: 3/21	CARD HOLDER John Chipman	BILLING ADDRESS 1350 E Touhy Avenue Des Plaines, IL US 60018
			\$1,033.96 ✓

Total charged

ENTERED

SEP 11 2019

Your flight is booked!

We're sending a confirmation email to adelao@chipman-design.com right now.

Trip summary

 **Flight**

CONFIRMATION #
SP5PIK

AUG 13
MDW → MCI

FLIGHT TOTAL
\$1,207.92

8/13 - Kansas City



100% free inflight entertainment* — all on your device.

[Learn more](#)

¹Download the Southwest app from the Google Play Store or Apple App Store before your flight to view content. ²Only allows access to iMessage and WhatsApp (must be downloaded before the flight). ³May not be available for the full duration of the international flight. *Available only on WiFi-enabled aircraft. Limited-time offer. Where available.

AUG 13

Chicago (Midway), IL to Kansas City, MO

Confirmation # SP5PIK

PASSENGERS

EST. POINTS

EXTRAS

FARE

Margaret Boyle

+ 6,424 PTS

—

Business Select

Rapid Rewards®/Acct # 1075728684

Ariel Delao

+ 6,424 PTS

—

Business Select

Rapid Rewards®/Acct # 615121732

Departing 8/13/19 Tuesday

19-4400

SUBTOTAL

\$1,070.44

TAXES & FEES

\$137.48

TOTAL DOLLARS

\$1,207.92

Print on the reverse side.



**CHIPMAN
DESIGN
ARCHITECTURE**

1350 E. Touhy Avenue
First Floor East
Des Plaines, IL 60018
847-298-6900

Houlihan's Restaurants, Inc.
Kurt Thuenemann
8700 State Line Rd.
Suite 100
Leawood, KS 66206

Invoice number 54686
Date 09/19/2019

Project **19-4400 J. GILBERT'S - KS OVERLAND
PARK**

Professional services provided through 08/31/2019.

Professional services to provide site visit meeting & Design Development package, including permit patio enclosure for private dining room.

Description	Contract Amount	Percent Complete	Billed To Date	Previously Billed	Remaining To Bill	Current Billed
BASE FEE						
PRE-DESIGN	4,000.00	100.00	4,000.00	0.00	0.00	4,000.00
Total	4,000.00	100.00	4,000.00	0.00	0.00	4,000.00

Expense

	Billed Amount
MILEAGE	38.86
TRAVEL	51.78
Expense subtotal	90.64

Invoice total **4,090.64**

Aging Summary

Invoice Number	Invoice Date	Outstanding	Current	Over 30	Over 60	Over 90	Over 120
54686	09/19/2019	4,090.64	4,090.64				
	Total	4,090.64	4,090.64	0.00	0.00	0.00	0.00

Payment is due within 30 days of the invoice date. Please contact the Project Manager if you have any questions concerning this invoice. Make checks payable to Chipman Design Architecture Inc.

Expense Report

ENTERED
AUG 26 2019

Name: Margaret Boyle
 Description: J Gilberts trip
 Notes: Business Development for new renovation on Restaurant

Report Dates: Begin Date 8/13/2019 End Date 8/14/2019

Report Amounts:
 Advance Amount 0.00
 Total Amount 78.83

Date	ID	Project Description	Phase	Expense Item	Payee	Units	Rate	Amount	Reference	Credit Card	Import	Prsnl
8/13/2019	19-4400	JGilberts - KS Overland Park	Base Fee Reimbursables	MILEAGE	Meg Boyle	31.00	0.5450	16.90				<input type="checkbox"/>
8/13/2019	19-4400	JGilberts - KS Overland Park	Base Fee Reimbursables	MILEAGE	Meg Boyle terminal garage midway airport	31.00	0.5450	16.90				<input type="checkbox"/>
8/13/2019	19-4400	JGilberts - KS Overland Park	Base Fee Reimbursables	TRAVEL	farmers post security snack bar	0.00	0.0000	40.00				<input type="checkbox"/>
8/13/2019	19-4400	JGilberts - KS Overland Park	Base Fee Reimbursables	Travel		0.00	0.0000	5.03				<input type="checkbox"/>
Total:								78.83				

Advance: 0.00
 Credit Card: 0.00
 Personal: 0.00
 Net Due: 78.83

Employee Signature: *M. Boyle* Date: 8/26/19
 Manager Signature: *[Signature]* Date: 8/24/19

Approval:	Name	Approved
Supervisor:		
Accounting:		

Name: Margaret Boyle

Date	ID	Project Description	Phase	Expense Item	Payee	Credit Card	Personal
8/13/2019	19-4400	JGilberts - KS Overland Park	Base Fee Reimbursables	MILEAGE	Meg Boyle		<input type="checkbox"/>

Employee Notes: mileage from office to midway

Expense Report

Chipman Design Architecture

Monday, August 26, 2019
Page 2 of 2

	Employee ID	Employee Name	Category	Amount	Notes
8/13/2019	19-4400	JGilberts - KS Overland Park	MILEAGE		
			Base Fee Reimbursables		
					Employee Notes: <i>mileage from midway to office</i>
8/13/2019	19-4400	JGilberts - KS Overland Park	TRAVEL		
			Base Fee Reimbursables		
					Employee Notes: <i>parking at airport (1) day</i>
8/13/2019	19-4400	JGilberts - KS Overland Park	MEALS EXPENSE (Chicago/Non-billable)		
			Base Fee Reimbursables		
					Employee Notes: <i>water</i>

BOOTH 5 TERMINAL GARAGE
5701 S CICERO AVE
CHICAGO, IL 60638
773-838-0743

Bank ID: 1340
Merchant ID: 5351
Term ID: 002

Sale

XXXXXXXXXXXX1769

VISA

Total: \$

Entry Method: Chip

40.00

08/13/19

19:58:06

Inv #: 000090

Appr Code: 095520

Apprvd: Online

Batch#: 225002

Retrieval Ref. #: 061000044

VISA DLB11
AID: A0000000031010
TSI: ERM
IWR: 800-0000000

Customer Copy



OPERATED BY
HIMS
HOST
FARMERS POST SECURITY
KANSAS CITY AIRPORT

231441 Judith

3152 GST

AUG13'19 4:39PM

TO GO

1 WTR. PERRIER L'OR 4.59
Perrier Sparkling Water
L'Orange 16.9
CASH 5.03

SUBTOTAL 4.59

TAX 0.44

AMOUNT PAID 5.03

--231441 Closed AUG13 04:40PM--

WE WANT TO HEAR YOUR FEEDBACK!
PLEASE CONTACT 1-877-672-7467
OR CUSTOMERSERVICE@HMSSHOST.COM
TO SHARE YOUR EXPERIENCE.

STOREID: MCIPIC25

Client Invoice Aging

Chipman Design Architecture

Sort order: Client
 Date basis: Invoice date
 Unpaid Invoices Only
 Limit projects by: No limit
 Includes all activity types
 Includes finance charges
 Age Receipts with Invoice

Tuesday, April 21, 2020

Page 1

Aging as of: 4/21/2020

Client						Outstanding	04/21/2020 03/23/2020	03/22/2020 02/22/2020	02/21/2020 01/23/2020	01/22/2020 12/24/2019	12/23/2019	Prepayment
Invoice Number	Invoice Date	Receipt Method	Receipt ID	Receipt Date	Item Type	Total	0 - 30	31 - 60	61 - 90	91 - 120	Over 120	Amount
Houlihan's Restaurants, Inc.						5,479.74					5,479.74	
19-4400 J. Gilbert's - KS Overland Park						5,479.74					5,479.74	
55005	10-16-19				Invoice	1,389.10					1,389.10	
54686	09-19-19				Invoice	4,090.64					4,090.64	
Report Total						5,479.74	0.00	0.00	0.00	0.00	5,479.74	



CHIPMAN
DESIGN
ARCHITECTURE

AUTHORIZATION TO PROCEED

CDA Project Name:
CDA Project Number:
Date:

To:
Client:

Location:
Project:

This form is to confirm our conversation via _____,
authorizing Chipman Design Architecture to perform the following described additional services:

Proposed services and fees / rates are per terms and conditions set forth in the Agreement and /or AIA Contract.

Following are the Change / Additional Services:

Fee:

Submitted by:

I hereby authorize Chipman Design Architecture to proceed with the above described services.

Signed: _____

Date: _____

Name:
Title: