

**Fill in this information to identify the case:**

Debtor HRI Holding Corp.

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

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 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**

<b>1. Who is the current creditor?</b>	<u>BOARD OF COUNTY COMMISSIONERS OF JOHNSON COUNTY KANSAS</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	See summary page	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	
	Contact phone <u>9137151900</u>	Contact phone _____
Contact email <u>cynthia.dunham@jocogov.org</u>	Contact email _____	
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



**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? \$ 1250.06. 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.  
Personal Property Taxes

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)?

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

<input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes. Check all that apply:	<b>Amount entitled to priority</b>
<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 checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ <u>1250.06</u>
<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 05/11/2020  
MM / DD / YYYY

/s/Cynthia Dunham  
Signature

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

Name Cynthia Dunham  
First name Middle name Last name

Title Deputy Director of Legal

Company Johnson County Legal Department  
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

<b>Debtor:</b> 19-12415 - HRI Holding Corp. <b>District:</b> District of Delaware		
<b>Creditor:</b> BOARD OF COUNTY COMMISSIONERS OF JOHNSON COUNTY KANSAS Cynthia Dunham 111 S CHERRY ST, Suite 3200  OLATHE, KS, 66061  <b>Phone:</b> 9137151900 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> cynthia.dunham@jocogov.org	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Authorized agent	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Personal Property Taxes	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 1250.06	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> Yes	<b>Priority Under:</b> 11 U.S.C. §507(a)(8): 1250.06	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Cynthia Dunham on 11-May-2020 5:48:17 p.m. Eastern Time <b>Title:</b> Deputy Director of Legal <b>Company:</b> Johnson County Legal Department		

# DELINQUENT TAX REMINDER



Johnson County Treasurer  
 111 S. Cherry St., Suite 1500  
 Olathe, KS 66061  
 913-715-2600  
 www.jocogov.org

Houlihan's #148  
 8700 State Line RD  
 STE 100  
 Leawood KS 66206

Date	Quick Ref ID
5/11/2020	P373571
TUG	
0634UW	
Property Description	
Legal:          Situs Address: 2820 W 53RD ST FAIRWAY, KS	

Owner: Houlihan's #148

Item	Value	Penalty	Reason	Total	Months Assessed
Commercial and Industrial Machinery	10,378	0		10,378	12
<b>Value Totals</b>	<b>10,378</b>	<b>0</b>		<b>10,378</b>	

Tax Year	Assessed Value	Mill Levy	Tax Amount	Payments	Interest & Fees	Total Due
2019	10,378	120.453	\$1,250.06	\$0.00	\$31.18	\$1,281.24

- Pay online using Visa, Discover, MasterCard or by eCheck at [www.jocogov.org](http://www.jocogov.org). A convenience fee is charged for this service.
- Make checks payable to the Johnson Country Treasurer. Please write the Quick Ref ID on the check.
- Payments received in our office can be made with cash, check, or money order. Do not send cash in the mail.
- Please be sure this tax statement covers your property. Johnson County is not responsible if taxes are paid on the wrong property.
- There will be a \$30.00 service charge for each returned check. Refunds will be issued within 45 days from the date of this notice.
- Interest and penalties will continue to accrue and be applied daily until paid in full.

-----detach and return bottom portion with payment-----

Pay online at: [www.jocogov.org](http://www.jocogov.org)      Quick Ref ID:      P373571

AMOUNT DUE ON OR BEFORE 5/11/2020

<b>Half Payment</b>	\$0.00	<b>Full Payment</b>	\$1,281.24	<b>Amount Enclosed</b>	
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Please "x" here to request a receipt to be mailed to you.

Houlihan's #148  
 8700 State Line RD  
 STE 100  
 Leawood KS 66206

Remit payment to:

Johnson County Treasurer  
 PO Box 2902  
 Shawnee Mission, KS 66201-1302

/\*P373571\*/

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