

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

Debtor 1 Houlihan's

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? Chicago Hygiene Acquisition Company LLC  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Enviro Master Services of Chicago

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>Enviro Master Services of Chicago</u> <small>Name</small> <u>205 Airport Drive</u> <small>Number Street</small> <u>Joliet IL 60431</u> <small>City State ZIP Code</small> Contact phone <u>815-630-2367</u> Contact email <u>om@emchicagoland.com</u>	<u>Enviro Master Services of Chicago</u> <small>Name</small> <u>205 Airport Drive</u> <small>Number Street</small> <u>Joliet IL 60431</u> <small>City State ZIP Code</small> Contact phone <u>815-630-2367</u> Contact email <u>om@emchicagoland.com</u>

RECEIVED  
MAR 27 2020

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
KURTZMAN CARSON CONSULTANTS

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? \_\_\_\_\_



191241520032700000000007  
page 1

**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? \$ 570.00. 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.  
Services performed

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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MAR 27 2020

KURTZMAN CARSON CONSULTANTS

**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 checked="" type="checkbox"/> No  |  |                                    |
| <input type="checkbox"/> Yes. Check one:  |  | <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 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.

**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 01/23/2020  
MM / DD / YYYY

\_\_\_\_\_  
Signature

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

Name Alejandra Garibay  
First name Middle name Last name

Title Office Manager

Company Enviro Master Services of Chicago  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 205 Airport Drive  
Number Street

Joliet IL 60431  
City State ZIP Code

Contact phone 8156302367 Email om@emchicagoland.com

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MAR 27 2020

KURTZMAN CARSON CONSULTANTS

Please remit payment to:  
Enviro-Master of Chicago  
P.O. Box 12350  
Charlotte, NC 28220

Date
11/30/2019

To:	Phone #	E-mail
Houlihan's Naperville #170 2860 Showplace Dive Suite#100 Naperville, IL 60540	Local/Customer Service 815-630-2367	om@emchicagoland.com
	Corporate/Accounting 704-302-1016	scarr@enviro-master.com

Please reference invoice number(s) on your payment remittance. Thank you!

Amount Due	Amount Enc.
\$270.00	

Date	Transaction	Amount	Balance
09/02/2019	INV #CHI1022690. Due 10/02/2019. Orig. Amount \$54.00.	54.00	54.00
09/16/2019	INV #CHI1024242. Due 10/16/2019. Orig. Amount \$54.00.	54.00	108.00
10/14/2019	INV #CHI1026639. Due 11/13/2019. Orig. Amount \$54.00.	54.00	162.00
10/28/2019	INV #CHI1028595. Due 11/27/2019. Orig. Amount \$54.00.	54.00	216.00
11/11/2019	INV #CHI1029850. Due 12/11/2019. Orig. Amount \$54.00.	54.00	270.00

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
54.00	108.00	108.00	0.00	0.00	\$270.00



Enviro-Master of Chicago  
PO Box 12350  
Charlotte, NC 28220  
Phone: (815) 630-2367?  
Email: om@emchicagoland.com

Invoice #	CHI1022690
Date	09/02/2019

<b>Bill To:</b>  Houlihan's Naperville #170 2860 Showplace Dive Naperville, IL 60540	<b>Ship To:</b>  Houlihan's Naperville #170 2860 Showplace Dive Naperville, IL 60540
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Terms	PO #
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Description	Quantity	Rate	Price
Trip Charge	1.00	\$4.00	\$4.00
Sani Service - Every other week with SaniGaurd	1.00	\$50.00	\$50.00

**Notes:**

[Empty box for notes]

Signed By:

Subtotal	\$54.00
Tax	\$0.00
Total	\$54.00
Prev. Bal	\$0.00



Enviro-Master of Chicago  
PO Box 12350  
Charlotte, NC 28220  
Phone: (815) 630-2367?  
Email: om@emchicagoland.com

Invoice #	CHI1024242
Date	09/16/2019

<b>Bill To:</b>  Houlihan's Naperville #170 2860 Showplace Dive Naperville, IL 60540	<b>Ship To:</b>  Houlihan's Naperville #170 2860 Showplace Dive Naperville, IL 60540
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Terms	PO #
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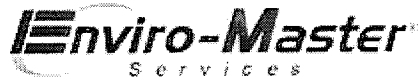
Description	Quantity	Rate	Price
Trip Charge	1.00	\$4.00	\$4.00
Sani Service - Every other week with SaniGaurd	1.00	\$50.00	\$50.00

**Notes:**

[Empty box for notes]

Signed By:

Subtotal	\$54.00
Tax	\$0.00
Total	\$54.00
Prev. Bal	\$0.00



Enviro-Master of Chicago  
PO Box 12350  
Charlotte, NC 28220  
Phone: (815) 630-2367?  
Email: om@emchicagoland.com

Invoice #	CHI1026639
Date	10/14/2019

<b>Bill To:</b>  Houlihan's Naperville #170 2860 Showplace Dive Naperville, IL 60540	<b>Ship To:</b>  Houlihan's Naperville #170 2860 Showplace Dive Naperville, IL 60540
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Terms	PO #
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Description	Quantity	Rate	Price
Trip Charge	1.00	\$4.00	\$4.00
Sani Service - Every other week with SaniGaurd	1.00	\$50.00	\$50.00

**Notes:**

[Empty box for notes]

Signed By:

Subtotal	\$54.00
Tax	\$0.00
Total	\$54.00
Prev. Bal	\$0.00



Enviro-Master of Chicago  
PO Box 12350  
Charlotte, NC 28220  
Phone: (815) 630-2367?  
Email: om@emchicagoland.com

Invoice #	CHI1028595
Date	10/28/2019

<b>Bill To:</b>  Houlihan's Naperville #170 2860 Showplace Dive Naperville, IL 60540	<b>Ship To:</b>  Houlihan's Naperville #170 2860 Showplace Dive Naperville, IL 60540
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Terms	PO #
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Description	Quantity	Rate	Price
Trip Charge	1.00	\$4.00	\$4.00
Sani Service - Every other week with SaniGaurd	1.00	\$50.00	\$50.00

**Notes:**

Signed By:

Subtotal	\$54.00
Tax	\$0.00
Total	\$54.00
Prev. Bal	\$0.00





Enviro-Master of Chicago  
PO Box 12350  
Charlotte, NC 28220  
Phone: (815) 630-2367?  
Email: om@emchicagoland.com

Invoice #	CHI1029850
Date	11/11/2019

<b>Bill To:</b>  Houlihan's Naperville #170 2860 Showplace Dive Naperville, IL 60540	<b>Ship To:</b>  Houlihan's Naperville #170 2860 Showplace Dive Naperville, IL 60540
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Terms	PO #
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Description	Quantity	Rate	Price
Trip Charge	1.00	\$4.00	\$4.00
Sani Service - Every other week with SaniGuard	1.00	\$50.00	\$50.00

**Notes:**

[Empty box for notes]

Signed By:

Subtotal	\$54.00
Tax	\$0.00
Total	\$54.00
Prev. Bal	\$0.00

Please remit payment to:  
Enviro-Master of Chicago  
P.O. Box 12350  
Charlotte, NC 28220

Date
11/30/2019

To:  
Houlihan's Wheaton #123  
321 Rice Lake Square  
Wheaton, IL 60187

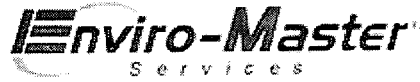
	Phone #	E-mail
Local/Customer Service	815-630-2367	om@emchicagoland.com
Corporate/Accounting	704-302-1016	scarr@enviro-master.com

Please reference invoice number(s) on your payment remittance. Thank you!

Amount Due	Amount Enc.
\$300.00	

Date	Transaction	Amount	Balance
09/10/2019	INV #CHI1023278. Due 10/10/2019. Orig. Amount \$60.00.	60.00	60.00
09/24/2019	INV #CHI1025184. Due 10/24/2019. Orig. Amount \$60.00.	60.00	120.00
10/08/2019	INV #CHI1025890. Due 11/07/2019. Orig. Amount \$60.00.	60.00	180.00
10/22/2019	INV #CHI1027639. Due 11/21/2019. Orig. Amount \$60.00.	60.00	240.00
11/05/2019	INV #CHI1028674. Due 12/05/2019. Orig. Amount \$60.00.	60.00	300.00

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
60.00	120.00	120.00	0.00	0.00	\$300.00



Enviro-Master of Chicago  
PO Box 12350  
Charlotte, NC 28220  
Phone: (815) 630-2367?  
Email: om@emchicagoland.com

Invoice #	CHI1023278
Date	09/10/2019

<b>Bill To:</b> Houlihan's Wheaton #123 321 Rice Lake Square Wheaton, IL 60187	<b>Ship To:</b> Houlihan's Wheaton #123 321 Rice Lake Square Wheaton, IL 60187
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Terms	PO #
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Description	Quantity	Rate	Price
Trip Charge	1.00	\$4.00	\$4.00
Sani Service - Every other week with SaniGaurd	1.00	\$56.00	\$56.00

**Notes:**

Signed By:

Subtotal	\$60.00
Tax	\$0.00
Total	\$60.00
Prev. Bal	\$0.00



Enviro-Master of Chicago  
PO Box 12350  
Charlotte, NC 28220  
Phone: (815) 630-2367?  
Email: om@emchicagoland.com

Invoice #	CHI1025184
Date	09/24/2019

<b>Bill To:</b>  Houlihan's Wheaton #123 321 Rice Lake Square Wheaton, IL 60187	<b>Ship To:</b>  Houlihan's Wheaton #123 321 Rice Lake Square Wheaton, IL 60187
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Terms	PO #
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Description	Quantity	Rate	Price
Trip Charge	1.00	\$4.00	\$4.00
Sani Service - Every other week with SaniGaurd	1.00	\$56.00	\$56.00

**Notes:**

Signed By:

Subtotal	\$60.00
Tax	\$0.00
Total	\$60.00
Prev. Bal	\$0.00



Enviro-Master of Chicago  
PO Box 12350  
Charlotte, NC 28220  
Phone: (815) 630-2367?  
Email: om@emchicagoland.com

Invoice #	CHI1025890
Date	10/08/2019

<b>Bill To:</b> Houlihan's Wheaton #123 321 Rice Lake Square Wheaton, IL 60187	<b>Ship To:</b> Houlihan's Wheaton #123 321 Rice Lake Square Wheaton, IL 60187
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Terms	PO #
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Description	Quantity	Rate	Price
Trip Charge	1.00	\$4.00	\$4.00
Sani Service - Every other week with SaniGaurd	1.00	\$56.00	\$56.00

**Notes:**

Signed By:

Subtotal	\$60.00
Tax	\$0.00
Total	\$60.00
Prev. Bal	\$0.00



Enviro-Master of Chicago  
PO Box 12350  
Charlotte, NC 28220  
Phone: (815) 630-2367?  
Email: om@emchicagoland.com

Invoice #	CHI1027639
Date	10/22/2019

<b>Bill To:</b> Houlihan's Wheaton #123 321 Rice Lake Square Wheaton, IL 60187	<b>Ship To:</b> Houlihan's Wheaton #123 321 Rice Lake Square Wheaton, IL 60187
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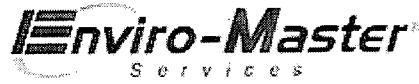
Terms	PO #
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Description	Quantity	Rate	Price
Trip Charge	1.00	\$4.00	\$4.00
Sani Service - Every other week with SaniGaurd	1.00	\$56.00	\$56.00

**Notes:**

Signed By:

Subtotal	\$60.00
Tax	\$0.00
Total	\$60.00
Prev. Bal	\$0.00



Enviro-Master of Chicago  
PO Box 12350  
Charlotte, NC 28220  
Phone: (815) 630-2367?  
Email: om@emchicagoland.com

Invoice #	CHI1028674
Date	11/05/2019

<b>Bill To:</b>  Houlihan's Wheaton #123 321 Rice Lake Square Wheaton, IL 60187	<b>Ship To:</b>  Houlihan's Wheaton #123 321 Rice Lake Square Wheaton, IL 60187
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Terms	PO #
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Description	Quantity	Rate	Price
Trip Charge	1.00	\$4.00	\$4.00
Sani Service - Every other week with SaniGaurd	1.00	\$56.00	\$56.00

**Notes:**

Signed By:

Subtotal	\$60.00
Tax	\$0.00
Total	\$60.00
Prev. Bal	\$0.00

**Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**CHICAGO HYGIENE ACQUISITION COMPANY LLC**

2 Business name/disregarded entity name, if different from above  
**ENVIRO-MASTER SERVICES OF CHICAGO**

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) **LLC**  
 Notes: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3):  
 Exempt payee code (if any): \_\_\_\_\_  
 Exemption from FATCA reporting code (if any): \_\_\_\_\_  
 (Applicable to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**PO BOX 1250 CHARLOTTE, NC 28220**

6 City, state, and ZIP code  
**CHARLOTTE NC 28220**

7 List account number(s) here (optional)  
**205 AIRPORT DRIVE  
 JOLIET IL 60431**

8 Requester's name and address (optional)  
 \_\_\_\_\_

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Notes: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number  
 - - - - -  
 EIN  
**84 - 2492429**

**Part II Certification**

Under penalties of perjury, I certify that:


1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

2. I am a U.S. citizen or other U.S. person (defined below); and

3. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

Signature of U.S. person  
  
 Date **12-04-19**

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), or other taxpayer identification number (ATIN), or employee identification number (EIN), to report on an information return the amount paid to you, or other amounts reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1088 (income mortgage interest), 1088-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property; Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.