

United States Bankruptcy Court for the District of Delaware

Indicate Debtor against which you assert a claim by checking the appropriate box below. **(Check only one Debtor per claim form.)**

<input type="checkbox"/> HRI Holding Corp. (Case No. 19-12415)	<input type="checkbox"/> JGIL Mill OP LLC (Case No. 19-12429)	<input type="checkbox"/> HOP Bayonne LLC (Case No. 19-12443)
<input type="checkbox"/> Houlihan's Restaurants, Inc. (Case No. 19-12416)	<input type="checkbox"/> JGIL Millburn, LLC (Case No. 19-12430)	<input type="checkbox"/> HOP Fairfield LLC (Case No. 19-12444)
<input type="checkbox"/> HDJG Corp. (Case No. 19-12417)	<input type="checkbox"/> JGIL Millburn Op LLC (Case No. 19-12431)	<input type="checkbox"/> HOP Ramsey LLC (Case No. 19-12445)
<input type="checkbox"/> Red Steer, Inc. (Case No. 19-12418)	<input type="checkbox"/> JGIL, LLC (Case No. 19-12432)	<input type="checkbox"/> HOP Bridgewater LLC (Case No. 19-12446)
<input type="checkbox"/> Sam Wilson's/Kansas, Inc. (Case No. 19-12419)	<input type="checkbox"/> JGIL Holding Corp. (Case No. 19-12433)	<input type="checkbox"/> HOP Parsippany LLC (Case No. 19-12447)
<input type="checkbox"/> Darryl's of St. Louis County, Inc. (Case No. 19-12420)	<input type="checkbox"/> JGIL Omaha, LLC (Case No. 19-12434)	<input type="checkbox"/> HOP Westbury LLC (Case No. 19-12448)
<input type="checkbox"/> Darryl's of Overland Park, Inc. (Case No. 19-12421)	<input type="checkbox"/> HOP NJ NY, LLC (Case No. 19-12435)	<input type="checkbox"/> HOP Weehawken LLC (Case No. 19-12449)
<input type="checkbox"/> Houlihan's of Ohio, Inc. (Case No. 19-12422)	<input type="checkbox"/> HOP Farmingdale LLC (Case No. 19-12436)	<input type="checkbox"/> HOP New Brunswick LLC (Case No. 19-12450)
<input type="checkbox"/> HRI O'Fallon, Inc. (Case No. 19-12423)	<input type="checkbox"/> HOP Cherry Hill LLC (Case No. 19-12437)	<input type="checkbox"/> HOP Holmdel LLC (Case No. 19-12451)
<input type="checkbox"/> Algonquin Houlihan's Restaurant, L.L.C. (Case No. 19-12424)	<input type="checkbox"/> HOP Paramus LLC (Case No. 19-12438)	<input type="checkbox"/> HOP Woodbridge LLC (Case No. 19-12452)
<input type="checkbox"/> Houlihan's Texas Holdings, Inc. (Case No. 19-12425)	<input type="checkbox"/> HOP Lawrenceville LLC (Case No. 19-12439)	<input type="checkbox"/> Houlihan's of Chesterfield, Inc. (Case No. 19-12453)
<input type="checkbox"/> Houlihan's Restaurants of Texas, Inc. (Case No. 19-12426)	<input type="checkbox"/> HOP Brick LLC (Case No. 19-12440)	
<input type="checkbox"/> Geneva Houlihan's Restaurant, L.L.C. (Case No. 19-12427)	<input type="checkbox"/> HOP Secaucus LLC (Case No. 19-12441)	
<input type="checkbox"/> Hanley Station Houlihan's Restaurant, LLC (Case No. 19-12428)	<input type="checkbox"/> HOP Heights LLC (Case No. 19-12442)	

**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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Part 1: Identify the Claim

1. Who is the current creditor? PBA ACCESS CORPORATE SAFE SERVICE
 Name of the current creditor (the person or entity to be paid for this claim)
 Other names the creditor used with the debtor DON FRITH, CBS

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?
 Name ACCESS CORP SAFE SVC
 Number 425 Street THOMPSON
 City KANSAS CITY, KS State KS ZIP Code 66101
 Country USA
 Contact phone 913 371-7233
 Contact email TIDELMAN@JUNO.COM
 Where should payments to the creditor be sent? (if different)
 Name _____
 Number _____ Street _____
 City _____ State _____ ZIP Code _____
 Country _____
 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. ~~Has anyone else~~ HAS anyone else has filed a proof of claim for this claim?
 No
 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? \$ 274.00 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.
SAFE SERVICE AND REPLACEMENT LOCK

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 amount should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

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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

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

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.

\$ _____

* 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 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 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 03/30/2020
MM / DD / YYYY

[Signature]
Signature

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

Name DON FRITH COS
First name Middle name Last name

Title OWNER / SAFECRACKER

Company ACCESS CORPORATE SAFE SERVICE
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 425 THOMPSON
Number Street

KANSAS CITY, KS 66101
City State ZIP Code Country

Contact phone 913 371-7233 Email TIRELMAN@

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Print Name: ZARA

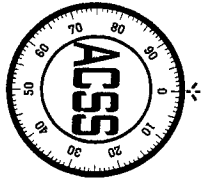
Sign Name: [Signature]

Title: _____ Date: 06/11/19

Closing Auth #: _____
Store Stamp:

BRISTOL'S #162
51 E. 14th STREET
BLOCK 139
KANSAS CITY, MO 64106

If no Store Stamp is available, write "NO Stamp Available"



ACCESS CORPORATE SAFE SERVICE

3882

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425 Thompson

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Kansas City, KS 66101

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(913) 371-SAFE (7233)

CONTACT NAME	BRISTOL	PHONE	816 448-6009	PO	BR190605	DATE	5/21/19
ADDRESS	BRISTOL SQUARE					DATE SCHEDULED	5/21/19
CITY, ST, ZIP - COUNTY	51 E 14TH ST						
SERVICE REQUESTED:	KEYLOCK DIFFicult TO TURN on TOP DOOR						

QUANT	ITEM	COST EA	TOTAL COST
	Trip Charge		90.00
1 hr	Safe Service	125.00	125.00
1	Lockbolt Swith SBlock Be	59.00	59.00

Access 0179 Top Door

TAX CODE		% TAX \$	
CASH DUE	→	TOTAL	\$274.00
DATE COMPLETED	5/21/19		
ON WORK PERFORMED			

I hereby certify that I have the authority to order the safe service designated on this form and authorize the above listed repair work with the necessary materials. An express mechanics item is acknowledged on the above location to secure the amount of the repairs thereto. Further, I agree to absolve the bonded and insured safe technician who bears this authorization from any and all claims arising from the performance of such work and/or not to hold him responsible for any reason whatsoever. The undersigned further represents and affirms that all of the above is true and hereby releases and agrees to indemnify and hold harmless Access Corporate Safe Service, its agents, & employees, against all claims arising from service performed by them. I agree that all services and charges are satisfactory and acknowledge that equipment has been left in good condition.

SIGNATURE /
INVOICE (Printed name)

Print Name: ZARA

Sign Name: [Signature]

Title: _____ Date: 06/11/19

Closing Auth #: _____

Store Stamp:

**BRISTOL'S #162
51 E. 14th STREET
BLOCK 139
KANSAS CITY, MO 64108**

If no Store Stamp is available, write "NO Stamp Available"