

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

Debtor 1 **HOULIHANS RESTAURANTS, INC.**  
 Debtor 2  
 (Spouse, if filing)  
 United States Bankruptcy Court for the: District of **DE**  
 Case number **19-12416** Chapter **11**

**Official Form 410**  
**Proof of Claim 4/16**

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.

<b>Part 1:</b>	<b>Identify the Claim</b>						
<b>1. Who is the current creditor?</b>	<p style="text-align: center;"><u>Bexar County</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>						
<b>2. Has this claim been acquired from someone else?</b>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes From whom? _____</p>						
<b>3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Where should notices to the creditor be sent?</td> <td style="width: 50%;">Where should payments to the creditor be sent? (If different)</td> </tr> <tr> <td>LINEBARGER GOGGAN BLAIR &amp; SAMPSON, LLP 711 NAVARRO STREET, STE 300 SAN ANTONIO, TX 78205 (210) 225-6763 sanantonio.bankruptcy@publicans.com</td> <td>BEXAR COUNTY TAX ASSESSOR COLLECTOR 233 N PECOS LA TRINIDAD SAN ANTONIO, TX 78207</td> </tr> <tr> <td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td> </tr> </table>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (If different)	LINEBARGER GOGGAN BLAIR & SAMPSON, LLP 711 NAVARRO STREET, STE 300 SAN ANTONIO, TX 78205 (210) 225-6763 sanantonio.bankruptcy@publicans.com	BEXAR COUNTY TAX ASSESSOR COLLECTOR 233 N PECOS LA TRINIDAD SAN ANTONIO, TX 78207	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
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Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____							
<b>4. Does this claim amend one already filed?</b>	No.						
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes Who made the earlier filing? _____</p>						

**RECEIVED**

**NOV 25 2019**

**KURTZMAN CARSON CONSULTANTS**

- 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**

<p><b>6. Do you have any number you use to identify the debtor?</b></p>	<p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____  <b>SEE ATTACHED EXHIBITS</b></p>
<p><b>7. How much is the claim?</b></p>	<p>\$ <u>\$86,136.32</u> Does this amount include interest or other charges?          No.</p>
<p><b>8. What is the basis of the claim?</b></p>	<p>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.  <b>AD VALOREM TAXES</b></p>
<p><b>9. Is all or part of the claim secured?</b></p>	<p><input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><input checked="" type="checkbox"/> Real Estate. If claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim</i> Attachment (Official Form 410-A) with this Proof of Claim.</p> <p><input type="checkbox"/> Motor Vehicle  <input checked="" type="checkbox"/> Other. Describe: <u>SEE ATTACHED EXHIBITS</u></p> <p><b>Basis for perfection:</b> <u>Secured by Tax Lien §§ 32.01 and 32.05 of the Texas Property Tax Code. Secured claim to extent of collateral value. Unsecured Priority claim [11 U.S.C. 507 (a)(8)] to extent of any shortfall in collateral value and for personal liability.</u> 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.)</p> <p><b>Value of property:</b> \$ <u>SEE ATTACHED EXHIBITS</u></p> <p><b>Amount of the claim that is secured:</b> \$ <u>\$86,136.32</u></p> <p><b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ <u>\$86,136.32</u></p> <p><b>Annual Interest Rate</b> (when case was filed) <u>12%</u></p> <p><input checked="" type="checkbox"/> Fixed  <input type="checkbox"/> Variable</p>
<p><b>10. Is this claim based on a lease?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p><b>11. Is this claim subject to a right of setoff?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Identify the property: _____</p>
<p><b>12. Is all or part of the claim entitled to priority under 11 U.S.C. 507(a)?</b></p> <p><b>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. <i>Check all that apply:</i></p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. \$ _____</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies \$ _____</p> <p><small>*Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.</small></p>

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**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.
- I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3004.

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.

Executed on date 11/19/2019

/s/Don Stecker 

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

Name : Don Stecker

Title : Attorney TXBN 19095300

Company : LINEBARGER GOGGAN BLAIR & SAMPSON, LLP

Address : 711 NAVARRO STREET, STE 300  
SAN ANTONIO, TX 78205  
(210) 225-6763

sanantonio.bankruptcy@publicans.com

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KURTZMAN CARSON CONSULTANTS

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP  
ATTORNEYS AT LAW  
711 NAVARRO, SUITE 300  
SAN ANTONIO, TEXAS 78205  
(210) 225-6763  
FAX (210) 225-6410

OLIVER S. HEARD, JR.  
CO-FOUNDING PARTNER  
1943-2000

November 19, 2019

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

**Re: 19-12416 HOULIHANS RESTAURANTS, INC.; CH. 11**

Dear Sir/Madam:

This firm represents *Bexar County* in the collection of delinquent ad valorem taxes.

Enclosed please find our *Proof of Claim*, in duplicate, to be file stamped in the above referenced Bankruptcy proceeding. The **duplicate shall be file stamped and returned to this office** for our records. A stamped-self addressed envelope has been enclosed for your convenience.

Thank you for your assistance in this matter.

Sincerely,



Yvette R. Balderas  
Bankruptcy Assistant

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

IN RE: §  
HOULIHANS RESTAURANTS, § CASE NO. 19-12416  
INC. §  
DEBTOR § CHAPTER 11  
§

BEXAR COUNTY  
PROOF OF CLAIM SUMMARY OF EXHIBITS

<u>Exhibit No.</u>	<u>Account No.</u>	<u>Tax Years included in Claim</u>	<u>Amount Due</u>
1	000001126861	2019	\$7,532.79
2	000000128978	2019	\$10,676.75
3	050470000012	2019	\$67,926.78
<b>TOTAL:</b>			<b>\$86,136.32</b>

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ACT8006 v1 287

**STATUS DETAIL** Expand Fees Summary

<b>Account Information</b>		<b>Tax Units</b>		<b>Tax Unit Yr, Rec. Type</b>	
Account No:	000001126861	Roll Code:	PERSONAL PR	Tax Unit:	
Certified Owner:	HOULIHANS RESTAURANTS INC		List of Tax Units:	Year:	
Parcel Address:	14601	INTERSTATE 35 N	8	9	10
Amount Due as of:	11/18/2019	Owner No:	0	11	19
				33	54
				Rec. Type:	
				Multi Select	
				AG INCLUDED Remove Fees Countywide	

Amount Due/Paid Information												
Year	Market Value	H	O	V	D	Base Levy	Paid Levy	Other Fees	Remaining Levy	Fees	Refund	Amount Due
2019	\$299,140			0		\$7,532.79	\$0.00	\$0.00	\$7,532.79	\$0.00	\$0.00	\$7,532.79
2018	\$301,330			0		\$7,901.32	\$7,901.32	\$0.00	\$0.00	\$553.09	\$0.00	\$0.00
2017	\$315,400			0		\$8,248.50	\$8,248.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2016	\$354,180			0		\$9,451.17	\$9,451.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2015	\$394,620			0		\$10,437.17	\$10,437.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2014	\$426,660			0		\$11,487.34	\$11,487.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2013	\$462,870			0		\$12,221.85	\$12,221.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2012	\$467,990			0		\$12,438.13	\$12,438.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2011	\$512,950			0		\$13,692.62	\$13,692.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Totals</b>						<b>\$124,455.84</b>	<b>\$116,923.05</b>	<b>\$0.00</b>	<b>\$7,532.79</b>	<b>\$553.09</b>	<b>\$0.00</b>	<b>\$7,532.79</b>

Last Payment Date: 02/28/2019

Last Payer: HOULIHAN'S RESTAURANTS, INC. Alert

**Bexar County**  
**Tax Assessor Collector**  
 233 N Pecos La Trinidad  
 San Antonio, TX 78207

Status Detail Expand Fees SUMMARY

Account Information

Account No.	000001126861		
Owner No.	0	Owner Percentage	1.00
Parcel Address	14601	INTERSTATE 35 N	
Roll Code	PERSONAL PROPERTY		

List of Mortgage Companies

Year	Fido	Fiduciary Name

Total Due

Total Due \$7,532.79

Payment Agmt. No.


Legal Description

Legal Description	HOULIHANS RESTAURANT & BAR 14601 N IH
	35 INV FURN FIX MACH EQPT SUP LI

Legal Information

Year	Legal Status	Cause No	Bankruptcy No

Other Information

Certified Date	09/28/2019
Legal Acres	0

Owner Information

Certified Owner	HOULIHANS RESTAURANTS INC
Owner	ROBERT HARNETT. PRES
Address	8700 STATE LINE RD STE 100
LEAWOOD	KS 66206-1564

Alternate Owner	
Address	

Bexar County  
Tax Assessor Collector  
233 N Pecos La Trinidad  
San Antonio, TX 78207







Go To:

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 ACT8006 v1.287

<b>Account Information</b>		<b>Tax Units</b>		<b>Tax Unit Yr. Rec. Type</b>	
Account No.	050470000012	Roll Code	REAL PROPER	Tax Unit	<input type="text"/>
Certified Owner	SWQ 35/FORUM LTD		List of Tax Units	Year	<input type="text"/>
Parcel Address	14601	INTERSTATE 35 N		Rec. Type	<input type="text"/>
Amount Due as of	11/18/2019	Owner No.	0	<input type="button" value="AG INCLUDED"/> <input type="button" value="Remove Fees"/> <input type="button" value="Countywide"/> <input type="button" value="Multi Select"/>	

<b>Amount Due/Paid Information</b>													
Year	Market Value	H	O	V	D	Base Levy	Paid Levy	Other Fees	Remaining Levy	Fees	Refund	Amount Due	
2019	\$2,697,490		0			\$67,926.78	\$0.00	\$0.00	\$67,926.78	\$0.00	\$0.00	\$67,926.78	
2018	\$2,618,640		0			\$68,664.65	\$68,664.65	\$0.00	\$0.00	\$4,806.52	\$0.00	\$0.00	
2017	\$2,500,000		0			\$65,381.19	\$65,381.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2016	\$2,557,000		0			\$68,232.58	\$68,232.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2015	\$2,386,430		0			\$63,117.87	\$63,117.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2014	\$1,993,980		0			\$53,685.62	\$53,685.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2013	\$1,935,330		0			\$51,101.42	\$51,101.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2012	\$1,876,170		0			\$49,864.40	\$49,864.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2011	\$1,876,530		0			\$50,091.81	\$50,091.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>Last Payment Date</b>						<b>Totals</b>	<b>\$675,305.81</b>	<b>\$607,379.03</b>	<b>\$0.00</b>	<b>\$67,926.78</b>	<b>\$4,806.52</b>	<b>\$0.00</b>	<b>\$67,926.78</b>
<b>Last Payer</b>						HOULIHAN'S RESTAURANTS, INC. <input type="button" value="Alert"/>							

**Bexar County**  
**Tax Assessor Collector**  
 233 N Pecos La Trinidad  
 San Antonio, TX 78207

**Status Detail Expand Fees SUMMARY**

<b>Account Information</b> Account No: 050470000012 Owner No: 0 Owner Percentage: 1.00 Parcel Address: 14601 INTERSTATE 35 N Roll Code: REAL PROPERTY		<b>List of Mortgage Companies</b> <table border="1"> <thead> <tr> <th>Year</th> <th>Fido</th> <th>Fiduciary Name</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td>2577145</td> <td>INDUSTRIAL PROPERTY TAX</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Year	Fido	Fiduciary Name	2017	2577145	INDUSTRIAL PROPERTY TAX							<b>Total Due</b> Total Due: <b>\$67,926.78</b>  <b>Payment Agmt. No.</b> <input type="text"/> <input type="text"/> <input type="text"/>					
Year	Fido	Fiduciary Name																			
2017	2577145	INDUSTRIAL PROPERTY TAX																			
<b>Legal Description</b> Legal Description: CB 5047 BLK LOT 1 (THE VILLAGE AT FORUM PARKWAY UT.3)		<b>Legal Information</b> <table border="1"> <thead> <tr> <th>Year</th> <th>Legal Status</th> <th>Cause No.</th> <th>Bankruptcy No.</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Year	Legal Status	Cause No.	Bankruptcy No.													<b>Other Information</b> Certified Date: 09/28/2019 Legal Acres: 1.986	
Year	Legal Status	Cause No.	Bankruptcy No.																		
<b>Owner Information</b> Certified Owner: SWQ 35/FORUM LTD Address: 8700 STATE LINE RD STE 100 LEAWOOD KS 66206-1564		Alternate Owner: Address: <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>																	

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**Tax Assessor Collector**  
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 San Antonio, TX 78207