

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 Date Stamped Copy Returned
Proof of Claim 4/16 No self addressed stamped envelope
 No copy to return

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?	<p style="text-align: center;"><u>Bexar County</u></p> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? LINEBARGER GOGGAN BLAIR & SAMPSON, LLP 112 E. PECAN STREET, SUITE 2200 SAN ANTONIO, TX 78205 (210) 225-6763 sanantonio.bankruptcy@publicans.com	Where should payments to the creditor be sent? (If different) BEXAR COUNTY TAX ASSESSOR COLLECTOR 233 N PECOS LA TRINIDAD SAN ANTONIO, TX 78207 <div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FEB 18 2020</div>
4. Does this claim amend one already filed?	Yes, Claim number on court claims registry #159 Filed on 1/28/2020 <div style="text-align: right; font-weight: bold;">KURTZMAN CARSON CONSULTANTS</div>	
5 Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Who made the earlier filing? _____	



191241620021800000000002

Part 2:

Give Information About the Claim as of the Date the Case Was Filed

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p> <p style="text-align: center;">SEE ATTACHED EXHIBITS</p>
<p>7. How much is the claim?</p>	<p>\$ <u>\$17,239.56</u> Does this amount include interest or other charges?</p> <p>No.</p>
<p>8. What is the basis of the claim?</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.</p> <p style="text-align: center;">AD VALOREM TAXES</p>
<p>9. Is all or part of the claim secured?</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p style="margin-left: 40px;"><input 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 style="margin-left: 40px;"><input type="checkbox"/> Motor Vehicle</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> Other. Describe: <u>SEE ATTACHED EXHIBITS</u></p> <p>Basis for perfection: 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. 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>Value of property: \$ <u>SEE ATTACHED EXHIBITS</u></p> <p>Amount of the claim that is secured: \$ <u>\$17,239.56</u></p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ <u>\$17,239.56</u></p> <p>Annual Interest Rate (when case was filed) <u>12%</u></p> <p><input checked="" type="checkbox"/> Fixed</p> <p><input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify the property: _____</p>
<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<p><input checked="" type="checkbox"/> No</p> <p><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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FEB 18 2020

KURTZMAN CARSON CONSULTANTS

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 2/12/2020

/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 : 112 E. PECAN STREET, SUITE 2200
SAN ANTONIO, TX 78205
(210) 225-6763

sanantonio.bankruptcy@publicans.com

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FEB 18 2020

KURTZMAN CARSON CONSULTANTS



February 12, 2020

HOULIHANS RESTAURANTS, INC.

Claims Processing

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 **2nd Amended 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,

A handwritten signature in cursive script that reads 'Yvette R. Balderas'.

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	\$6,562.81
2	000001289788	2019	\$10,676.75
		TOTAL:	\$17,239.56

Account Status

Prey Accto. Next Accto. Prev Owner Next Owner Acct History Acct Summary **Notes**

Go To:

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ACT8006 v1 287

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STATUS DETAIL Expand Fees Summary

Account Information

Account No. 000001126861 Roll Code PERSONAL PR
 Certified Owner HOULIHANS RESTAURANTS INC
 Parcel Address 14601 INTERSTATE 35 N
 Amount Due as of 11/14/2019 Owner No. 0

Tax Units

Tax Unit Description
 List of Tax Units 8 9 10 11 19 33 54
 AG INCLUDED Remove Fees Countywide

Tax Unit, Yr. Rec. Type

Tax Unit
 Year
 Rec. Type
Multi Select

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	\$969.98	\$0.00	\$6,562.81	\$0.00	\$0.00	\$6,562.81
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
Totals			\$124,455.84	\$117,893.03	\$0.00	\$6,562.81	\$553.09	\$0.00	\$6,562.81

Last Payment Date 12/24/2019

Totals

\$124,455.84

\$117,893.03

\$0.00

\$6,562.81

\$553.09

\$0.00

\$6,562.81

Last Payer HOULIHAN'S RESTAURANTS, INC.

Alert

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

SL62
ACT8006 v1287

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Status Detail Expand Fees SUMMARY

Account Information

Account No. 000001126861

Owner No. 0 Owner Percentage 100

Parcel Address 14601 INTERSTATE 35 N

Roll Code PERSONAL PROPERTY

List of Mortgage Companies

Year	Fido	Fiduciary Name

Total Due

Total Due
\$6,562.81

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
2019	B		19-12416

Other Information

Certified Date 09/28/2019

Legal Acres 0

Owner Information

Certified 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

Account Status

Prev. Accto. Next Accto. Prev. Owner Next Owner Acct History Acct Summary **Notes**

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STATUS DETAIL Expand Fees Summary

Account Information

Account No: 000001289788 Roll Code: PERSONAL PR

Certified Owner: HOULIHANS RESTAURANTS INC

Parcel Address: 938 N LOOP 1604 W

Amount Due as of: 11/14/2019 Owner No: 0

Tax Units

Tax Unit Description

List of Tax Units: 8 9 10 11 19 21 55

Tax Unit, Yr, Rec. Type

Tax Unit:

Year:

Rec. Type:

AG INCLUDED Remove Fees Countywide

Multi Select

Amount Due/Paid Information

Year	Market Value	H	O	V	D	Base Levy	Paid Levy	Other Fees	Remaining Levy	Fees	Refund	Amount Due
2019	\$411,700				0	\$10,676.75	\$0.00	\$0.00	\$10,676.75	\$0.00	\$0.00	\$10,676.75

						Excodes						
						Excodes						
						Excodes						
						Excodes						
						Excodes						
						Excodes						
						Excodes						
						Excodes						
						Excodes						

Last Payment Date:		Totals	\$10,676.75	\$0.00	\$0.00	\$10,676.75	\$0.00	\$0.00	\$10,676.75
Last Payer:	UNKNOWN	Alert							

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

SL62
ACT8006 v1.287

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BCTOPROD

Status Detail Expand Fees **SUMMARY**

Account Information

Account No: 000001289788

Owner No: 0 Owner Percentage: 1.00

Parcel Address: 938 N LOOP 1604 W

Roll Code: PERSONAL PROPERTY

List of Mortgage Companies

Year	Fido	Fiduciary Name

Total Due
Total Due

\$10,676.75

Payment Agmt No.

[]

[]

[]

Legal Description

Legal Description: TBD BAR AND SOCIAL 938 N LOOP 1604 W
INV FURN FIXT MACH EQPT SUP LI

Legal Information

Year	Legal Status	Cause No.	Bankruptcy No.
2019	B		19-12416

Other Information

Certified Date: 09/28/2019

Legal Acres: 0

Owner Information

Certified: HOULIHANS RESTAURANTS INC

Owner: ROBERT HARTNETT-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