

Fill in this information to identify the case:

Debtor 1 Houlihan's Restaurants, Inc.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of Delaware

Case number 19-12416

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? Accent Advertising Inc.
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? No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? **Where should notices to the creditor be sent?** **Where should payments to the creditor be sent? (if different)**

Accent Advertising Inc. Name _____
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Number Street _____
1227 Clay St. Number Street _____
North Kansas City MO 64116 City State ZIP Code _____
City State ZIP Code _____
Contact phone 816-842-1860 Contact phone _____
Contact email chrisaccentadv@sbcglobal.net Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):
N/A

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? _____

RECEIVED
FEB 24 2020

KURTZMAN CARSON CONSULTANTS



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: 2 6 4 7

7. How much is the claim? \$ 77.02. 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.
Good Sold - Promotional Digital Timers

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.)

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: _____

RECEIVED

FEB 24 2020

KURTZMAN CARSON CONSULTANTS

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.

- No
- Yes. Check one:
- | | |
|---|---|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | Amount entitled to priority
\$ _____ |
| <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:

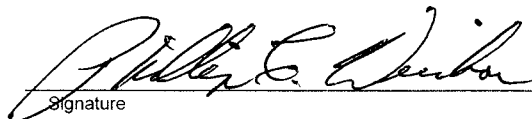
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 02/19/2020
MM / DD / YYYY


Signature

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

Name	<u>Phillip</u>	<u>Christian</u>	<u>Weishar</u>
	First name	Middle name	Last name
Title	<u>Vice-President</u>		
Company	<u>Accent Advertising Inc.</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>1227 Clay St.</u>		
	Number	Street	
	<u>North Kansas City</u>	<u>MO</u>	<u>64116</u>
	City	State	ZIP Code
Contact phone	<u>816-842-1860</u>	Email	<u>chrisaccentadv@sbcglobal.net</u>

RECEIVED

FEB 24 2020

KURTZMAN CARSON CONSULTANTS



1227 Clay · N. Kansas City, MO 64116
816-842-1860 Fax 816-471-4836

INVOICE

***: COPY ***

REMITTANCE STUB
ACCENT ADVERTISING

11/13/19
Invoice date

Invoice # 58751
Order # 93019

Job #

HOULIHAN'S #156

Customer

Customer # 432647
8 4P Salesperson

S O L D T O Ph: 816-524-2572 Fx: 816-524-3928 HOULIHAN'S #156 ATTN: ANDY SCHUBERT 625 NW MURRAY RD LEE'S SUMMIT MO 64081		S H I P T O HOULIHAN'S #156 ATTN: ANDY SCHUBERT 625 NW MURRAY RD LEE'S SUMMIT MO 64081	
Customer # 432647 Job # 93019		Via UPS GROUND/BEST WAY FOB Factory	
Customer po #	17983	Salesperson	CHRIS WEISHAR
Unit	0	Order date	11/07/19
Ordered	25	Invoice date	11/13/19
Shipped	25	Date shipped	11/12/19
Qty BO	8	Invoice #	58751
Item #	TR0002	Price Per	2.500 EA
Description	TIMERS: WHITE:COUNTDOWN -NO IMPRINT		
Amount	62.50		
Deduct 0.63 if paid by 11/23/19		Terms 1/10 Net 30	
Sub-total	62.50	Insurance	0.00
Shpg/Hdlg	9.85	Sales tax	4.67
PLEASE PAY THIS AMOUNT >>>>>>		Total	
Total due		77.02	

Deduct 0.63 if paid by 11/23/19

CUSTOMER INVOICE