

Fill in this information to identify the case:

Debtor Houlihan's Restaurants, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

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 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. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

<p>1. Who is the current creditor?</p>	<p><u>Aire-Master of the Valley</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>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p><u>Aire-Master of the Valley</u> <u>PO BOX 2155</u> <u>Warren, OH 44484</u></p> <p>Contact phone _____</p> <p>Contact email <u>valley@airemaster.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Contact phone _____</p> <p>Contact email _____</p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>
<p>4. Does this claim amend one already filed?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY</p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	



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: 12364 ____

7. How much is the claim? \$ 103.68. 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 or property:
 Real estate: If the claim is secured by the debtor's principle 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: \$ _____
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.

No

Yes. Check all that apply:

	Amount entitled to priority
<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.

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 acknowledgement 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 03/10/2020
MM / DD / YYYY

/s/Janet Brichetto
Signature

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

Name Janet Brichetto
First name Middle name Last name

Title Owner

Company Aire Master of the Valley
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 725-7530 | International 001-310-823-9000

Debtor: 19-12416 - Houlihan's Restaurants, Inc.		
District: District of Delaware		
Creditor: Aire-Master of the Valley PO BOX 2155 Warren, OH, 44484 Phone: Phone 2: Fax: Email: valley@airemaster.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded	
	Related Document Statement:	
	Has Related Claim: No	
	Related Claim Filed By:	
		Filing Party: Creditor
Other Names Used with Debtor:	Amends Claim: No	
	Acquired Claim: No	
Basis of Claim: services performed	Last 4 Digits: Yes - 12364	Uniform Claim Identifier:
Total Amount of Claim: 103.68	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No	Nature of Secured Amount:	
Amount of 503(b)(9): No	Value of Property:	
Based on Lease: No	Annual Interest Rate:	
Subject to Right of Setoff: No	Arrearage Amount:	
	Basis for Perfection:	
	Amount Unsecured:	
Submitted By: Janet Brichetto on 10-Mar-2020 1:06:28 p.m. Eastern Time		
Title: Owner		
Company: Aire Master of the Valley		



Aire-Master

ODOR CONTROL &
SCENT MARKETING SERVICES

wgleason @
houlihans.com

Called
on
these
11/21

Aire-Master of Valley
PO Box 2155
Warren, OH 44484
330-423-4166
valley@airemaster.com

HOULIHANS 2 SOUTHPARK WAY STRONGSVILLE OH 44136	Account No: 12364 Phone: 440-572-9090 Contact: John-GM/Mike	Pay Type: Charge PO No: Vendor ID:	INVOICE NO: 48879 9-16-2019 Copy 1 of 2
		PB WKS-13 01/Mon	SOD-5

Item	Services	Price	Qty	Tax	Total
DEOD BAT	DEODORIZER SERVICE DC <i>Bamboo- sob</i>		3	Y	
				Subtotal	24.00
Notes never blue agave					

Payments past 30 days is subject to a 3% charge. All equipment remains property of Aire-Master.
Payment Terms: DUE UPON RECEIPT

Sales / Service Rep: Peter Bricchetto

Received by (sign): *[Signature]*

Print Name: *John Byers*

Subtotal	24.00
Tax (8.000%)	1.92
Freight	
Total	25.92

Invoice No	Date	Amount
48108	07-08-19	25.92
48275	07-22-19	25.92
48417	08-05-19	25.92
48577	08-19-19	25.92
48718	09-02-19	25.92
Account Balance		\$129.60



Aire-Master

ODOR CONTROL &
SCENT MARKETING SERVICES

Aire-Master of Valley
PO Box 2155
Warren, OH 44484
330-423-4166
valley@airemaster.com

HOULIHANS
2 SOUTHPARK WAY
STRONGSVILLE OH 44136

Account No: 12364
Phone: 440-572-9090
Contact: John-GM/Mike

Pay Type: Charge
PO No:
Vendor ID:

INVOICE NO: 49018
9-30-2019

Copy 1 of 2

PB WKS-13 03/Mon SOD-5

Item	Services	Price	Qty	Tax	Total
DEOD BAT	DEODORIZER SERVICE DC Bamboo- sob		3	Y	
Subtotal					24.00
Notes never blue agave					

Payments past 30 days is subject to a
3% charge.

All equipment remains property of Aire-Master.
Payment Terms: DUE UPON RECEIPT

Sales / Service Rep: Peter Brichetto

Received by (sign): *[Signature]*

Print Name: *John Byers*

Subtotal	24.00
Tax (8.000%)	1.92
Freight	
Total	25.92

Unpaid Invoices

Invoice No	Date	Amount
48275	07-22-19	25.92
48417	08-05-19	25.92
48577	08-19-19	25.92
48718	09-02-19	25.92
48879	09-16-19	25.92

Account Balance

\$129.60



Aire-Master

ODOR CONTROL &
SCENT MARKETING SERVICES

Aire-Master of Valley
PO Box 2155
Warren, OH 44484
330-423-4166
valley@airemaster.com

HOULIHANS
2 SOUTHPARK WAY
STRONGSVILLE OH 44136

Account No: 12364
Phone: 440-572-9090
Contact: John-GM/Mike

Pay Type: Charge
PO No:
Vendor ID:

INVOICE NO: 49173
10-14-2019

Copy 1 of 2

PB WKS-13 01/Mon SOD-5

Item	Services	Price	Qty	Tax	Total
DEOD BAT	DEODORIZER SERVICE DC <i>Bamhoo- sob</i>		3	Y	
Subtotal					24.00
Notes					
never blue agave					

Payments past 30 days is subject to a 3% charge.

All equipment remains property of Aire-Master.
Payment Terms: DUE UPON RECEIPT

Sales / Service Rep: Peter Brichetto

Received by (sign):

Print Name:

Subtotal	24.00
Tax (8.000%)	1.92
Freight	
Total	25.92

Unpaid Invoices

Invoice No	Date	Amount
48417	08-05-19	25.92
48577	08-19-19	25.92
48718	09-02-19	25.92
48879	09-16-19	25.92
49018	09-30-19	25.92
Account Balance		\$129.60



Aire-Master®

ODOR CONTROL &
SCENT MARKETING SERVICES

Aire-Master of Valley
PO Box 2155
Warren, OH 44484
330-423-4166
valley@airemaster.com

HOULIHANS
2 SOUTHPARK WAY
STRONGSVILLE OH 44136

Account No: 12364
Phone: 440-572-9090
Contact: John-GM/Mike

Pay Type: Charge
PO No:
Vendor ID:

INVOICE NO: 49309
10-28-2019

Copy 1 of 2

PB WKS-13 03/Mon SOD-5

Item	Services	Price	Qty	Tax	Total
DEOD BAT	DEODORIZER SERVICE DC <i>Bamboo- sob</i>		3	Y	
Subtotal					24.00
Notes					
never blue agave					

Payments past 30 days is subject to a 3% charge.

All equipment remains property of Aire-Master.
Payment Terms: DUE UPON RECEIPT

Sales / Service Rep: Peter Brichetto

Received by (sign): *[Signature]*

Print Name: *John Byrus*

Subtotal	24.00
Tax (8.000%)	1.92
Freight	
Total	25.92

Unpaid Invoices

Invoice No	Date	Amount
48577	08-19-19	25.92
48718	09-02-19	25.92
48879	09-16-19	25.92
49018	09-30-19	25.92
49173	10-14-19	25.92
Account Balance		\$129.60