

Fill in this information to identify the case:

Debtor 1 OTB Holding LLCDebtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Georgia

Case number 25-52415

- ☒ Date Stamped Copy Returned
☐ No self addressed stamped envelope
☐ No copy to return

Official Form 410

Proof of Claim

04/25

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?

Baker Distributing Company, LLC

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?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

c/o Mark A. Kirkorsky, P.C.

Name

PO Box 25287

Number Street

TempeAZ85285

City

State

ZIP Code

Contact phone 480-551-2173Contact email azlegal@makpc.com

Where should payments to the creditor be sent? (if different)

Name

Number

Street

City

State

ZIP Code

Contact phone

Contact email

Uniform claim identifier (if you use one):

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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?

255241525041500000000010

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? \$ 16,196.27 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.
Goods/Services

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.)

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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 one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$3,800* 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 \$17,150* 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/28 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)(3) 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 04/11/2025
MM / DD / YYYY

Signature

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

Name Joseph L. Whipple
First name Middle name Last name

Title Attorney

Company Mark A. Kirkorsky, P.C.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO Box 25287
Number Street

Tempe AZ 85285
City State ZIP Code

Contact phone 480-551-2173 Email azlegal@makpc.com

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APR 15 2025

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Baker

Distributing Company

Credit Application

Credit Department 14610 Breakers Drive, Suite 100, Jacksonville, FL 32258
(Please print and fill out completely and fax to the Credit Dept. @ 214-638-2409)

Service Center# 257 P.O. Required N (Y/N)
Salesman Requested ANDY CROSE Salesman # 216 Date _____
Business Name: ON THE BORDER County SEVERAL
Street Address: 6750 LBJ FREEWAY City DALLAS ST TX Zip 75240
Mailing Address: SAME City _____ ST _____ Zip _____
Business Operates As: Corporation ☒ LLC Sole Proprietorship _____ Date Established _____
Business Telephone (972) 980-7117 Fax (972) 980-7117
URL: http://ONTHEBORDER.COM Email: ONTHEBORDER@ISSVC.COM
Send Invoices and statements by: Email _____ Mail ☒ Fax _____
Name and Address of President or Principal Owner(s):
Name: _____ Title _____ SS# _____ D.O.B. _____
Home Address: _____ Home phone () _____
Email: _____ Alternate Phone Numbers () _____
Name: _____ Title _____ SS# _____ D.O.B. _____
Home Address: _____ Home phone () _____
Email: _____
Have you ever had business dealings with Baker Distributing Co. before? Y (Y/N)
If so, when and where? AS PART OF BRINKER INTERNATIONAL
(Certificate of Resale must be attached or sales tax must be charged.) Will you pay sales tax? Y
Credit Experience:



Bank and Trade References

Bank

Bank of America
Acct#: [REDACTED]
Contact: Thomas H. Gorman
Address: 100 Federal St.
Boston, MA 02110
Phone: 980-387-5452

Trade References

Ben E. Keith
7600 Will Rogers Blvd
Ft. Worth, TX
800-749-9171
Attn: Chris Lewis

Shamrock Foods
2540 North 29th Ave.
Phoenix, AZ 85009
602-477-2549
Attn: John Maier

Ecolab
370 Wabasha
St. Paul, MN
972-864-3818
Attn: Rob Sloan

Accounts Payable

Malanna Carpenter
866-997-4777 X-172
Fax 316-681-8567
ontheborderap@issvc.com

Name, address and telephone numbers of three (3) references:

Name	Address	Account #	Telephone Number
BEN EILKEITH	7600 Will Rogers Blvd Ft. Worth, TX		800-749-9171 Chris Lewis
Samrock Foods	2540 North 39th Ave Phoenix, AZ 85019		602-477-2549
Ecolab	370 Wabasha St. Paul, MN		972-864-3818

Bank Reference:

Name of Bank Bank of America Checking Account # [REDACTED]
Address 100 Federal St. Savings Account #
City Boston ST MA Zip 02110
Name of person with whom you deal Thomas Gorham Phone # 980-387-5452
Credit Line Requested \$

SALES AGREEMENT

The undersigned in consideration for terms of sale herein and for the extension of credit by Baker Distributing Company, hereby agrees that the terms of sale are Net 10th Prox. Payment for materials purchased during the month becomes due on the 10th of the following month, and becomes delinquent on the last day of the month following purchase. A service charge of 1 1/2% per month (18% per annum) will be added on any past due balance. In the event of default in payment and if the same is placed in the hands of an attorney for collection, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee, whether or not suit be brought and including fees incurred in any appeals or bankruptcy proceedings. The undersigned does hereby certify that the information contained above is true and correct and further agrees that any changes in ownership or officers or form that the business operates shall be made known to Baker Distributing Company, LLC. This notice shall be in writing and mailed to Baker Distributing Company, LLC, 9929 Broadway San Antonio Texas, 76217 by Certified U.S. Mail.

The applicant hereby grants permission to Baker Distributing Company. to obtain from any sources any information related to its credit standings.

SIGNED [Signature]

SIGNED _____

SIGNED _____

FOR OFFICE USE ONLY

Customer will purchase:

- ☐ Heating and/or A/C Equipment
- ☐ Heating and/or A/C Parts and Supplies
- ☐ Refrigeration Equipment
- ☐ Refrigeration Parts and Supplies
- ☐ Food Service Equipment
- ☐ Food Service Parts and Supplies

STATEMENT

Remit **BAKER DISTRIBUTING COMPANY**
 To: **P.O. BOX 848459**
DALLAS, TX 75284-8459

Statement Date	11/11/24
Customer Acct	024261

Page 1

Bill To: **ON THE BORDER ACQUISITION LLC**
2201 W ROYAL LN STE 240
IRVING, TX 75063-3208

Tel: 904-407-4311

STATEMENT

Statement Date	11/11/24
Customer Acct	024261

Page 1

ON THE BORDER ACQUISITION LLC

Date Remitted: _____

Check Number: _____

Total Remittance Amt _____

Reference Number	Invoice Number	Invoice Date	Tran Type	Balance	Balance	Invoice Number	Paid
62724187	FA64972	7/02/24	I	12,819.05	12,819.05	FA64972	
OTB170	FF65746	9/06/24	I	3,377.22	3,377.22	FF65746	
CREDIT CARD PA	YMENT EFFECTIVE 1/1/23. A 2%						
SURCHARGE WILL	APPLY OUTSTANDING PAYMENTS ON ACCT			CT.			
Payment				Current Balance	Total Balance	Total Balance	
				.00	16,196.27	16,196.27	.00

A FINANCE CHARGE OF 1.5% PER MONTH IS ASSESSED ON ALL AMOUNTS IF PAYMENT IS NOT RECEIVED WITHIN 30 DAYS OF STATEMENT DATE. ANNUAL PERCENTAGE RATE OF 18.0%. UNIDENTIFIED REMITTANCE WILL BE CREDITED TO THE OLDEST OPEN INVOICE(S).

Please Pay \$ 16,196.27

a division of **Baker Distributing**

PLEASE REMIT PAYMENT TO THE "REMIT TO" ADDRESS PRINTED ABOVE

I C E Design Center®

a division of **Baker Distributing**

CUST #: 024261

SHIP TO: ON THE BORDER ACQUISITION LLC
ON THE BORDER
2347 NORTH MAIZE ROAD
316.854.8699
WICHITA, KS 67219

BILL TO: ON THE BORDER ACQUISITION LLC
2201 W ROYAL LN STE 240
IRVING, TX 75063-3208

Foodservice Equipment Distribution

NORTH TEXAS ICE DESIGN
10701 N STEMMONS FRWY
DALLAS, TX 75220

Telephone: 214-638 5141

PLEASE REMIT TO: BAKER DISTRIBUTING COMPANY
P.O. BOX 848459
DALLAS, TX 75284-8459

INVOICE

INVOICE DATE	INVOICE NO.
9/06/24	FF65746
P.O. NO.	PAGE #
OTB170	1

JOB NUMBER	JOB NAME / ORDER BY	TERMS
	JIM	NET 10TH PROX
SHIP POINT	SHIP VIA	SHIPPED
NORTH TEXAS ICE DESIGN	DIRECT	9/06/24

PRODUCT NUMBER AND DESCRIPTION	ORDERED	B.O.	SHIPPED	U/M	UNIT PRICE	EXTENSION														
FOLPB502372 PB502372 FRAME DOOR 42" IDEV	1	0	1	EA	3141.60000	3141.60														
<table border="1"> <thead> <tr> <th>SUB-TOTAL</th> <th>FREIGHT</th> <th>FUEL SURCHARGE</th> <th>HANDLING</th> <th>RESTOCKING</th> <th>TAX</th> <th>TOTAL AMOUNT</th> </tr> </thead> <tbody> <tr> <td>3141.60</td> <td>.00</td> <td>.00</td> <td>.00</td> <td>.00</td> <td>235.62</td> <td>3377.22</td> </tr> </tbody> </table>							SUB-TOTAL	FREIGHT	FUEL SURCHARGE	HANDLING	RESTOCKING	TAX	TOTAL AMOUNT	3141.60	.00	.00	.00	.00	235.62	3377.22
SUB-TOTAL	FREIGHT	FUEL SURCHARGE	HANDLING	RESTOCKING	TAX	TOTAL AMOUNT														
3141.60	.00	.00	.00	.00	235.62	3377.22														

End of Invoice

PLEASE REMIT PAYMENT TO THE "REMIT TO" ADDRESS PRINTED ABOVE