

Fill in this information to identify the case:Debtor OTB Acquisition LLCUnited States Bankruptcy Court for the: Northern District of Georgia
(State)Case number 25-52416**Modified Official Form 410
Proof of Claim****12/24**

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

1. Who is the current creditor?	Allen ISD	
	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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	See summary page	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)		
Contact phone	<u>469-221-5125</u>	Contact phone
Contact email	<u>john.turner@lgbs.com</u>	Contact email
Uniform claim identifier (if you use one):		
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>8</u>	
		Filed on <u>03/11/2025</u> MM / DD / YYYY
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?	



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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim? \$ <u>1524.54</u>	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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><u>AD VALOREM TAXES</u></p>
9. Is all or part of the claim secured?	<div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>Nature or property: <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input checked="" type="checkbox"/> Other. Describe: <u>SEE ATTACHED EXHIBITS</u></div> <div>Basis for perfection: <u>Tax Lien §§ 32.01 and 32.05 Texas Tax Code</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.)</div> <div>Value of property: \$ _____ Amount of the claim that is secured: <u>\$1524.54</u> Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)</div> <div>Amount necessary to cure any default as of the date of the petition: \$ <u>1524.54</u></div> <div>Annual Interest Rate (when case was filed) <u>12</u> % <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>



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:

☐ 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

\$ _____

☐ Up to \$3,350* 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 \$15,150*) 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.

\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority 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)(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 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 10/14/2025
MM / DD / YYYY

/s/John K. Turner
Signature

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

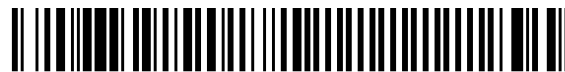
Name John K. Turner
First name Middle name Last name

Title Attorney

Company Linebarger Goggan Blair and Sampson LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 647-1744 | International (310) 751-2628

Debtor: 25-52416 - OTB Acquisition LLC		
District: Northern District of Georgia, Atlanta Division		
Creditor: Allen ISD Linebarger Goggan Blair and Sampson, LLP c/o John K. Turner 3500 Maple Ave Suite 800 Dallas, Texas, 75219 Phone: 469-221-5125 Phone 2: Fax: 469-221-5003 Email: john.turner@lgbs.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded	
	Related Document Statement:	
	Has Related Claim: No	
	Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor:	Amends Claim: Yes - 8, 03/11/2025	
	Acquired Claim: No	
Basis of Claim: AD VALOREM TAXES	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 1524.54	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: Yes: 1524.54	Nature of Secured Amount: Other	
Amount of 503(b)(9): No	Describe: SEE ATTACHED EXHIBITS	
Based on Lease: No	Value of Property:	
Subject to Right of Setoff: No	Annual Interest Rate: 12%, Fixed	
	Arrearage Amount: 1524.54	
	Basis for Perfection: Tax Lien §§ 32.01 and 32.05 Texas Tax Code	
	Amount Unsecured:	
Submitted By: John K. Turner on 14-Oct-2025 2:19:54 p.m. Pacific Time		
Title: Attorney		
Company: Linebarger Goggan Blair and Sampson LLP		

Fill in this information to identify the case:

Debtor 1 **OTB ACQUISITION LLC**

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: **Northern District of GA**

Case number **25-52416** - Chapter 11

Official Form 410 Proof of Claim

04/25

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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?	<u>Allen ISD</u> 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)	<table><tr><td>Where should notices to the creditor be sent?</td><td>Where should payments to the creditor be sent? (If different)</td></tr><tr><td colspan="2">LINEBARGER GOGGAN BLAIR & SAMPSON, LLP 3500 MAPLE AVENUE SUITE 800 DALLAS, TX 75219 (214) 880-0089 dallas.bankruptcy@lgbs.com 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 3500 MAPLE AVENUE SUITE 800 DALLAS, TX 75219 (214) 880-0089 dallas.bankruptcy@lgbs.com Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (If different)				
LINEBARGER GOGGAN BLAIR & SAMPSON, LLP 3500 MAPLE AVENUE SUITE 800 DALLAS, TX 75219 (214) 880-0089 dallas.bankruptcy@lgbs.com Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____					
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Claim number on court claims registry (if known) 8 Filed On: <u>3/11/2025</u>				
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? _____				

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any	<input type="checkbox"/> No
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number you use to identify the debtor?	<input checked="" type="checkbox"/> Yes Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ SEE ATTACHED EXHIBITS
7. How much is the claim?	\$ <u>\$1,524.54</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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. <div style="text-align: center;"><u>AD VALOREM TAXES</u></div>
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes The claim is secured by a lien on property. Nature of property: <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. <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other. Describe: <u>SEE ATTACHED EXHIBITS</u> Basis for perfection: <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.) Value of property: \$ <u>SEE ATTACHED EXHIBITS</u> Amount of the claim that is secured: \$ <u>\$1,524.54</u> 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: \$ <u>\$1,524.54</u> Annual Interest Rate (when case was filed) <u>12%</u> <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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.	<div style="display: flex;"> <div style="flex: 1;"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>Check all that apply:</i> <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 \$3,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). <input type="checkbox"/> 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). </div> <div style="flex: 0.5; text-align: right; font-weight: bold;"> Amount entitled to priority \$ _____ \$ _____ \$ _____ </div> </div>

	<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. \$ _____
<small>* 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.</small>	

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(b).</p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p>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.</p>	<p><i>Check the appropriate box</i></p> <p><input type="checkbox"/> I am the creditor.</p> <p><input checked="" type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.</p> <p>I understand that an authorized signature on this <i>Proof of Claim</i> 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.</p> <p>I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date October 14, 2025</p> <p>/s/John Turner</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name : John Turner</p> <p>Title : Attorney TXBN 00788563</p> <p>Company : LINEBARGER GOGGAN BLAIR & SAMPSON, LLP <small>Identify the corporate servicer as the company if the authorized agent is a servicer.</small></p> <p>Address : 3500 MAPLE AVENUE SUITE 800 DALLAS, TX 75219 (214) 880-0089</p> <p style="text-align: right;">dallas.bankruptcy@lgbs.com</p>
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**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**

IN RE:	§	
	§	CASE NO. 25-52416
OTB ACQUISITION LLC	§	
	§	
	§	CHAPTER 11
DEBTOR(S)	§	

ALLEN ISD
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	P900020192811	2025	\$1,524.54
TOTAL:			\$1,524.54

20250P9000201928110000239930000023993000002399300000000000(C01