

ID: 26047401

PIN: Ynmp9uNw

United States Bankruptcy Court for the Northern District of Alabama, Southern Division

Indicate Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor per claim form.)

☐ Premier Kings, Inc. (Case No. 23-02871) ☐ Premier Kings of North Alabama, LLC (Case No. 23-02873) ☒ Premier Kings of Georgia, Inc. (Case No. 23-02874)

The Debtor has listed your claim as Unliquidated on Schedule F (E/F Part 2) as a General Unsecured claim. If you believe that you have a claim against the Debtor, please complete and return this form accordingly.

## Official Form 410 Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

### Part 1: Identify the Claim

NameID: 15364213

1. Who is the current creditor?	City of Fernandina Beach Utility Billing 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? City of Fernandina Beach Utility Billing P.O Box 16115 Fernandina Beach, FL 32035-3119  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  RECEIVED  APR 02 2024	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Country Contact phone Contact email
KURTZMAN CARSON CONSULTANTS		
Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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?

☐ No

☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 2167

7. How much is the claim?

\$ 449.32

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.

utility services rendered

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 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:

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

☐ 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.

Amount entitled to priority

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* 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)(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 03/21/2024  
MM / DD / YYYY

Melissa Howard  
Signature

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

Name Melissa Howard  
First name Middle name Last name

Title Utility Billing Supervisor

Company City of Fernandina Beach  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1180 S. 5th St.  
Number Street

Fernandina Beach FL 32034  
City State ZIP Code Country

Contact phone 904-310-3401 Email mhoward@fbfl.org

RECEIVED

APR 02 2024

KURTZMAN CARSON CONSULTANTS





# City of Fernandina Beach

## Utility Billing Department

1180 S. 5th Street  
Fernandina Beach, FL 32034  
(904) 310-3400 Office & 24/7 Emergencies  
(904) 310-3459 Fax TTD/TTY - 711

# FINAL UTILITY BILL

## CUSTOMER COPY

Keep this copy for your records

Customer Name				Service Address												
PREMIER KINGS OF GEORGIA INC				1940 S 8TH ST												
Bill Number	Bill Date	Account Number - Customer Number			Current Billing Due Date											
439669	02/08/2024	14062167 - 44370			03/04/2024											
Charge Description	Meter Number	Previous Read Date	Current Read Date	Previous Reading	Current Reading	Read Code	Usage	Charge Amount								
WATER BASE - GENERAL								34.66								
WATER USE - GENERAL	91241813	01/23/2024	02/02/2024	8709	8709	F	0	0.00								
WASTEWATER BASE - GENERAL								92.90								
WASTEWATER USE - GENERAL	91241813			8709	8709		0	0.00								
ACCOUNT PROCESSING FEE - CITY								10.00								
SERVICE CALL - CITY								45.00								
<div><div>History Billed Usage</div><table><thead><tr><th>Cycle</th><th>Usage</th></tr></thead><tbody><tr><td>CURR</td><td>0</td></tr><tr><td>01/24</td><td>210</td></tr><tr><td>12/23</td><td>402</td></tr></tbody></table></div> <div><div>READ CODE</div><div>A = Actual E = Estimate F = Final W = Water Co. Estimate</div></div> <div><div>Total Current Billing</div><div>Previous Balance</div><div>Late Fee</div><div>Adjustments</div><div>Less Payments Received</div><div>Total Amount Due</div></div> <div><div>182.56</div><div>2,439.59</div><div>0.00</div><div>(1,455.52)</div><div>267.99</div><div>\$449.32</div></div>									Cycle	Usage	CURR	0	01/24	210	12/23	402
Cycle	Usage															
CURR	0															
01/24	210															
12/23	402															
FINAL BILL																

✂ Detach and return the portion below with your payment ✂



## City of Fernandina Beach

Utility Billing Department

P.O. Box 16115

Fernandina Beach, FL 32035

# FINAL UTILITY BILL

## REMIT PORTION

Please write your Account Number on your check and enclose this portion of bill with your payment.

Service Address	1940 S 8TH ST
Bill Number	439669
Account # - Customer #	14062167 - 44370
Due Date	03/04/2024
Amount Due	\$449.32

PREMIER KINGS OF GEORGIA INC  
7078 PEACHTREE INDUSTRIAL BLVD SUITE 800  
PEACHTREE CORNERS, GA 30071

Remit To:  
Utility Billing Department  
P.O. Box 16115  
Fernandina Beach, FL 32035