

Fill in this information to identify the case:

Debtor Premier Kings of Georgia, Inc.

United States Bankruptcy Court for the: Northern District of Alabama
(State)

Case number 23-02874

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. 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?	<u>Bulloch County Tax Commissioner</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?	Where should notices to the creditor be sent? <u>Bulloch County Tax Commissioner</u> <u>PO Box 245</u> <u>Statesboro, GA 30459, US</u> Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Contact phone <u>912-764-6285</u> Contact email <u>lakins@bullochcounty.net</u>	Where should payments to the creditor be sent? (if different) Contact phone _____ Contact email _____ 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?	<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>728.57</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>Taxes</u></p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <div><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>.</div><div><input type="checkbox"/> Motor vehicle</div><div><input type="checkbox"/> Other. Describe: _____</div></div> <div>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.)</div> <div>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.)</div> <div>Amount necessary to cure any default as of the date of the petition: \$ _____</div> <div>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No</div> <div><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</div> <div><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).

\$ 728.57

☐ 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)(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 12/04/2023
MM / DD / YYYY

/s/Leslie Akins
Signature

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

Name Leslie Akins
First name Middle name Last name

Title Bulloch County Tax Commissioner

Company Bulloch County Tax Commissioner
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 (866) 927-7089 | International (310) 751-2656

Debtor: 23-02874 - Premier Kings of Georgia, Inc. District: Northern District of Alabama, Birmingham Division		
Creditor: Bulloch County Tax Commissioner PO Box 245 Statesboro, GA, 30459 US Phone: 912-764-6285 Phone 2: Fax: Email: lakins@bullochcounty.net	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: Taxes	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 728.57	Includes Interest or Charges: No	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(8): 728.57	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Leslie Akins on 04-Dec-2023 3:31:19 p.m. Eastern Time Title: Bulloch County Tax Commissioner Company: Bulloch County Tax Commissioner		

2023 Property Tax Statement

Leslie Deal Akins

BULLOCH COUNTY TAX COMMISSIONER

PO Box 245

113 North Main Street Suite 101

Map: S32 000007 000

Location: 602 FAIR RD

Bill No	Due Date	Total Due
2023-1211	12/01/2023	728.57

Printed 10/31/2023

RETURN SERVICE REQUESTED

Make Check or Money Order payable to:

Bulloch County Tax Commissioner
(Interest will be added monthly if not paid by due date)

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

Visit our website at:
www.bullochcounty.net/tax-commissioner

LOCAL OPTION SALES CREDIT INFORMATION

14.000 mills are required to produce the school budget. Sales tax proceeds have been used to roll back to the actual millage rate reflected above.

Please return this portion of your bill with your payment

Leslie Deal Akins
BULLOCH COUNTY TAX COMMISSIONER
PO Box 245
113 North Main Street Suite 101
Statesboro GA 30459

Taxpayer: PREMIER KINGS OF GEORGIA INC
Map Code: P-52916
Description: ,INVENTORY,MACH/EQUIP
Location: 602 FAIR RD
Bill No: 2023-1211
District: 01-Statesboro (01)

Phone: (912)764-6285 Fax: (912)489-4108

Building Value	Land Value	Acres	Fair Market Value	Due Date	Billing Date	Payment Good Through	Exemptions	
0	0	0.00	85,401	12/01/2023	10/02/2023	12/01/2023	SN	
ENTITY	FMV	GROSS ASMT	EXEMPTION	TAXABLE VALUE	MILLAGE	GROSS TAX	CREDITS	NET TAX
SCHOOL BOND	85,401	34,160	0	34,160	0.0000	0.00	0.00	0.00
COUNTY	85,401	34,160	0	34,160	12.8500	438.96	0.00	438.96
SCHOOL	85,401	34,160	0	34,160	14.0000	478.24	188.63	289.61
TOTALS					21.3280	917.20		728.57

The HTRG Credit Credit Reduction shown on your bill (if applicable) is the result of the Homeowner Tax Relief enacted by the Governor and the General Assembly of the State of Georgia.

	Bill No: 2023-1211	
** If a bill is paid by mail and a receipt is desired, please include a stamped self-addressed envelope ** If paid after the due date, please call our office for the full amount due ** THIS BILL MAY BE PAID ONLINE AT: www.bullochcountypay.com	Current Due	728.57
	Penalty	0.00
	Interest	0.00
	Other Fees	0.00
	Previous Payment	0.00
	Back Taxes	
	TOTAL DUE	728.57