| | Fill in this information to identify the case: | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| | Debtor 1 | SOUTHCROSS GULF COAST TRANSMISSION LTD. | | | | | | | |
| | Debtor 2 (Spouse, if filing) | | | | | | | | |
| | United States B | ed States Bankruptcy Court for the: District of Delaware | | | | | | | |
| - | Case number | 19-10716 | | | | | | | |

Official Form 410

Proof of Claim

Part 1: Identify the Claim

☐ No self addressed stamped envelope

☐ No copy to return

04/16

| 1. | . Who is the current creditor? | CITY OF NEEDVILLE Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor No Yes. From whom? | | | | | | |
|------|--|--|------------------------------------|-----------------------|---|----------------|-------------------|--|
| | creditor? | | | | | | | |
| | | | | | | | | |
| 2. | 2. Has this claim been acquired from someone else? | | | | | | | |
| 3. | Where should notices and payments to the creditor be sent? | Where should notices to the creditor be sent? Michael J. Darlow Name 1235 North Loop West Suite 600 | | | Where should payments to the creditor be sent? (if different) CITY OF NEEDVILLE Name | | | |
| | Federal Rule of | | | | | | | |
| | Bankruptcy Procedure (FRBP) 2002(g) | | | | 1317 EUGENE HEIMANN CIRCLE | | | |
| | | Number St Houston | reef TX | 77008 | Number Street RICHMOND | TX | 77469-3623 | |
| | | City | State | ŽIP Code | City | State | ZIP Cod | |
| RE | | Contact phone | 713) 862-1860 | == | Contact phone | | | |
| SEP | 1 7 2019 | Contact email - | mdarlow@pbfcm.com | | Contact emad | | | |
| MANC | ARSONEONSULTANTS | Unitorm claim idea | ntifier for electronic payments in | chapter 13 (if you us | | - - | | |
| 4, | Does this claim amend one already filed? | XI No II Yes, Claim | number on court claims regi | istry (if known) | | Filed on MM | י אין אין אין אין | |
| | | | | | | | | |

| 12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? | No Yes. ✓ Yes. No N | | | • | Amount entitled to prior | |
|--|---|---|--|---------------------------------------|--|--|
| A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority. | | or penalties owed to governmer xtent of any shortfall in collate | | | \$0.00 ty. | |
| | | | k dan ninkanka ka sala salah na Marak Mara | | | |
| Part 3: Sign Below | | | | | | |
| The person completing this proof of claim must sign and date it. FRBP 9011(b). | Check the appro | opriate box: editor's attorney or authorized a | agent. | | | |
| If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. | | at an authorized signature on th Jaim, the creditor gave the debte | | | knowledgment that when calculating the d toward the debt, | |
| A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 | I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct. | | | | | |
| years, or both. 18 U.S.C. §§ 152, 157, and | I declare under | penalty of perjury that the foreg | oing is true and corre | ect. | | |
| 3571. | Executed on da | te <u>SFP 1 1 2019</u> | | | | |
| | Signature | Darh | | · · · · · · · · · · · · · · · · · · · | - | |
| | Print the name | of the person who is comple | ting and signing thi | s claim: | | |
| | Name | Michael J. Darlow | Middle name | | Last name | |
| m ra emmen | Title | Attorney for Claimant | | | | |
| REGUIVEU | Company | Perdue, Brandon, Fielder | | | | |
| SEP 1 7 2019 | | Identify the corporate servicer as | s the company if the auti | horized agent i | s a servicer. | |
| , , | Address | 1235 North Loop West | | Suite 600 | 0 | |
| ZHANCARSONCONSUUTANTS | | Number Street Houston | | TX | 77008 | |
| | | City | | State | ZIP Code | |
| | | | | | 2.11 0000 | |

Tax Statement

FORT BEND COUNTY TAX OFFICE

1317 EUGENE HEIMANN CIRCLE RICHMOND, TX 77469-3623 Telephone: (281) 341-3710

SOUTHCROSS GULF COAST TRANSMISSION C/O Duff & Phelps, LLC (A0362455) 1700 PACIFIC AVE STE 2900 DALLAS, TX 75201-4666 Taxpayer ID: 19970

IF YOU ARE 65 YEARS OF AGE OR OLDER OR ARE DISABLED AND YOU OCCUPY THE PROPERTY DESCRIBED IN THIS DOCUMENT AS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE APPRAISAL DISTRICT REGARDING ANY ENTITLEMENT YOU MAY HAVE TO A POSTPONEMENT IN THE PAYMENT OF THESE TAXES.

| | Tax Year | · · · · Tax Due | Pand I | Total Due | |
|---|------------|-----------------|---------------|-----------|-----|
| CITY OF NEEDVILLE | | | | | |
| Legal: PERSONAL PROPERTY, LIQUID INV-NE GEO.Code: 9970012020001906 | EDVILLE GA | T SYS NEEDVILL | E N/YEGUA E | Y÷2 (HLA) | |
| -GEO.COde: 93700 (202000 (300)) | 2019 | \$13.11 | \$0.00 | \$13.11 | est |
| | " GITY | OF NEEDVILLE | TOTAL => # | \$13.11 | |
| | | Total If Paid B | y 4/30/2019 [| \$13.11 | |