

KCC

Fill in this information to identify the case:

Debtor 1 IMPACT PRODUCTS LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: UNITED STATES District of DELAWARE

Case number 24-11055

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2024 JUN 24 AM 11:07
CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

Official Form 410

04/16

Proof of Claim

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?
RIVERSIDE COUNTY TREASURER-TAX COLLECTOR
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?	Where should payments to the creditor be sent? (if different)
		<u>RIVERSIDE COUNTY TREASURER-TAX COLLECTOR</u>
	Name <u>4080 LEMON ST., 4TH FLOOR</u>	Name _____
	Number Street <u>RIVERSIDE CALIFORNIA 92501</u>	Number Street _____
	City State ZIP Code <u>RIVERSIDE CALIFORNIA 92501</u>	City State ZIP Code _____
	Contact phone <u>(951) 955-3900</u>	Contact phone _____
	Contact email <u>RCTTCBANKRUPTCY@RIVCO.ORG</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): <u>KURTZMAN CARSON CONSULTANTS</u>	

4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) _____ Filed on 01/01/1900
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? _____

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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? \$ 1,470.94 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.
REAL BUSINESS PERSONAL PROPERTY TAXES

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: CERTIFICATE OF LIEN
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: \$ 0.00
Amount of the claim that is secured: \$ 1,470.94
Amount of the claim that is unsecured: \$ 0.00
Amount necessary to cure any default as of the date of the petition: \$ 1,470.94
Annual Interest Rate (when case was filed) 18.0000000000 %
 Fixed Variable

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10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ 0.00

11. Is this claim subject to a right setoff? No Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

- No
 Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ 0.00
- Up to \$2,500 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ 0.00
- Wages, salaries, or commissions (up to \$12,500) 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). \$ 0.00
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ 0.00
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ 0.00
- Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ 0.00

* Amounts are subject to adjustment on the first of April 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)(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:

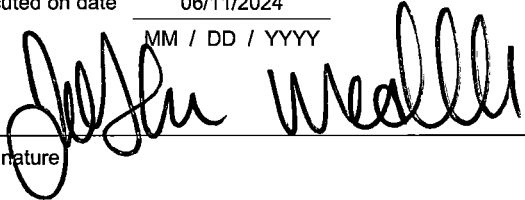
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an 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 06/11/2024
MM / DD / YYYY


Signature

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

Name	JOHNISHA	K	MCDOWELL
	First name	Middle name	Last name
Title	ACCOUNTING TECHNICIAN I		
Company	RIVERSIDE COUNTY TREASURER TAX COLLECTOR		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	4080	Lemon St., 4th Floor	
	Number	Street	
	Riverside	California	92501
	City	State	ZIP Code
Contact phone	(951) 955-3900	Email	rctcbankruptcy@rivco.org

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KURTZMAN CARSON CONSULTANTS

ATTACHMENT TO CLAIM

In Re : IMPACT PRODUCTS LLC

Chapter : Chapter 11

Case Number : 24-11055

TOTAL CLAIM:	\$1,470.94
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SUMMARY - DETAIL OF DEBT

<u>PARCEL NO.</u>	<u>FISCAL YR</u>	<u>TOTAL TAX DUE</u>	<u>INTEREST & PENALTIES</u>	<u>ADDITIONAL INTEREST</u>	<u>SEE NOTES</u>
000281032	2023	1295.48	175.46	1165.93	<input checked="" type="checkbox"/> <input type="checkbox"/>

This Claim is a secured tax secured by a statutory lien under California state law. The claim is secured under 11 U.S.C. § 506(b).

ADDITIONAL INTEREST heading is the total interest projected over the 60-month payment plan.

PARTIAL PAYMENT:

Pursuant to, 11 U.S.C § 506(b) and Revenue and Taxation Code §§ 2636 & 4143. A fee of \$17.10 is charged for each partial payment, as described in paragraph (2) of subdivision (e) of § 1 of Article XIIC of the California Constitution and is subject to the requirements of Chapter 12.5 of Part 1 of Division 2 of Title 5 of the Government Code.

NOTES: Checkmark/s under "SEE NOTES" heading above denotes additional language.

✓ The claim is subject to 18% interest, per annum, under California Revenue and Taxation Code § 4103, 11 U.S.C. § 506 (b) and 11 U.S.C. § 511 as well as costs, fees and attorney's fees.

✓✓ Post petition interest, costs and fees will accrue outside of the Chapter 13 plan if the current fiscal year taxes become defaulted (Current year taxes default as of July 1st if they are not paid by June 30th each fiscal year).

PROOF OF SERVICE BY MAIL

I am a citizen of the United States and I am employed in the County of Riverside.
I am over the age of eighteen years and I am not a party to the within action; my business address is
Riverside County Tax Collector, 4080 Lemon St, 4th Floor, Riverside, California 92501.

On June 11, 2024, I served the within PROOF OF CLAIM on the interested parties in said action by
placing a true copy thereof in a sealed envelope with postage thereon fully prepaid, in the United States
mail at Riverside, California, addressed to those parties indicated below:

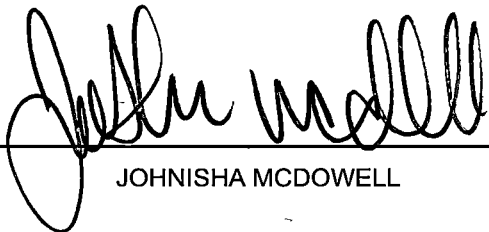
U.S. TRUSTEE
844 KING ST STE 2207 # 35
WILMINGTON, DE 19801

M. BLAKE CLEARY- POTTER ANDERSON & CORROON LLP
1313 N MARKET ST FL 6TH
WILMINGTON, DE 19801

X BY REGULAR MAIL: I am "readily familiar" with the county's practice of collection and processing
correspondence for mailing. Under that practice it would be deposited with the U.S. Postal Service on the
same day with postage thereon fully prepaid at Riverside, California in the ordinary course of business. I
am aware that on motion of the party I served, service is presumed invalid if the postal cancellation date or
postage meter date is more than one day after the date of deposit for mailing of the affidavit.

I, JOHNISHA MCDOWELL, declare that I am employed in the office of the Tax Collector, a creditor in the
matter, at whose direction the service was made.

Executed on June 11, 2024, at Riverside, California.



JOHNISHA MCDOWELL