ID: 25840029

PIN: NbxBGewx

Fill in this information to identify the case:		
Debtor	Tehum Care Services, Inc.	
United States Bankruptcy Court for the Southern District of Texas		
Case number	23-90086	

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.

1.	Who is the current creditor?	Beacom, Bridget 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?	Where should notices to the creditor be sent? Beacom, Bridget 746 Springfield Drive Wentzville, MO 63385 Where should paydifferent) Name	ments to the creditor be sent? (if
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Number Street	
R	ECEIVED	746 Springfield Or Wentzville MO Address Contact phone 636-328-2921 63385 Country Contact phone	State ZIP Code
JU	N 0 6 2023	Contact phone Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
MAN	CARSON CONSULTANTS		
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Pá	art 2: Give Information Abo	out the Claim as of the Date the Case Was Filed
3	Do you have any number you use to identify the debtor?	No 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?	\$ 4152 Does this amount include interest or other charges?
	1.	No No
*	27.68/hr -	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.
		PTO payout agreed upon leave not paid
9.	Is all or part of the claim	(D) No
	secured?	Yes. The claim is secured by a lien on property.
		Nature of property:
		<u> </u>
		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.
p 122	RECEIVED	Amount necessary to cure any default as of the date of the petition: \$
2344	JUN 0 6 2023	Annual Interest Rate (when case was filed)% Fixed
KI	urtzman Carson Consultant	S Variable
10). Is this claim based on a	No No
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
11	. Is this claim subject to a	1 No
	right of setoff?	-
		Yes, Identify the property:

12. Is all or part of the claim entitled to priority under	☐ No
11 U.S.C. § 507(a)?	Yes. Check all that apply: Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example,	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
in some categories, the law limits the amount	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).
entitled to priority.	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.
Part 3: Sign Below	
The person completing	Check the appropriate box:
this proof of claim must sign and date it.	I am the creditor.
FRBP 9011(b).	I am the creditor's attorney or authorized agent.
If you file this claim electronically, FRBP	i am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
5005(a)(2) authorizes courts to establish local rules specifying what a signature is.	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.
A person who files a fraudulent claim could be fined up to \$500,000,	I understand that an authorized signature on this <i>Proof of Claim</i> 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.
imprisoned for up to 5 years, or both.	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct
18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.
35/1.	Executed on date 5/20/2023
	MM / DD / YYYY
	Signature
	Print the name of the person who is completing and signing this claim:
	Name Bridget Morie Beacom First name Middle name Last name
	Title
	Company Identify the corporate servicer as the company if the authorized agent is a servicer.
RECEIVED	Address 746 Spring field Dr Number Street M. A. 12285 USA
JUN 0 6 2023	Wentaville MO 63385 USA City State ZIP Code Country
	Contact phone 636-328-2921 Email bridget.m. beacom@gn
KURTZMAN CARSON CONSULTAN	TS