Fill in this information to identify the case:				
Debtor	Tehum Care Services, Inc.			
United States Ba	ankruptcy Court for the: Southern	District of <u>Texas</u> (State)		
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. That date is on the notice of bankruptcy (Form 309) that you received.

Pa	Part 1: Identify the Claim		
1.	Who is the current creditor?	Boyd Shumate 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? Boyd Shumate 110 E Lockwood Ave St. Louis, Missouri 63119 Contact phone Contact email daesch@onderlaw.com Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different) Contact phone Contact email cone):
4.	Does this claim amend one already filed?	NoYes. 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? 	

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Proof of Claim

Part 2: Give Information Ab	Part 2: Give Information About the Claim as of the Date the Case Was Filed		
6. Do you have any number	No No		
you use to identify the debtor?	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>5</u>, 168.00 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.		
Claim	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.		
	Unpaid wages		
9. Is all or part of the claim	No No		
secured?	Yes. The claim is secured by a lien on property.		
	Nature or property:		
	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> .		
	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	No No		
lease?	Yes. Amount necessary to cure any default as of the date of the petition.		
11. Is this claim subject to a	☑ No		
right of setoff?	Yes. Identify the property:		

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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 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).	
childed to phoney.		Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, \$5,168.00 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 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 <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. I have examined the information in this <i>Proof of Claim</i> 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 <u>08/11/2023</u> <u>MM / DD / YYYY</u>		
		<u>Martin L. Daesch</u> Signature	
	Print the name of the person who is completing and signing this claim:		
	Name	Martin L. Daesch	
		First name Middle name Last name	
	Title	Attorney	
	Compa	any OnderLaw LLC	
	Compa	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) 967-0491 | International 001-424-236-7244

Debtor:			
23-90086 - Tehum Care Services, Inc.			
District:			
Southern District of Texas, Houston Division	1		
Creditor:	Has Supporting Documentation:		
Boyd Shumate	No supporting documentation		
110 E Lockwood Ave	Related Document Statement:		
St. Louis, Missouri, 63119	Has Related Claim:		
Phone:	No Related Claim Filed By:		
Phone 2:			
	Filing Party:		
Fax:	Authorized agent		
Email:			
daesch@onderlaw.com			
Other Names Used with Debtor:	Amends Claim:		
	No		
	Acquired Claim:		
	No		
Basis of Claim:	Last 4 Digits: Uniform Claim Identifier:		
Unpaid wages	No		
Total Amount of Claim:	Includes Interest or Charges:		
5,168.00	No		
Has Priority Claim:	Priority Under:		
Yes	11 U.S.C. §507(a)(4): 5,168.00		
Has Secured Claim:	Nature of Secured Amount:		
No	Value of Property:		
Based on Lease:	Annual Interest Rate:		
No			
Subject to Right of Setoff:	Arrearage Amount:		
No	Basis for Perfection:		
	Amount Unsecured:		
Submitted By:			
Martin L. Daesch on 11-Aug-2023 11:31:34	a.m. Eastern Time		
Title:			
Attorney			
Company:			
OnderLaw LLC			