

Your claim can be filed electronically on KCC's website at <https://epoc.kccllc.net/Tehum>.

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.

Part 1: Identify the Claim

1. Who is the current creditor?
 Name of the current creditor (the person or entity to be paid for this claim) Billy Coney 6947091 MASTER Sgt 31yrs Active & Reserve duty
 Other names the creditor used with the debtor N/A

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? Name <u>Billy Coney</u> Number <u>13619</u> Street <u>S.E. HWY 70</u> <u>ARCADIA</u> <u>FL</u> <u>34266</u> City State ZIP Code Country <u>Desoto County</u> Contact phone <u>N/A</u> Contact email _____	Where should payments to the creditor be sent? (if different) Name <u>Billy Coney</u> Number <u>13619</u> Street <u>S.E. HWY 70</u> <u>ARCADIA</u> <u>FL</u> <u>34266</u> City State ZIP Code Country <u>Desoto County</u> Contact phone <u>N/A</u> Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	

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4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) 3571 8853 Filed on 2021
 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? _____



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: 8 8 5 3

7. How much is the claim? \$ 75,000.⁰⁰ 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. 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. SERVICES PERFORMED VETERAN GROUP MIAAER Sgt.

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: _____ 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: \$ 75,000.⁰⁰
Amount of the claim that is secured: \$ 75,000.⁰⁰
Amount of the claim that is unsecured: \$ 75,000.⁰⁰ (The sum of the secured and unsecured amount should match the amount in line 7.)

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Amount necessary to cure any default as of the date of the petition: \$ 75,000.⁰⁰

Annual Interest Rate (when case was filed) 8% Fixed Variable

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

11. Is this claim subject to a right of 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 all that apply:

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). \$ N/A
- 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). \$ N/A
- 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). \$ N/A
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ N/A
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ N/A
- Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ N/A

* 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 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 Sept 18 2023
MM / DD / YYYY

Billy Coney
Signature

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

Name Billy B Coney
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 13619 S. E. HWY 70
Number Street
Arundia FL 34266 Desoto
City State ZIP Code Country

Contact phone N/A Email _____

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Billy Bill Coney, Master Sgt
DOB: 7/29/57 = 66 yrs
Station: San Diego, CA A.F.B.
RANK: O-8

Claim #714 Date Filed: 8/22/2023

Ordinary Negligence Claim / Gross Negligence Claim \$75,000.00 Voucher.

under the 8th Amendment which Guarantees of Freedom From Cruel
and Unusual Punishment. [Ais] Montell v- Dept of Soc Services
436 U.S. 658 (1978) Negligence liability. A firm is liable
for its Employee Neglig. Jones v- Arizona Health Services
Inc. 120-cv-00036, Judgment and Settlement in ordinary
Negligence and Gross Negligence Claim was awarded \$6 million
Negligence Claim by Arizona and \$400,000.00 in RTTY Fee
Section 42 § 1983 civil right petition, medical malpractice

IN RE: Tehum Care Services Inc. medical malpractice
plaintiff request Compensation of medical malpractice
Negligence under title 42 § 1983 civil right Complaint
of Tehum Care Services Inc. while Station in Houston, TX.
A.F.B. and treated for Sick-call and etc.
Master Sgt Billy (Bill) Coney, DD 144 of Houston A.F.B.
2013-2018 window Period of Claim.

Master Sgt pension claim, \$8,000.00 only Bill

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239008623082200000000017

Branch RANK
TANVIS AFB MASTER Sgt. O-8 30yrs Billy (Bill) Coney DOB 7/29/57

Veteran Admin Branch

1980-1995 Kuwait 2013-2023

payment to veteran RANK O-8 PENSION \$8,000.00 PER MO

Compensation - 1995 = \$38,801.00 today \$75,000.00

pension - \$8,000.00 PER MO.

Hospital medical -

Education -

INSURANCE Burial -

Reserved duty 2018-2023 San Diego CA

Active duty 2013-2018 Houston, TX

1400 Defense Pentagon 20301 Voucher.

American Rescue Plan Voucher

Dept of Veteran Affairs

816 Vermont Ave N.W.

Washington, D.C. 20420

Office of Management and Budget

Assist Veteran Office

Bruce W. Cantor Dept of Veteran 305/575-7000 / 888-276-1785 Benefit Office Voucher.

Debtor Tax # 8853. \$75,000.00 Voucher. O-8 U.S.A.F.

\$75,000.00 claim debtor

United Veterans of America Veterans Group

Attention:

The United Veterans of America, Veterans group is hoping to start our meetings again soon, and with this in mind we invite you to participate and be part of us. If you are not on our current members' roster, and a veteran who would be interest in attending our meetings please fill out the information below in print:

Last Name	Name	FCCC	Branch	DOB	Years of Service
<i>Billy Paul Conkey</i>		<i>6947091</i>	<i>W247</i>	<i>11/1/51</i>	<i>30</i>

YOU MUST BE A VETERAN!

Proof of service is required within 30 days of enrollment. Form

(DD214 will be provided if needed)

Master Sgt E-8

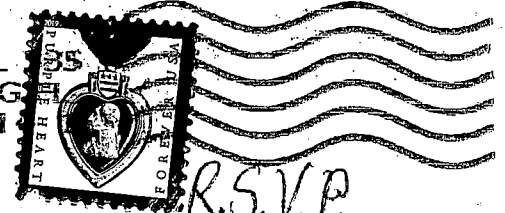
Thank You! *TRAVIS A.F.B. California 2013-2023*
Houston Texas 2008-2013

Honoring all Veterans who served their country!!!

In Re: Taham Lone Justice Inc. - v - Southern Dist Texas Houston
Debtor #75,000.00 CASE NO 23-90086 (CM) Proof of Claim Bar order. #75,000.00

Billy (Bill) Conroy 6947081
P.C.R.C.
13619 S.E. HWY 70
Narcanin, FL 34266

TAMPA FL
SAINT PETERSBURG
16 AUG 2023 PM



R.S.V.P.

Tehum Care Service Inc
Claims Processing Center #75.000.00
c/o KCC
222 N. Prairie Coast HWY
Apt 300
El Segundo, Ca 90245

90245-561475

