

Fill in this information to identify the case:

Debtor 1 The Container Store, Inc.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Texas

Case number 24-90626

United States Courts
Southern District of Texas
FILED

JAN 06 2025

Nathan Ochsner, Clerk of Court

Official Form 410

Proof of Claim

12/15

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? | <u>Metropolitan Government of Nashville & Davidson County Tennessee</u> Name of the current creditor (the person or entity to be paid for this claim) | |
| | Other names the creditor used with the debtor <u>Metropolitan Trustee of Nashville & Davidson County Tennessee</u> | |
| 2. Has this claim been acquired from someone else? | <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <u>Metro Nashville Legal Department</u> Name <u>Post Office Box 196300</u> Number Street <u>Nashville TN 37219</u> City State ZIP Code Contact phone <u>615-862-6341</u> Contact email <u>lorraine.abrams@nashville.gov</u> | Where should payments to the creditor be sent? (if different) <u>Metro Nashville Trustee-Attn:Eugene Hampton</u> Name <u>Post Office Box 196358</u> Number Street <u>Nashville TN 37219</u> City State ZIP Code Contact phone <u>615-862-6330</u> Contact email _____ |
| Uniform claim identifier for electronic payments in chapter 13 (if you use one): <u>BK-09223</u> | | |
| 4. Does this claim amend one already filed? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ | |
| | | Filed on _____ MM / DD / YYYY |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | <input checked="" type="checkbox"/> No <input type="checkbox"/> 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: 9 2 2 3

7. How much is the claim? \$ 2,423.86 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).
Creditor is entitled to 1.5% interest on the base tax amount, on the beginning of each month, from March 1, 2025.

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.
2024 Personal Property Taxes @ 2121 GREEN HILL VILLAGE DR

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: Personal Property
Basis for perfection: Tax Statement
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: \$ 347,604.00
Amount of the claim that is secured: \$ 2,423.86
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts 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) 18.00 %
☒ 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:

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).

Amount entitled to priority

\$ _____

☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,475*) 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).

\$ 2,423.86

☐ 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 4/01/16 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 12/30/2024
MM / DD / YYYY

/s/ Ann Mikkelsen

Signature

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

| | | | |
|---------------|---|-------------|------------------------------------|
| Name | <u>Ann Mikkelsen</u> | | |
| | First name | Middle name | Last name |
| Title | <u>Assistant Metropolitan Attorney, TN BPR No. 032262</u> | | |
| Company | <u>Metropolitan Government of Nashville & Davidson County Tennessee</u> | | |
| | Identify the corporate servicer as the company if the authorized agent is a servicer. | | |
| Address | <u>Post Office Box 196300</u> | | |
| | Number | Street | |
| | <u>Nashville</u> | TN | <u>37219</u> |
| | City | State | ZIP Code |
| Contact phone | <u>615-862-6341</u> | Email | <u>ann.mikkelsen@nashville.gov</u> |

To avoid interest, total tax must be paid in full by:
February 28th, 2025

QUESTIONS: (615) 862-6330

2024 PERSONALTY TAX STATEMENT

RETAIN THIS PORTION FOR YOUR TAX RECORDS

| |
|---|
| Owner Address CONTAINER STORE THE PO Box 250329 Atlanta, GA 30325 |
| Property Address 2121 GREEN HILL VILLAGE DR |
| Classification Personalty |
| DBA THE CONTAINER STORE #58 |

Your taxes are distributed as follows:

| Fund Description | Rate | GSD Tax | USD Tax | Amount |
|-----------------------------|---------------|--------------------|------------------|--------------------|
| GSD GENERAL FUND | 1.28900 | 960.16 | 0.00 | 960.16 |
| GSD DEBT SERVICE | 0.47300 | 352.33 | 0.00 | 352.33 |
| GSD SCHOOL DEBT SERVICE | 0.12400 | 92.37 | 0.00 | 92.37 |
| GSD SCHOOLS GENERAL PURPOSE | 0.98600 | 734.46 | 0.00 | 734.46 |
| USD DEBT SERVICE | 0.04900 | 0.00 | 36.50 | 36.50 |
| USD FIRE PROTECTION | 0.05000 | 37.24 | 0.00 | 37.24 |
| USD GENERAL FUND | 0.28300 | 0.00 | 210.80 | 210.80 |
| Total Base Tax | 3.2540 | \$ 2,176.56 | \$ 247.30 | \$ 2,423.86 |

| | | |
|---------------------|----|------------|
| Land Value | \$ | 0.00 |
| Improvement Value | \$ | 0.00 |
| Personal Property | \$ | 347,604.00 |
| Total Value | \$ | 347,604.00 |
| Exemption | | No |
| Equalization Factor | | 0.7143 |
| Assessed % | | 30 |
| Assessed Value | \$ | 74,489.00 |
| Tax Rate | | 3.2540 |
| Base Tax | \$ | 2,423.86 |
| Rollback Tax | \$ | 0.00 |
| Interest Due | \$ | 0.00 |
| Prior Payments | \$ | 0.00 |
| Balance Due | \$ | 2,423.86 |

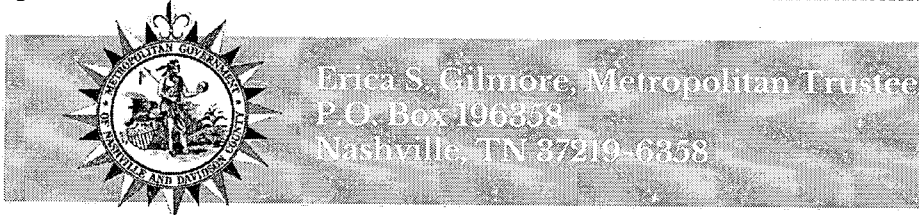
Payment History

| | |
|----------------------------|--------------|
| Original Tax Due | 2,423.86 |
| Adjustments | 0.00 |
| Interest Accrued | 0.00 |
| Previous Base Tax Payments | 0.00 |
| Previous Interest Payments | 0.00 |
| Current Base Tax Due | 2,423.86 |
| Current Interest Due | 0.00 |
| Total Current Amount Due | 2,423.86 |

The Metropolitan Trustee accepts partial payment of taxes which have not been turned over to the Chancery Court for collection. The tax lien held against the property will remain in effect until the balance of the property tax has been paid in full, pursuant to T.C.A. 67-5-2101 et seq.

ADA (615) 862-6330

CUT OR TEAR ALONG THIS LINE



PAY ONLINE AT: nashville.gov/trustee

| | |
|--|----------------------|
| ACCOUNT 000152151 | BILL # 2024-10624 |
| PROPERTY ADDRESS 2121 GREEN HILL VILLAGE DR 181+281 | |
| AMOUNT REMITTED: | |

Current Amount Due : \$ 2,423.86
Suggested Monthly Payment: \$ 484.78

Important: Return this portion with your payment. Use the address below for current payment only. Make check payable to:

☐ Address Change

CONTAINER STORE THE
C/O RYAN LLC
PO Box 250329

Metropolitan Trustee
Personal Property Tax Dept.
PO BOX 305012
Nashville, TN 37230-5012