

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 TX**

Case number **24-90626** - Chapter 11

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 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>Tarrant County</u> 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?	<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? LINEBARGER GOGGAN BLAIR & SAMPSON, LLP 3500 MAPLE AVENUE SUITE 800 DALLAS, TX 75219 (214) 880-0089 dallas.bankruptcy@lgbs.com Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (If different)
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: _____	
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? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any	<input type="checkbox"/> No
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number you use to identify the debtor?	<input checked="" type="checkbox"/> Yes Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ SEE ATTACHED EXHIBITS									
7. How much is the claim?	\$ <u>\$57,750.40</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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. <hr/> <p style="text-align: center;">AD VALOREM TAXES</p> <hr/>									
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real Estate. If claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim</i> Attachment (Official Form 410-A) with this Proof of Claim. <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other. Describe: <u>SEE ATTACHED EXHIBITS</u> Basis for perfection: <u>Secured by Tax Lien §§ 32.01 and 32.05 of the Texas Property Tax Code. Secured claim to extent of collateral value. Unsecured Priority claim [11 U.S.C. 507 (a)(8)] to extent of any shortfall in collateral value and for personal liability.</u> 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: \$ <u>SEE ATTACHED EXHIBITS</u> Amount of the claim that is secured: \$ <u>\$57,750.40</u> 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: \$ <u>\$57,750.40</u> Annual Interest Rate (when case was filed) <u>12%</u> <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable									
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Amount necessary to cure any default as of the date of the petition. \$ _____									
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Identify the property: _____									
12. Is all or part of the claim entitled to priority under 11 U.S.C. 507(a)? A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>Check all that apply:</i> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: right;">Amount entitled to priority</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 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).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 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).</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>			Amount entitled to priority	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____	<input type="checkbox"/> 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).	\$ _____	<input type="checkbox"/> 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).	\$ _____
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	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. \$ _____
<small>* 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.</small>	

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 co-debtor. 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 January 3, 2025

/s/John Turner

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

Name : **John Turner**

Title : **Attorney TXBN 00788563**

Company : **LINEBARGER GOGGAN BLAIR & SAMPSON, LLP**
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address : **3500 MAPLE AVENUE
 SUITE 800
 DALLAS, TX 75219
 (214) 880-0089**

dallas.bankruptcy@lgbs.com

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

IN RE:	§	
	§	CASE NO. 24-90626
THE CONTAINER STORE, INC.	§	
	§	
	§	CHAPTER 11
DEBTOR(S)	§	

TARRANT COUNTY
PROOF OF CLAIM SUMMARY OF EXHIBITS

<u>Exhibit No.</u>	<u>Account No.</u>	<u>Tax Years included in Claim</u>	<u>Amount Due</u>
1	09875557	2024	\$22,742.74
2	11349875	2024	\$14,808.11
3	13769421	2024	\$20,199.55
TOTAL:			\$57,750.40

Account Data

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Run
Date: 12/27/2024

Account Information

Account Number:	00009875557	Appraisal Dist:	07677537
Legal:	CONTAINER STORE, THE #8 PERSONAL PROPERTY TANGIBLE COMMERCIAL	Owner:	CONTAINER STORE INC THE ATTN: TAX DEPT 500 FREEPORT PKWY COPPELL, TX 75019

Status Information

Appraised Val:	1,013,545	Start Deferral:		Volume:	0
Land Val:	0	End Deferral:		Page:	0
Improvement Val:	0	AG Deferral:	0	Map Number:	
Deed Date:	01/01/2005	Acres:	0.000000	Frozen Year Amt:	0.00
Year Built:	0	Square Footage:	0		
Roll Code:	P				
Exemption Codes:					
Location:	0004601 WEST FWY STE 500, -	Last Payment On:	11/15/2023		

Account Receivables - Fiscal Values

Tax Unit	Type	Rec. Bal \$	Pen. Due \$	Int. Due \$	Atty Fee \$	Total Due \$	Paid \$	Refund \$
2024								
026	Levy	6,816.09	0.00	0.00	0.00	6,816.09	0.00	0.00
220	Levy	1,900.40	0.00	0.00	0.00	1,900.40	0.00	0.00
223	Levy	270.62	0.00	0.00	0.00	270.62	0.00	0.00
224	Levy	1,849.72	0.00	0.00	0.00	1,849.72	0.00	0.00
225	Levy	1,138.01	0.00	0.00	0.00	1,138.01	0.00	0.00
905	Levy	10,767.90	0.00	0.00	0.00	10,767.90	0.00	0.00
Sub Total \$:		22,742.74	0.00	0.00	0.00	22,742.74	0.00	0.00
Total \$:		22,742.74	0.00	0.00	0.00	22,742.74	0.00	0.00

Account Data

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Date: 12/27/2024

Account Information			
Account Number:	00011349875	Appraisal Dist:	07927525
Legal:	CONTAINER STORE INC. THE PERSONAL PROPERTY TANGIBLE COMMERCIAL	Owner:	CONTAINER STORE INC THE ATTN: TAX DEPT 500 FREEPORT PKWY COPPELL, TX 75019

Status Information			
Appraised Val:	846,671	Start Deferral:	Volume: 0
Land Val:	0	End Deferral:	Page: 0
Improvement Val:	0	AG Deferral:	0 Map Number:
Deed Date:	01/01/2005	Acres:	0.000000 Frozen Year Amt: 0.00
Year Built:	0	Square Footage:	0
Roll Code:	P		
Exemption Codes:			
Location:	0001200 MAIN ST, -	Last Payment On:	11/15/2023

Account Receivables - Fiscal Values								
Tax Unit	Type	Rec. Bal \$	Pen. Due \$	Int. Due \$	Atty Fee \$	Total Due \$	Paid \$	Refund \$
2024								
022	Levy	2,582.35	0.00	0.00	0.00	2,582.35	0.00	0.00
220	Levy	1,587.51	0.00	0.00	0.00	1,587.51	0.00	0.00
224	Levy	1,545.17	0.00	0.00	0.00	1,545.17	0.00	0.00
225	Levy	950.64	0.00	0.00	0.00	950.64	0.00	0.00
919	Levy	8,142.44	0.00	0.00	0.00	8,142.44	0.00	0.00
Sub Total \$:		14,808.11	0.00	0.00	0.00	14,808.11	0.00	0.00
Total \$:		14,808.11	0.00	0.00	0.00	14,808.11	0.00	0.00

Account Data

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Date: 12/27/2024

Account Information

Account Number:	00013769421	Appraisal Dist:	41190491
Legal:	CONTAINER STORE INC, THE PERSONAL PROPERTY TANGIBLE COMMERCIAL	Owner:	CONTAINER STORE INC THE ATTN: TAX DEPT 500 FREEPORT PKWY COPPELL, TX 75019

Status Information

Appraised Val:	924,219	Start Deferral:		Volume:	0
Land Val:	0	End Deferral:		Page:	0
Improvement Val:	0	AG Deferral:	0	Map Number:	
Deed Date:	01/01/2013	Acres:	0.000000	Frozen Year Amt:	0.00
Year Built:	0	Square Footage:	0		
Roll Code:	P				
Exemption Codes:					
Location:	0004000 ARLINGTON HIGHLANDS BLVD , -	Last Payment On:	11/15/2023		

Account Receivables - Fiscal Values

Tax Unit	Type	Rec. Bal \$	Pen. Due \$	Int. Due \$	Atty Fee \$	Total Due \$	Paid \$	Refund \$
2024								
024	Levy	5,543.47	0.00	0.00	0.00	5,543.47	0.00	0.00
220	Levy	1,732.91	0.00	0.00	0.00	1,732.91	0.00	0.00
224	Levy	1,686.70	0.00	0.00	0.00	1,686.70	0.00	0.00
225	Levy	1,037.71	0.00	0.00	0.00	1,037.71	0.00	0.00
901	Levy	10,198.76	0.00	0.00	0.00	10,198.76	0.00	0.00
Sub Total \$:		20,199.55	0.00	0.00	0.00	20,199.55	0.00	0.00
Total \$:		20,199.55	0.00	0.00	0.00	20,199.55	0.00	0.00