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?	**Lone Star College System** 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? LINEBARGER GOGGAN BLAIR & SAMPSON, LLP PO BOX 3064 HOUSTON, TX 77253-3064 (713) 844-3400 houston_bankruptcy@lgbs.com Where should payments to the creditor be sent? (If different) LONE STAR COLLEGE SYSTEM PO BOX 4576 HOUSTON, TX 77210-4576 Uniform claim identifier for electronic payments in chapter 13 (if you use one): __
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? _____

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

6. Do you have any	☐ No

24906262501140000000000014

number you use to identify the debtor?	☒ 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?	$__**$893.81**__ 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. **AD VALOREM TAXES**
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 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: **SEE ATTACHED EXHIBITS** **Basis for perfection:** 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. 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:** $__**SEE ATTACHED EXHIBITS**__ **Amount of the claim that is secured:** **$__$893.81__** **Amount of the claim that is unsecured:$**_____ (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: $__$893.81__** **Annual Interest Rate** (when case was filed) __12%__ ☒ 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. $_____
11. Is this claim subject to a right of setoff?	☒ No ☐ Yes Identify the property: _____
12. Is all or part of the claim entitled to priority under 11 U.S.C. 507(a)? A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	☒ No ☐ Yes *Check all that apply:* **Amount entitled to priority** ☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). **$**_____ ☐ Up to $3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). **$**_____ ☐ 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 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 8, 2025

/s/Tara L. Grundemeier

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

Name : **Tara L. Grundemeier**

Title : **Attorney TXBN 24036691**

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

Address : **PO BOX 3064**
HOUSTON, TX 77253-3064
(713) 844-3400 **houston_bankruptcy@lgbs.com**

DELINQUENT TAX STATEMENT SUMMARY

ANNETTE RAMIREZ
HARRIS COUNTY TAX ASSESSOR-COLLECTOR
1001 PRESTON, SUITE 100
HOUSTON, TEXAS 77002

Certified Owner:

THE CONTAINER STORE INC #25
THE CONTAINER STORE INC
500 FREEPORT PKWY
COPPELL, TX 75019-7420

Print Date: 01/08/2025
Printed By: LBDBORELLA

Legal Description:
Business Personal Property
CMP F&F INV M&E MISC ASSETS SUP

Account No: **208-702-880-0000**
2024 Value: $830,674
APPR. DIST#: 0870288
Legal Acres: .0000
Parcel Address: 5466 FM 1960 RD W
As of Date: 12/23/2024

Year	Tax Units	Base Tax Due	IF PAID BY END OF MONTH DECEMBER 2024 Penalties & Interest	IF PAID BY END OF MONTH DECEMBER 2024 Total	IF PAID BY END OF MONTH JANUARY 2025 Penalties & Interest	IF PAID BY END OF MONTH JANUARY 2025 Total	IF PAID BY END OF MONTH FEBRUARY 2025 Penalties & Interest	IF PAID BY END OF MONTH FEBRUARY 2025 Total
2024	45	$893.81	$0.00	$893.81	$0.00	$893.81	$62.57	$956.38
TOTAL AMOUNT DUE:		**$893.81**	$0.00	**$893.81**	$0.00	**$893.81**	$62.57	**$956.38**

Tax Unit Codes:
45 Lone Star College System

IF YOU ARE 65 YEARS OF AGE OR OLDER OR ARE DISABLED AND THE PROPERTY DESCRIBED IN THIS DOCUMENT IS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE APPRAISAL DISTRICT REGARDING ANY ENTITLEMENT YOU MAY HAVE TO A POSTPONEMENT IN THE PAYMENT OF THESE TAXES.

IF THE PROPERTY DESCRIBED IN THIS DOCUMENT IS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE HARRIS COUNTY TAX ASSESSOR-COLLECTOR'S OFFICE REGARDING A RIGHT YOU MAY HAVE TO ENTER INTO AN INSTALLMENT AGREEMENT DIRECTLY WITH THE HARRIS COUNTY TAX ASSESSOR-COLLECTOR'S OFFICE FOR THE PAYMENT OF THESE TAXES.

Partial Statement: Other Years and Tax Units may be due

Detach at the perforation and return this coupon with your payment. Keep top part for your records.

33.v1.66 Page 1 of 1

Print Date: **01/08/2025**

PLEASE NOTE YOUR ACCOUNT NUMBER ON YOUR CHECK AND MAKE CHECKS PAYABLE TO:

ANNETTE RAMIREZ
HARRIS COUNTY TAX ASSESSOR-COLLECTOR
P.O. BOX 4622
HOUSTON, TEXAS 77210-4622

PAYMENT COUPON

APPR. DIST#: 0870288

* 2 0 8 7 0 2 8 8 0 0 0 0 0 *

208-702-880-0000
THE CONTAINER STORE INC #25
THE CONTAINER STORE INC
500 FREEPORT PKWY
COPPELL, TX 75019-7420

If Paid By	Amount Due
DEC 2024	$893.81
JAN 2025	$893.81
FEB 2025	$956.38
Amount Paid:	$_____.__

208702880000005 2024 000089381 000089381 000095638 000000000