

United States Courts
Southern District of Texas
FILED

JAN 24 2025

Nathan Ochsner, Clerk of Court

Fill in this information to identify the case:

Debtor 1 The Container Store Group INC

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Texas

Case number 24-90627

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>Ameren Missouri</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? <u>Ameren Missouri/Bankruptcy Desk MC 310</u> Name <u>Po Box 66881</u> Number Street <u>Saint Louis</u> <u>MO</u> <u>63166</u> City State ZIP Code Contact phone _____ Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) <u>Ameren Missouri/Bankruptcy Desk MC 310</u> Name <u>Po Box 66881</u> Number Street <u>Saint Louis</u> <u>MO</u> <u>63166</u> City State ZIP Code Contact phone <u>314-259-7320</u> Contact email <u>uebankruptcy@ameren.com</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) _____ <div style="text-align: right;">Filed on _____ MM / DD / YYYY</div>	
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 number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>1</u> <u>0</u> <u>6</u> <u>4</u>	
7.	How much is the claim? \$ <u>2,384.82</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. <u>utility service</u>	
9.	Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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 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) _____ % <input 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)?

☒ No

☐ Yes. Check one:

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).

\$ _____

☐ 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 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 01/15/2025
MM / DD / YYYY

/s/ Janie Hovis
Signature

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

Name	<u>Janie S Hovis</u>		
	First name	Middle name	Last name
Title	<u>Credit Advisor</u>		
Company	<u>Ameren Missouri</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>PO Box 66881 MC 310 Bankruptcy</u>		
	Number	Street	
	<u>Saint Louis</u>	<u>MO</u>	<u>63166</u>
	City	State	ZIP Code
Contact phone	<u>314-259-7320</u>		
	Email <u>uebankruptcy@ameren.com</u>		

CUAR03809/00

Ameren
Account Activity StatementDate: 01/15/25
Page: 1 of 1

*** Account Information ***

Account Number: 1064

Account Status: Written Off
Customer Name: THE CONTAINER STOREMail To:
THE CONTAINER STORE
SAINT LOUIS MO 63144Requested By:
THE CONTAINER STORE
66)322-4547 Extension:

*** Current Account Status ***

Credit Amount: \$0.00 New Charges: \$0.00
 Deposit Requested: \$0.00 Current Bill: \$0.00
 Deposit On-Hand: \$0.00 Billed Prior: \$2384.82
 Suspended Charges: \$0.00 Balance Due: \$2384.82
 Service Address:
 1769 S BRENTWOOD BLVD
 SAINT LOUIS MO 63144

Current Rate(s): 1. Rate 3M Large General Service

5.
6.
7.
8.

TRANSACTION DATE	TRANSACTION	BILLING PERIOD	CHARGES/DEBITS	PAYMENT/CREDITS	TOTAL BILL	PREVIOUS BALANCE	DUE DATE	Usage: KWH/THERM/CCF	BILLED KW/DEMAND
07/16/2024	Payment								
07/23/2024	ELECTRIC SERVICE	06/20/24 TO 07/22/24	\$5633.38	\$4460.28	\$5633.38	\$0.00	08/14/24	37109	116
07/23/2024	Bill Amount - Regular Bill								
08/14/2024	Payment								
08/22/2024	ELECTRIC SERVICE	07/22/24 TO 08/20/24	\$5418.91	\$5633.38	\$5418.91	\$0.00	09/16/24	35604	112
08/22/2024	Bill Amount - Regular Bill								
09/16/2024	Payment								
09/20/2024	ELECTRIC SERVICE	08/20/24 TO 09/19/24	\$5151.47	\$5418.91	\$5151.47	\$0.00	10/14/24	33198	112
09/20/2024	Bill Amount - Regular Bill								
10/11/2024	Payment								
10/21/2024	ELECTRIC SERVICE	09/19/24 TO 10/20/24	\$3281.60	\$5151.47	\$3281.60	\$0.00	11/13/24	28067	100
10/21/2024	Bill Amount - Regular Bill								
11/13/2024	Payment								
11/20/2024	ELECTRIC SERVICE	10/20/24 TO 11/19/24	\$2347.97	\$3281.60	\$2347.97	\$0.00	12/13/24	23974	100
11/20/2024	Bill Amount - Regular Bill								
12/13/2024	Payment								
12/20/2024	ELECTRIC SERVICE	11/19/24 TO 12/19/24	\$2163.06	\$2347.97	\$2163.06	\$0.00	01/16/25	23908	100
12/20/2024	Bill Amount - Regular Bill								
01/09/2025	ELECTRIC SERVICE	12/19/24 TO 12/22/24	\$221.76		\$2384.82	\$2163.06	02/03/25	2406	100
01/09/2025	Bill Amount - Bill Final								
01/10/2025	Charge Off			\$2384.82					