

Fill in this information to identify the case:

Debtor

The Container Store Group, Inc.

United States Bankruptcy Court for the:

Southern

District of

Texas

(State)

Case number

24-90627

Modified Official Form 410

Proof of Claim

12/24

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. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?

City of Chicago

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?

Where should notices to the creditor be sent?

City of Chicago

Angelica Harb

121 N. LaSalle, Suite 400

Chicago, Illinois 60602, United States

Contact phone 3127420661

Contact email See summary page

Where should payments to the creditor be sent? (if different)

Contact phone

Contact email

Uniform claim identifier (if you use one):

4. Does this claim amend one already filed?

☒ No

☐ 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?

☒ No

☐ Yes. Who made the earlier filing?

Official Form 410

Proof of Claim

2490627250203000000000005

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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: __ __ __ __
7. How much is the claim? \$ <u>253.93</u>	Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" 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?	<p>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.</p> <p><u>Administrative Hearing Judgment</u></p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <div><input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.</div><div><input type="checkbox"/> Motor vehicle</div><div><input type="checkbox"/> Other. Describe: _____</div></div> <div>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.)</div> <div>Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)</div> <div>Amount necessary to cure any default as of the date of the petition: \$ _____</div> <div>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Identify the property: _____</div>



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:

☐ 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 \$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.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

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)(3) 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 02/03/2025
MM / DD / YYYY

/s/Angelica Harb
Signature

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

Name Angelica Harb
First name Middle name Last name

Title Assistant Corporation Counsel

Company City of Chicago
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 251-3046 | International (310) 751-2615

Debtor: 24-90627 - The Container Store Group, Inc. District: Southern District of Texas, Houston Division		
Creditor: City of Chicago Angelica Harb 121 N. LaSalle, Suite 400 Chicago, Illinois, 60602 United States Phone: 3127420661 Phone 2: Fax: Email: angelica.harb@cityofchicago.org	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Administrative Hearing Judgment	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 253.93	Includes Interest or Charges: Yes	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Angelica Harb on 03-Feb-2025 3:43:10 p.m. Eastern Time Title: Assistant Corporation Counsel Company: City of Chicago		

In re The Container Store Group, Inc., case no. 24-90627

**Calculation of Claim Amount
City of Chicago**

<u>Docket Number</u>	<u>Judgment Amount</u>	<u>Collection Costs</u>	<u>Interest thru 12/22/2024</u>	<u>Amount Paid</u>	<u>Balance Due</u>
17CP100932	140.00	\$29.74	\$87.37	\$0.00	\$253.93
TOTAL					\$253.93

Dismissed	First Name	Last Name	Business Name	Street #	Str. Dir	Street
<input type="checkbox"/>			CONTAINER STO	1108	S	DELANO C
<input type="checkbox"/>						
<input type="checkbox"/>						

Gross Amount Due:	257.11
Total Amount Paid:	0.00
Current Balance:	253.93

Hardship: Bankruptcy - ARMS statu

Violation Address Information		
Street #	Str. Dir	Street Name
100		UNKNOWN
City	State	Zip
<input type="checkbox"/> Manually Changed ?		



IN THE CITY OF CHICAGO, ILLINOIS
DEPARTMENT OF ADMINISTRATIVE HEARINGS

		Address of Violation:
CITY OF CHICAGO , a Municipal Corporation, Petitioner,)	100 Unknown
)	
v.)	
)	
Container Store)	Docket #: 17CP100932
1108 S DELANO CT)	
CHICAGO, IL 60605)	Issuing City
)	Department: Police
, Respondent.)	

FINDINGS, DECISIONS & ORDER

This matter coming for Hearing, notice given and the Administrative Body advised in the premises, having considered the motions, evidence and arguments presented, IT IS ORDERED: As to the count(s), this tribunal finds by a preponderance of the evidence and rules as follows:

<u>Finding</u>	<u>NOV#</u>	<u>Count(s)</u>	<u>Municipal Code Violated</u>	<u>Penalties</u>
Default - Liable by prove-up	P005325136	1	8-4-056(b) False Burglar Alarm	\$100.00

Sanction(s):

Admin Costs: \$40.00

JUDGMENT TOTAL: \$140.00

Balance Due: \$140.00

Respondent is ordered to come into immediate compliance with any/all outstanding Code violations.

You have 21 days from the above mailing date to file a motion to set-aside (void) this default order for good cause with the Dept. of Administrative Hearings (400 W. Superior). You may have more than 21 days if you can show you were not properly served with the violation notice. Your right to appeal this order to the Circuit Court of Cook County (Daley Center 6th Fl.) may be prohibited by the Court if you fail to first file a motion to set-aside with the Dept. of Administrative Hearings.

ENTERED: Mark Boyle

19

Dec 12, 2017

Administrative Law Judge

ALO#

Date _____

This Order may be appealed to the Circuit Court of Cook Co. (Daley Center 6th Fl.) within 35 days by filing a civil law suit and by paying the appropriate State mandated filing fees.

Pursuant to Municipal Code Chapter 1-19, the city's collection costs and attorney's fees shall be added to the balance due if the debt is not paid prior to being referred for collection.

17CP100932

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