

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?	San Diego County Treasurer Tax Collector	
	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?	Where should notices to the creditor be sent? See summary page	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Contact phone Contact email	Contact phone Contact email
	See summary page	
	Uniform claim identifier (if you use one):	
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?	



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>5401</u> <u> </u> <u> </u>
7. How much is the claim? \$ <u>6381.90</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?	<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>Personal Property/ Fixtures</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>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div> Basis for perfection: _____ <small>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.)</small> 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.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <div><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div></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).

\$ 6381.90

☐ 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 07/03/2025
MM / DD / YYYY

/s/Damaris Villalobos
Signature

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

Name Damaris Villalobos
First name Middle name Last name

Title Treasurer Tax Collector Specialist

Company San Diego County Treasurer Tax Collector
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1600 Pacific Highway Suite 162, Attn: Bk Desk , San Diego , CA , 92101

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: San Diego County Treasurer Tax Collector 1600 Pacific Highway Suite 162 Attn BK Desk San Diego , CA , 92101 Phone: Phone 2: Fax: Email: damaris.villalobos1@sdcounty.ca.gov	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: Personal Property/ Fixtures	Last 4 Digits: Yes - 5401	Uniform Claim Identifier:
Total Amount of Claim: 6381.90	Includes Interest or Charges: No	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(8): 6381.90	
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: Damaris Villalobos on 03-Jul-2025 9:33:27 a.m. Pacific Time Title: Treasurer Tax Collector Specialist Company: San Diego County Treasurer Tax Collector Optional Signature Address: 1600 Pacific Highway Suite 162 Attn: Bk Desk San Diego , CA , 92101 Telephone Number: Email:		

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

Request for Payment of Administrative Expense

THIS FORM SHOULD ONLY BE USED FOR CLAIMS THAT ARE ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. § 503(b)(1) through § 503(b)(8), and should not be used to assert a claim entitled to priority under 11 U.S.C. § 503(b)(9).

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.

Part 1: Identify the Administrative Expense

1. Who is the current claimant?	<u>San Diego County Treasurer-Tax Collector</u> Name of the current claimant (the person or entity to be paid for this claim) Other names the claimant used with the debtor _____	
2. Has this administrative expense 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 claimant be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the claimant be sent? <u>San Diego County Treasurer-Tax Collector</u> Name <u>1600 Pacific Highway, Rm 162 Attn: BK Desk</u> Number Street <u>San Diego, CA 92101</u> City State ZIP Code Contact phone <u>619-531-5209</u> Contact email <u>Damaris.villalobos1@sdcounty.ca.gov</u>	Where should payments to the claimant be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
4. Does this request for payment 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 request for payment for this expense?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Administrative Expense

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: 5401

7. How much is the administrative expense?

\$ 6,381.90

** Fees attach pursuant to California Revenue and Taxation Code Sections 2704, 2705, 2706, 4103, 4103(b) or 2922.

CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this request for payment. In filing this request for payment, claimant has deducted all amounts that claimant owes to debtor.

8. What is the basis of the administrative expense?

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.

Personal Property/ Fixtures

Part 3: Sign Below

The person completing this request for payment of this administrative expense must sign and date it. FRBP 9011(b).

If you file this request for payment 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 claimant.

☒ I am the claimant'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 Request for Payment of Administrative Expense serves as an acknowledgment that when calculating the amount of the claim, the claimant gave the debtor credit for any payments received toward the debt.

I have examined the information in this Request for Payment of Administrative Expense 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 07/03/2025 (mm/dd/yyyy)


Signature

Print the name of the person who is completing and signing this request for payment:

Name Damaris Villalobos
First name Middle name Last name

Title Treasurer-Tax Collector Specialist

Company San Diego County Treasurer-Tax Collector
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1600 Pacific Highway, Rm 162 Attn: BK Desk
Number Street

San Diego, CA 92101
City State ZIP Code

Contact phone 619-531-5261 Email damaris.villalobos1@sdcounty.ca.gov

IMPORTANT DEMAND DATE
PAY BY → AT ONCE

CONTAINER STORE INC THE STORE
#21
C/O RYAN LLC
PO BOX 802206
DALLAS TX 75380

Description of Property: 1-PERSONAL PROPERTY/FIXTURES
Property Location: 7097 FRIARS RD

2025

UNSECURED PROPERTY TAX BILL
COUNTY OF SAN DIEGO STATE OF CALIFORNIA

DAN MCALLISTER
TREASURER-TAX COLLECTOR
1600 PACIFIC HIGHWAY ROOM 162
SAN DIEGO, CA 92101-2477
TEL (877) 829-4732

Year	Bill Number	Tax Rate Area
25	057544	008001

Account Number

142-3146000

STATUS: OPEN

PROPERTY VALUES AND EXEMPTIONS	
Description	Assessed Values
LAND	122,317
IMPROVEMENTS	122,317
TOTAL L & I	397,365
PERSONAL PROPERTY	
EXEMPTIONS	
HOMEOWNERS'	
OTHER	
NET TAXABLE VALUE	519,682

ANY QUESTIONS ABOUT THE ASSESSED VALUES OR TO WHOM THIS TAX BILL SHOULD BE ASSESSED SHOULD BE ADDRESSED TO:

COUNTY ASSESSOR
ROOM 103,
1600 PACIFIC HWY.
SAN DIEGO, CA 92101

TELEPHONE NUMBERS:

ASSESSMENTS:
Boats and Aircraft (858) 505-6200
Business (858) 505-6100
Realty (858) 505-6262

EXEMPTIONS:
Homeowner (619) 531-5772
Institutional (619) 531-5763

CREDIT CARD PAYMENTS:
Pay by phone: (855) 829-3773
Pay online: www.sdttc.com

QUESTIONS ABOUT TAX PAYMENTS, AND REFUNDS, PENALTIES OR COLLECTION PROCEDURES SHOULD BE DIRECTED TO THE TREASURER-TAX COLLECTOR
TOLL FREE: (877) 829-4732
Hearing Impaired: (877) 735-2929
www.sdttc.com

DETAIL OF TAX INFORMATION		
Rates and Descriptions		Tax Amounts
RATE	1.22804	NET TAX TOT DUE
		6,381.90 6,381.90
TOTAL DUE		6,381.90
TOTAL PAID		.00
BALANCE DUE		6,381.90

Mail STUB with your PAYMENT. Put Tax Bill Number on your CHECK.
Your Cancelled Check is your best RECEIPT and Proof of Payment.

2025

NOTICE: This Tax Bill is Payable on Demand TR8541
UNSECURED PROPERTY TAXES Send this STUB with your PAYMENT
Make remittance Payable To: San Diego County Treasurer-Tax Collector

Year - Bill Number
25 057544

BALANCE DUE: \$6,381.90

CONTAINER STORE INC THE STORE
#21
C/O RYAN LLC
PO BOX 802206
DALLAS TX 75380

BANKRUPTCY #24-90027
F: 2/22/24

IMPORTANT INFORMATION ABOUT YOUR UNSECURED TAX BILL

LIEN DATE

Taxes for Unsecured personal property tax bills are due on the lien date (January 1) for the year being assessed. A Due Date, or date to pay by, is set based on the Enrollment Date. The liability for taxes attaches annually as of 12:01 a.m. on the first of January preceding the fiscal year for which the taxes are levied.

PENALTIES

If not paid in full, a 10% delinquent penalty will be added on September 1st, or on the first business day of the second month following the Enrollment date, unless this is a bill that was transferred from the Secured Roll with the 10% penalty already added. An additional 1.5% penalty will be added on November 1st, or on the first business day of the third month following the Enrollment Date, and continue to be added monthly thereafter, until paid. If this bill was transferred with a 10% penalty already added, the 1.5% penalty will be added immediately, and will continue to be added monthly thereafter, until paid.

TO OBTAIN A TAX BILL OR CHANGE MAILING ADDRESS

If you do not receive all of your tax bills by August 1, call or write the Tax Collector at (877) 829-4732 or 1600 Pacific Highway, Room 162, San Diego, California 92101-2477. **FAILURE TO RECEIVE A TAX BILL WILL NOT PREVENT PENALTIES FROM BEING IMPOSED ON A LATE PAYMENT. (R & T Code Section 2910.1) It is the owner's responsibility to pay property taxes on time. Please ensure that the Assessor has your current mailing address.** For changes to the mailing address shown on this bill, go to www.sdtcc.com or contact the County Assessor at (858) 505-6100.

EXTENSION OF TIME

When the delinquent date falls on a Saturday, Sunday, or legal holiday, the time for payment is extended to the next business day. For Corrected bills and Escrow bills on a Four Year Payment plan, penalties will not apply and will be cancelled if payment of the balance due is paid on or before the extension date provided.

MAIL EARLY

Payments sent through the mail are considered received on the U.S. Postal Service Postmark Date.

CREDIT CARD PAYMENTS

Credit card payments are accepted online at www.sdtcc.com or by phone at (855) 829-3773.

A credit card fee will be added to your tax payment based on the amount of the payment processed. These fees are charged by the credit card processor. NOT the County of San Diego. The fees will be disclosed prior to any transaction being processed.

PAYMENT BY CHECK

Make your check payable to SAN DIEGO COUNTY TREASURER-TAX COLLECTOR and write your bill number on your check. To ensure faster processing of your payments, please include the original payment stub with your check. Check payments received in the mail without the original payment stub (including checks initiated through online banking) may take several days to process. Partial payments are not accepted. Any check returned unpaid by the bank will incur a \$25.00 fee, and penalties will apply if the check is returned after the delinquent date. You may also pay by e-Check at www.sdtcc.com.

OFFICE LOCATIONS

DOWNTOWN SD
1600 Pacific Highway, Rm 162, San Diego, CA 92101
CHULA VISTA
590 Third Avenue, Chula Vista, CA 91910
EL CAJON
200 S. Magnolia Avenue, El Cajon, CA 92020
KEARNY MESA
9225 Clairemont Mesa Blvd., San Diego, CA 92123
SAN MARCOS
141 E. Carniel St., San Marcos, CA 92078-2638
Please visit www.sdtcc.com for hours of operation.
PAY BY PHONE: (855) 829-3773 | QUESTIONS: (877) 829-4732

ENFORCEMENT OF COLLECTION

Unsecured taxes may be collected by recording a Certificate of Tax Lien against the party named as the Assessee, placing a lien on the title to the property, registrations, or licenses, by Suit in Court, Summary Judgment, and/or Seizure and Sale of any property belonging to or assessed to the Assessee. In addition to the collection of taxes and penalties, the Treasurer-Tax Collector may also collect actual costs of collection incurred by the County up to the time the delinquency is paid.

COLLECTION OF TAX DURING APPEAL

Collection efforts will not cease during an appeals review by the Assessor or by the Assessment Appeals Board. If the Assessor or Assessment Appeals Board initiates action to cancel or reduce the value, a refund will automatically be made, including applicable statutory interest, after the Auditor has corrected the tax roll.

ESCROWS

DO NOT return this bill with the statement that all taxes were paid in escrow. Tax bills placed on the unsecured tax roll are the personal liability of the party whose name appears as the Assessee on the tax bill. The County will not prorate this tax bill; any proration of the tax is a matter between the seller and the buyer. This office can only look to the Assessee(s) for payment.

CORRECTED BILLS

If this bill is a Corrected bill, and payment of the original bill was made prior to the correction, there may be a refund pending. Any refund will first be applied to other unpaid tax bills for the same Assessee; otherwise, a refund will automatically be issued within 6 to 8 weeks to the party who made the payment.

ASSESSMENT INFORMATION

ASSESSMENT

Annually, the Assessor shall assess all the taxable property in the county, except state-assessed property, to the party owning, claiming, possessing or controlling it at 12:01 a.m. on the lien date. The lien date determines the obligation to pay taxes. The disposal of property after the lien date does not relieve the Assessee of their responsibility for payment of the tax. This tax bill is issued subject to the right of the Assessor to further examine and investigate the taxable status of the person, firm, or corporation to whom this bill is issued.

EXEMPTIONS

Application for exemption must be filed within the dates prescribed by law. Contact the Assessor's Office for questions about qualifying or filing for an Exemption: for Real Property Exemptions call (619) 531-5772, for Institutional Exemptions call (619) 531-5763, for Dealer Inventory on Boats or Aircraft, Commercial Fishing/Oceanographic Research, Historical Aircraft, or Servicemember's Civil Relief Act Exemptions call (858) 505-6200. Forms for filing exemptions may be obtained from the Assessor's website at www.sdtcc.com.

VALUATIONS

For questions concerning assessed value, please call the Assessor's Office: BUSINESS (858) 505-6100, BOATS & AIRCRAFT (858) 505-6200, MOBILE HOMES (619) 531-5478, POSSESSORY INTEREST (858) 505-6081, FAILURE TO FILE (619) 531-5848, or call CHULA VISTA (619) 236-3771, EL CAJON (619) 441-1427, SAN MARCOS (760) 631-7916, or KEARNY MESA (858) 505-6262.

RIGHT TO APPEAL

If you disagree with the assessed value shown on the front of this bill, you have the right to file an Assessment Appeal through November 30. Filing an Assessment Appeal does not relieve the applicant from the obligation to pay the taxes on the subject property on or before the applicable due date shown on the tax bill. For assessment appeal forms and information, visit the Clerk of the Board of Supervisor's web site at www.sandiegocb.com or call their office at (619) 531-5777. After November 30, if you disagree with the assessed value, you may request an assessment review for the next tax year by visiting the Assessor's website at www.sdtcc.com or by calling (858) 505-6262.

HELP US IMPROVE SERVICE TO YOU
Write the year(s) and bill number(s) on the face of your check.

Send this stub with your payment.

SAVE TIME... PAY ONLINE
www.sdtcc.com

CONTAINER STORE INC THE STORE
#21
C/O RYAN LLC
PO BOX 802206
DALLAS TX 75380

DAN McALLISTER
TREASURER-TAX COLLECTOR
ATTENTION: Bankruptcy Desk
1600 Pacific Highway, Room 162
San Diego, California 92101
Telephone (619) 531-5209
Facsimile (619) 685-2589

Attachment

1. The San Diego County Treasurer-Tax Collector reserves the right to amend this request for allowance of claim based on any further assessment of property taxes or investigation/audit of property taxes associated with the named debtor(s) in this bankruptcy case.
2. The San Diego County Treasurer-Tax Collector reserves the right to amend this request for allowance of claim in accordance with any applicable federal and state law, including, but not limited to, modifying the claim as an administrative expense under 11 U.S.C. § 503, as a secured claim under 11 U.S.C. § 506, and as a priority unsecured claim under 11 U.S.C. § 507 throughout the administration of this bankruptcy case.
3. The San Diego County Treasurer-Tax Collector reserves the right to amend this claim to state its unsecured non-priority claim and its unsecured priority claim under 11 U.S.C. § 507(a)(8)(B) in the event that the value of the collateral, to which secures the San Diego County Treasurer-Tax Collector's claim, be determined to be less than the amount of the secured claim or should the San Diego County Treasurer-Tax Collector's lien be avoided in whole or in part.
4. The San Diego County Treasurer-Tax Collector reserves the right to amend this request for allowance of claim to add additional penalties and interest if legally permissible under the California Revenue & Tax Code, Bankruptcy Code, and other applicable state and federal law.
5. The San Diego County Treasurer-Tax Collector reserves the right to assess legal fees and costs incurred after this proof of claim is filed, if such fees and costs are legally permissible under applicable state and federal law.
6. This attachment shall not be deemed as a waiver of any rights or remedies which are not expressly reserved.

