

Your claim can be filed electronically on KCC's website at <https://epoc.kccllc.net/autoplus>.

ID: 25788764

PIN: e5qvkNq4

United States Bankruptcy Court for the Southern District of Texas, Houston Division

Indicate Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor per claim form.)

- IEH Auto Parts Holding LLC (Case No. 23-90054)
- AP Acquisition Company Clark LLC (Case No. 23-90053)
- Auto Plus Auto Sales LLC (Case No. 23-90055)
- AP Acquisition Company New York LLC (Case No. 23-90056)
- IEH Auto Parts LLC (Case No. 23-90057)
- IEH Auto Parts Puerto Rico, Inc. (Case No. 23-90058)
- IEH BA LLC (Case No. 23-90059)
- AP Acquisition Company Gordon LLC (Case No. 23-90060)
- AP Acquisition Company Washington LLC (Case No. 23-90061)
- AP Acquisition Company Massachusetts LLC (Case No. 23-90062)
- AP Acquisition Company Missouri LLC (Case No. 23-90063)
- AP Acquisition Company North Carolina LLC (Case No. 23-90064)
- IEH AIM LLC (Case No. 23-90065)

# 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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

**Part 1: Identify the Claim**

NameID: 15092232

1. **Who is the current creditor?** 449-500 Main LLC  
 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?** **Where should payments to the creditor be sent? (if different)**

449-500 Main LLC  
500 Main St., Ste. 5  
Deep River, CT 06417

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Name SAME  
 Number \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Address \_\_\_\_\_  
 Contact phone 860-526-3535  
 Contact email cvppdrcreat.net  
 Country \_\_\_\_\_  
 Contact phone \_\_\_\_\_  
 Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one): \_\_\_\_\_

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**KURTZMAN CARSON CONSULTANTS**

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? \_\_\_\_\_



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?  No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9322

7. How much is the claim? \$ 2,786.93 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. rent advanced - NSF - Feb 2023

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 the 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:

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 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) %

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. \$ 2786.93

11. Is this claim subject to a right of setoff?  No  Yes. Identify the property:



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12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

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).

\$ 2786.93

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 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)(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 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

3/31/2023

MM / DD / YYYY

Signature

*Maria Chuat*

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

Name

Maria Chuat

First name

Middle name

Last name

Title

managing member

Company

448-500 Main LLC

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

500 Main St Ste 5

Number Street

Deep River CT 06417

City

State

ZIP Code

Country

Contact phone

800-526-3535

Email

att. cvip@ctc.net

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APR 10 2023

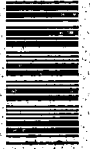
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KEYBANK NATIONAL ASSOCIATION  
555 PATROON CREEK BLVD.  
ALBANY, NY 12206

Advice Number : 100580  
Date : February 07, 2023  
Dep Acct : 090/000777401000651  
Chg Acct : 000777401000651  
Page 1 of 2  
42



42

NNNN

448-500 MAIN LLC  
PO BOX 472  
OLD SAYBROOK CT 06475-0472

SEQ #	DEPOSIT DATE	DEPOSIT AMT	ACCOUNT #	SERIAL/ CHECK #	CHECK #	CHECK AMT
REASON			FULL MAKER NAME	DEPOSIT REF #		
516	02/02/2023	13,857.43	002220079322	0001020820		2,786.93
NSF - NOT SUFFICIENT FUNDS						

1 Returned Item(s) totaling : \$2,786.93  
Total debited from your account (advice # 100580): \$2,786.93  
Detach the following substitute check(s) to use for collection purposes

\*021300077\*  
02/07/2023  
0000001300002160

This is a LEGAL COPY of  
your check. You can use it  
the same way you would  
use the original check

Return Reason A  
NSF - Not Sufficient Funds

021300077 02/02/2023  
1300002160

Check background area changes color gradually from top to bottom.

IEH AUTO PARTS LLC  
112 TOWNPARK DRIVE NW  
SUITE 300  
KENNESAW, GA 30144

**Auto Plus**

1020820  
January 25, 2023  
62-153/112  
VOID AFTER 90 DAYS

Amount: \*\*Two Thousand Seven Hundred Eighty-Six dollars and 93 cents\*\*

Pay to the order of 448-500 MAIN LLC

Bank of America N.A.  
South Portland, ME

Return Reason A  
NSF - Not Sufficient Funds

*Walter Spencer*  
AUTHORIZED SIGNATURE

00001020820 0011201539 002220079322

00001020820 0011201539 002220079322 0000278693

Advice Number : 100580  
Date : February 07, 2023  
Dep Acct : 090/000777401000651  
Chg Acct : 000777401000651  
Page 2 of 2  
42

What is a substitute check? To make check processing faster, federal law permits banks to replace original checks with "substitute checks." These checks are similar in size to original checks with a slightly reduced image of the front and back of the original check. The front of a substitute check states: "This is a legal copy of your check. You can use it the same way you would use the original check." You may use a substitute check as proof of payment just like the original check. Some or all of the checks that you receive back from us may be substitute checks. This notice describes rights you, as a consumer, have when you receive substitute checks from us. The rights in this notice do not apply to original checks or to electronic debits to your Account. However, you have rights under other law with respect to those transactions.

What are your rights as a consumer regarding substitute checks? In certain cases, federal law provides a special procedure that allows you to request a refund for losses you suffer if a substitute check is posted to your Account (for example, if you think that we withdrew the wrong amount from your Account or that we withdrew money from your Account more than once for the same check). The losses you may attempt to recover under this procedure may include the amount that was withdrawn from your Account and fees that were charged as a result of the withdrawal (for example, bounced check fees). The amount of your refund under this procedure is limited to the amount of your loss or the amount of the substitute check, whichever is less. You also are entitled to interest on the amount of your refund if your Account is an interest-bearing Account. If your loss exceeds the amount of the substitute check, you may be able to recover additional amounts under other law. If you use this procedure, you may receive up to \$2,500 of your refund (plus interest if your Account earns interest) within 10 business days after we received your claim and the remainder of your refund (plus interest if your Account earns interest) not later than 45 calendar days after we received your claim. We may reverse the refund (including any interest on the refund) if we later are able to demonstrate that the substitute check was correctly posted to your Account.

How should you as a consumer make a claim for a refund? If you believe that you have suffered a loss relating to a substitute check that you received and that was posted to your Account, please contact us by calling 1-800-KEY2YOU (1-800-539-2968) (TDD 1-800-762-4833), or write: KeyBank, Customer Disputes, P.O. Box 1803, Dayton, Ohio 45401-1803. You must contact us within 40 calendar days of the date that we mailed (or otherwise delivered by a means to which you agreed) the substitute check in question or the Account statement showing that the substitute check was posted to your Account, whichever is later. We will extend this time period if you were not able to make a timely claim because of extraordinary circumstances. Your claim must include-A description of why you have suffered a loss (for example, you think the amount withdrawn was incorrect); An estimate of the amount of your loss; An explanation of why the substitute check you received is insufficient to confirm that you suffered a loss; and a copy of the substitute check and the following information to help us identify the substitute check: (identifying information, for example the check number, the Account number, your name, the name of the person to whom you wrote the check, the amount of the check and the posting date the check appears on your statement). If you tell us orally, we may require that you send us your request for a refund in writing within 10 business days after the banking day on which the bank received your oral notice. If we ask you to put your request for a refund in writing and we do not receive it within 10 business days, we may not credit your Account. If we decide your claim is not valid, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation. For more information about Check 21 please visit [www.key.com/check21](http://www.key.com/check21).

17074100

02/02/2023 12:55 DUNFERO 427046053065 KeyBank >021300077< DEP

>021300077< 02/02/2023  
000901300002160

ENDORSE CHECK HERE  
FOR DEPOSIT ONLY

DEPOSIT ONLY  
DEPOSIT ONLY BANK ENDORSEMENT

5015000000

Do not endorse or write below this line.