Fill in this information to identify the case:						
Debtor 1 Hometown Buffet, Inc.						
Debtor 2 (Spouse, if filing)						
United States Bankruptcy Court for the: Northern District of Texas, Dallas Division						
Case number 21-30724-11						

E-Filed on 05/11/2021 Claim # 72

Official Form 410

Proof of Claim

04/19

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.

F	Part 1: Identify the C	laim						
1.	Who is the current creditor?	Name of the current cred	Hometown Buffet Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor HOMETOWN BUFFET #298					
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 notic	es to the credito	r be sent?	Where should payments to the creditor be sent? (if different)			
		City of Turlock						
	Federal Rule of	Name			Name			
	Bankruptcy Procedure (FRBP) 2002(g)	156 S Broadway Suite 114 Number Street			Number Street			
		Turlock	CA	95380				
		City	State	ZIP Code	City	State	ZIP Code	
		Contact phone (209)	668-5570		Contact phone			
		Contact email Finan	ce@turlock.ca	.us	Contact email			
		Uniform claim identifier t	for electronic paymei	nts in chapter 13 (if you u	use one):			
4.	Does this claim amend one already filed?	✓ No✓ Yes. Claim numb	per on court claim	s registry (if known) _		Filed on	D / YYYY	
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made	the earlier filing?					

.	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: 3 0 0 2						
7.	How much is the claim?	\$						
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).						
3.	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.						
		Services Performed						
— Э.	Is all or part of the claim secured?	≝ No						
	secureu :	☐ 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 <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .						
		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 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)%						
		☐ Fixed ☐ Variable						
10.	Is this claim based on a	☑ No						
	lease?	☐ 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	Ø	No					
entitled to priority under 11 U.S.C. § 507(a)?		Yes. Check	one:			Amount entitled	to priority
A claim may be partly priority and partly nonpriority. For example,			c support obligations (including al c. § 507(a)(1)(A) or (a)(1)(B).	imony and child support)	under	\$	0.00
in some categories, the law limits the amount entitled to priority.							0.00
, ,		bankrupt	salaries, or commissions (up to \$cy petition is filed or the debtor's 5. \$507(a)(4).	13,650*) earned within 18 business ends, whicheve	0 days before the r is earlier.	\$	0.00
		☐ Taxes or	penalties owed to governmental	units. 11 U.S.C. § 507(a)	(8).	\$	0.00
		☐ Contribu	tions to an employee benefit plan	\$	0.00		
		Other. S	pecify subsection of 11 U.S.C. § 5	507(a)() that applies.		\$	0.00
		* Amounts a	e subject to adjustment on 4/01/22 an	d every 3 years after that for	cases begun on or aft	er the date of adjustr	nent.
Part 3: Sign Below							
The person completing this proof of claim must	Ched	ck the approp	oriate box:				
sign and date it. FRBP 9011(b).		I am the cred					
If you file this claim			ditor's attorney or authorized ager				
electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
5005(a)(2) authorizes courts	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
to establish local rules specifying what a signature	Lundarstand that an outhorized signature on this Deserve of Olemen and a second deserve that the control of the						
is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.						
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.						
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.						
3571.	Executed on date 05/11/2021 MM / DD / YYYY						
		isa Allen Signature					
		J					
	Print	t the name o	f the person who is completing	g and signing this claim	:		
	Name	е	Lisa Allen First name	Middle name	Last name		
	T:41a		Account Clerk II	Wilding Harrie	Last name		
	Title						
	Comp	pany	City of Turlock Identify the corporate servicer as the	company if the authorized a	agent is a servicer.		
	Addre	ess	Number Street				
							
	_		City	State			
	Conta	act phone		Emai	<u> </u>		

Attachment 1 - CASE 21-30721 PROOF OF CLAIM SUPPORTING DOCUMENTS.pdf

Description - Transaction statements for utility services plus proof of no longer actively seeking collections for written off balances.

Transaction Statement

Service Address

1665 COUNTRYSIDE DR TURLOCK, CA 95380



Finance Department 156 S. Broadway, Suite 114 Turlock, CA 95380 (209) 668-5570 Fax (209) 668-5565

Mailing Address

HOMETOWN BUFFET #298 2338 NORTH LOOP 1604 WEST SUITE35 SAN ANTONIO, TX 78248

Account Number	Amount Due
913731-001	\$0.00

Account Number From - Through 913731-001 10/17/2020 - 05/11/2021

Service Address

1665 COUNTRYSIDE DR TURLOCK, CA 95380

Beginning Balance

\$0.00

Services

Water & Sewer Metered Garbage

Date	Type	Amount	Description
10/17/2020	Bill	\$547.80	Due Date 11/07/2020
11/12/2020	Penalty	\$25.00	
11/17/2020	Bill	\$547.89	Due Date 12/07/2020
12/14/2020	Penalty	\$25.00	
12/17/2020	Bill	\$547.84	Due Date 01/07/2021
01/12/2021	Penalty	\$25.00	
01/13/2021	Move Out Bill	\$569.37	Due Date 01/29/2021
05/06/2021	Bad Debt	(\$2,287.90)	Adjustment Reason: Bad Debt Third Party (Collections)

Total Due

\$0.00

City Of Turlock Search	ih							495 495	2 5 H 2 × H 4 Ø 0		
myFavorites Financial Management Utility	Management Commu	unity Development	Maintenance	* 11 or 11 - 1	And the second second		N MANAGEMENT	The state of the state of	OATO AT INVESTIGATION	(Francisco)	(
Customer Service											
@ ® «	Bad Debt							Z) 🗐	ø	
Account 913731-001 Address Name Go Recent Accounts Reset	Account Number Some Service Address Name Phone	913731-001 1665 COUNTRYSIDE TURLOCK CA 95380 HOMETOWN BUFFET (209) 668-2172				Account 7	ofile Due Type Con lass Insided In 12/0 Out 01/1	on 7th nmercial de 06/1999	P 72.11.11.14		
Customer Service 913731-001 - Inactive 1 HOMETOWN BUFFET #298 1665 COUNTRYSIDE DR © Transactions Services Ser	8 9 9 9 9 9 9 9 9 9	2021	Date 05/06/2021 05/06/2021 05/06/2021 04/20/2021	\$ 45	activ	Administrat	Balance ive Fees Cleared ang Balance \$	\$2,287.9 \$0.00 \$2,287.9 \$2,287.90 \$2,287.90	0 P	A	

Refresh

Transaction Statement

Service Address

1665 COUNTRYSIDE DR TURLOCK, CA 95380



Finance Department 156 S. Broadway, Suite 114 Turlock, CA 95380 (209) 668-5570 Fax (209) 668-5565

Mailing Address

HOMETOWN BUFFET #298 2338 NORTH LOOP 1604 WEST SUITE35 SAN ANTONIO, TX 78248

Account Number	Amount Due
L914037-001	\$0.00

Account Number From - Through
L914037-001 10/17/2020 - 05/11/2021

Service Address

1665 COUNTRYSIDE DR TURLOCK, CA 95380

Beginning Balance

\$0.00

Services
Garbage
Water Metered

Date	Type	Amount	Description
10/17/2020	Bill	\$103.79	Due Date 11/07/2020
11/12/2020	Penalty	\$25.00	
11/17/2020	Bill	\$108.21	Due Date 12/07/2020
12/14/2020	Penalty	\$25.00	
12/17/2020	Bill	\$107.43	Due Date 01/07/2021
01/12/2021	Penalty	\$25.00	
01/13/2021	Move Out Bill	\$96.22	Due Date 01/29/2021
05/06/2021	Bad Debt	(\$490.65)	Adjustment Reason: Bad Debt Third Party (Collections)

Total Due

\$0.00

City Of Turlock 99+ Search myFavorites | Financial Management | Utility Management | Community Development | Maintenance Customer Service (D) (A) (W) **Bad Debt** 4 Account L914037-001 Account Number L914037-001 Billing Profile Due on 7th Address 1665 COUNTRYSIDE DR Account Type Landscape Metered Service Address **TURLOCK CA 95380** Class Inside Name **HOMETOWN BUFFET #298** Date Moved In 12/24/1999 Phone (209) 668-2172 Date Moved Out 01/13/2021 Go Recent Accounts Reset Number of Units 1 Batch UT BAD DEBT INACTIVE AS OF 1-31-21 DONE 5-6-2021 Customer Service L914037-001 - Inactive HOMETOWN BUFFET #298 1665 COUNTRYSIDE DR Original Bad Debt Balance \$490.65 (2) Type Assign to Collection Agency Write Off Balance \$490.65 (5) Date 05/06/2021 As of Date 05/06/2021 Administrative Fees \$0.00 Transactions Agency Amount Cleared \$490.65 S Bad Debt ☐ Services Garbage (Inactive) × s 🗱 Date & & Event Amount Resulting Balance 袋 Water Metered (Inactive) X Write Off 05/06/2021 \$490.65 \$490.65 Associated Customers (0) Third Party 05/06/2021 Payment Plan Identify 05/06/2021 \$490.65 \$490.65 (1 open) Work Orders Cleared 04/20/2021 \$490.65 Billing Items (0) **७** User Defined ✓ 🖺 Deposits (0) Documents (3) # Cleared indicates no longer actively Collecting. - LA
1-4 of 4 records

Re- 4 Prev 1 Next > -4 Show 50 records

Refresh