

Fill in this information to identify the case:

Debtor 1 Food Management Partners, Inc.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Texas, Dallas Division

Case number 21-30730-11

E-Filed on 05/19/2021
Claim # 108

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.

Part 1: Identify the Claim

1. **Who is the current creditor?** Sandy Alexander Inc
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor Dinetec

2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Linda Anselmi</u> Name <u>200 Entin Rd</u> Number Street <u>Clifton NJ 07010</u> City State ZIP Code Contact phone <u>(973) 968-3216</u> Contact email <u>ar@sandyinc.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email

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: 7 7 9 9

7. How much is the claim? \$ 18,514.23. 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.
Goods Sold

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 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 lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ 0.00

11. Is this claim subject to a right of setoff? No 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:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,025* 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 \$13,650*) 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.

Amount entitled to priority

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

* Amounts are subject to adjustment on 4/01/22 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 05/19/2021
MM / DD / YYYY

Linda Anselmi

Signature

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

Name Linda Anselmi
First name Middle name Last name

Title Accounts Receivable Manager

Company Sandy Alexander Inc
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City State ZIP Code

Contact phone _____ Email _____

Attachment 1 - 44101011.pdf

Description -



200 Entin Road
Clifton, New Jersey 07014
(973) 470-8100

Remit To: Sandy Alexander, Inc.
P.O. Box 824263
Philadelphia, PA. 19182-4263

Overnight Address

Sandy Alexander, Inc.
Lockbox # 824263
525 Fellowship Rd., Site 330
Mt. Laurel, NJ 08054-3415

Bank Wire/ACH Information

Beneficiary Bank: PNC Bank NA
Beneficiary Name: Sandy Alexander, Inc.
Bank Address:
340 Madison Ave. New York, NY 10173
ABA #: 031207607
Account #: 8040405252

Food Management Partners/Furr's
Misty Moren
120 Chula Vista
Hollywood Park, TX 78232

Invoice No.: 44101011

Invoice Date: 7/31/20

Order Date: 7/10/20

Job: 44101

Customer Number: 7799

Salesperson: Luke Westlake

Purchase Order Number:
Quantity Description

Unit Price UOM

Price

19,322 Furr's Signage Kits (13)

\$6,741.00

Net Sales: \$6,741.00

Tax: \$340.94

Invoice Total: \$7,081.94

Terms: Due in 30 days

Attachment 2 - 43573011.pdf

Description -



200 Entin Road
Clifton, New Jersey 07014
(973) 470-8100

Remit To: Sandy Alexander, Inc.
P.O. Box 824263
Philadelphia, PA. 19182-4263

Overnight Address

Sandy Alexander, Inc.
Lockbox # 824263
525 Fellowship Rd., Site 330
Mt. Laurel, NJ 08054-3415

Bank Wire/ACH Information

Beneficiary Bank: PNC Bank NA
Beneficiary Name: Sandy Alexander, Inc.
Bank Address:
340 Madison Ave. New York, NY 10173
ABA #: 031207607
Account #: 8040405252

Food Management Partners/Furr's
Misty Moren
120 Chula Vista
Hollywood Park, TX 78232

Invoice No.: 43573011

Invoice Date: 7/17/20

Order Date: 7/2/20

Job: 43573

Customer Number: 7799

Salesperson: Luke Westlake

Purchase Order Number:
Quantity Description

Unit Price UOM Price

Quantity	Description	Unit Price	UOM	Price
7	Furr's-ID Ghost Kitchen Banner Reprint			\$680.00

Net Sales: \$680.00

Tax: \$56.10

Invoice Total: \$736.10

Terms: Due in 30 days

Attachment 3 - 41434011.pdf

Description -



200 Entin Road
Clifton, New Jersey 07014
(973) 470-8100

Remit To: Sandy Alexander, Inc.
P.O. Box 824263
Philadelphia, PA. 19182-4263

Overnight Address

Sandy Alexander, Inc.
Lockbox # 824263
525 Fellowship Rd., Site 330
Mt. Laurel, NJ 08054-3415

Bank Wire/ACH Information

Beneficiary Bank: PNC Bank NA
Beneficiary Name: Sandy Alexander, Inc.
Bank Address:
340 Madison Ave. New York, NY 10173
ABA #: 031207607
Account #: 8040405252

Food Management Partners/Furr's
Misty Moren
120 Chula Vista
Hollywood Park, TX 78232

Invoice No.: 41434011

Invoice Date: 7/6/20

Order Date: 6/17/20

Job: 41434

Customer Number: 7799

Salesperson: Luke Westlake

Purchase Order Number:
Quantity Description

Unit Price UOM

Price

166 Furr's - Signage Order Rush

\$5,496.81

Out of State \$0.00

Texas \$357.38

Net Sales: \$5,496.81

If paid by 8/5/20

Invoice Total: \$5,854.19

Terms: Due in 30 days

If paid by 9/4/20	Invoice Total: \$5,971.27
If paid by 10/4/20	Invoice Total: \$6,090.70

Attachment 4 - 44644011.pdf

Description -



200 Entin Road
Clifton, New Jersey 07014
(973) 470-8100

Remit To: Sandy Alexander, Inc.
P.O. Box 824263
Philadelphia, PA. 19182-4263

Overnight Address

Sandy Alexander, Inc.
Lockbox # 824263
525 Fellowship Rd., Site 330
Mt. Laurel, NJ 08054-3415

Bank Wire/ACH Information

Beneficiary Bank: PNC Bank NA
Beneficiary Name: Sandy Alexander, Inc.
Bank Address:
340 Madison Ave. New York, NY 10173
ABA #: 031207607
Account #: 8040405252

Food Management Partners/Buffets
Misty Moren
120 Chula Vista
Hollywood Park, TX 78232

Invoice No.: 44644011

Invoice Date: 8/10/20

Order Date: 7/23/20

Job: 44644

Customer Number: 7799

Salesperson: Luke Westlake

Purchase Order Number:

Quantity	Description	Unit Price	UOM	Price
7,590	VNB - for Ryan's Buffet & Old Country Buffet Reopening Signage Kits			\$4,717.00

Illinois	\$58.96
North Carolina	\$66.04
Net Sales:	\$4,717.00

Invoice Total: \$4,842.00

Terms: Due in 30 days

Attachment 5 - Food Management Partners_5.19.21.pdf

Description -

SandyAlexander

200 Entin Road
Clifton, New Jersey 07014
(973) 470-8100

STATEMENT

5/19/21

Customer Id: 7799

Terms: Net 30

TO: Food Management Partners
dba Furr's
dba Buffets
120 Chula Vista
Hollywood Park, TX 78232

Invoice/Pmt Date	Invoice/Chk Number	Purchase Order Number	Invoice Amount	Less Payments	Current Amount Due
7/6/20	41434011	Furr's	5,854.19	0.00	5,854.19
7/17/20	43573011	Furr's	736.10	0.00	736.10
7/31/20	44101011	Furr's	7,081.94	0.00	7,081.94
8/10/20	44644011	Buffets	4,842.00	0.00	4,842.00

CURRENT	OVER 30	OVER 60	OVER 90	OVER 120	BALANCE DUE
0.00	0.00	0.00	0.00	18,514.23	18,514.23

Make all checks payable to: **Sandy Alexander, Inc.**

If you have any questions concerning this statement, please email AR@sandyinc.com

THANK YOU FOR YOUR BUSINESS!

Remit To:

Sandy Alexander, Inc.
PO Box 824263
Philadelphia, PA 19182-4263

Overnight Address

Sandy Alexander, Inc.
Lockbox # 824263
525 Fellowship Rd., Site 330
Mt. Laurel, NJ 08054-3415

Bank Wire/ACH information

Beneficiary Bank: PNC Bank NA
Beneficiary Name: Sandy Alexander Inc.
Bank Address:
340 Madison Ave, New York, NY 10173
ABA#: 031207607
Account #: 8040405252