## Fill in this information to identify the case:

Debtor 2

Debtor 1

(Spouse, if filing)

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

Fire Mountain Restaurants, LLC

Case number 21-30729-11

## Official Form 410

## **Proof of Claim**

E-Filed on 05/19/2021 Claim # 109

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?  | West Virginia State Tax Department         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<br>acquired from<br>someone else?                       | Vo<br>Yes. From whom?  |   |  |  |  |  |  |  |  |
| 3. | Where should notices and payments to the                                    | Where should notices to the creditor be sent?  | Where should payments to the creditor be sent? (if different) |  |  |  |  |  |  |  |
|    | creditor be sent?   | Eric M. Wilson   |   |  |  |  |  |  |  |  |
|    | Federal Rule of   | Name   | Name  |  |  |  |  |  |  |  |
|    | Bankruptcy Procedure<br>(FRBP) 2002(g)                                      | West Virginia State Tax Department Bankruptov  |   |  |  |  |  |  |  |  |
|    |   | West Virginia State Tax Department Bankruptcy  | Number Street   |  |  |  |  |  |  |  |
|    |   | Charleston WV 25323  |   |  |  |  |  |  |  |  |
|    |   | City State ZIP Code  | City State ZIP Code   |  |  |  |  |  |  |  |
|    |   |  | City State ZIP Code   |  |  |  |  |  |  |  |
|    |   | Contact phone (304) 558-0740   | Contact phone   |  |  |  |  |  |  |  |
|    |   | Contact email Eric.M.Wilson@wv.gov   | Contact email   |  |  |  |  |  |  |  |
|    |   | Uniform claim identifier for electronic payments in chapter 13 (if you use one):   |   |  |  |  |  |  |  |  |
| 4. | Does this claim amend<br>one already filed?                                 | No<br>Ves. Claim number on court claims registry (if known)  | Filed on  |  |  |  |  |  |  |  |
| 5. | Do you know if anyone<br>else has filed a proof<br>of claim for this claim? | <ul> <li>No</li> <li>Yes. Who made the earlier filing?</li> </ul>  |   |  |  |  |  |  |  |  |

04/19

| 5. | Do you have any number<br>you use to identify the<br>debtor? | No No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: $\underline{8}$ <u>0</u> <u>0</u> <u>3</u>   |
|----|--|---|
|    | How much is the claim?                                       | <ul> <li>\$61,174.39.</li> <li>Does this amount include interest or other charges?</li> <li>☑ No</li> <li>☑ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</li> </ul>  |
| 3. | What is the basis of the claim?                              | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.<br>Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).<br>Limit disclosing information that is entitled to privacy, such as health care information.                                |
| ). | 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: |
| 0  | . Is this claim based on a<br>lease?                         | Ves. 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?                  | <ul> <li>No</li> <li>Yes. Identify the property:</li></ul>  |

|   | 12. Is all or part of the claim<br>entitled to priority under  | D No  |  |                   |                          |                       |                 |                |                      |
|---|--|---|--|-------------------|--------------------------|-----------------------|-----------------|----------------|----------------------|
|   | 11 U.S.C. § 507(a)?  | Yes. Check  | one:   |                   |                          |                       |                 | Amount         | entitled to priority |
|   | A claim may be partly<br>priority and partly<br>nonpriority. For example,<br>in some categories, the<br>law limits the amount<br>entitled to priority. | Domestic support obligations (including alimony and child support) under<br>11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  |  |                   |                          |                       | \$              | 0.00           |                      |
|   |  | □ 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). \$\$  |  |                   |                          |                       |                 |                | 0.00                 |
|   |  | bankrup   | , salaries, or commissions (up to \$13,650*) earned within 180 days before the ptcy petition is filed or the debtor's business ends, whichever is earlier.<br>.C. § 507(a)(4). |                   |                          | \$                    | 0.00            |                |                      |
|   |  | 🗹 Taxes o   | r penalties ow   | ed to governme    | § 507(a)(8).             |                       | \$              | 54,359.30      |                      |
| Contributions to an employee benefit plan. 11                               |  |   |  |                   | plan. 11 U.S.C. § 50     | 7(a)(5).              |                 | \$             | 0.00                 |
|   | □ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.  |   |  |                   |                          |                       |                 | \$             | 0.00                 |
|   |  | * Amounts a   | re subject to ad   | justment on 4/01/ | /22 and every 3 years af | ter that for cases be | egun on or afte | er the date of | f adjustment.        |
|   |  |   |  |                   |                          |                       |                 |                |                      |
|   | Part 3: Sign Below   |   |  |                   |                          |                       |                 |                |                      |
|   | The person completing this proof of claim must   | Check the appro   | priate box:  |                   |                          |                       |                 |                |                      |
|   | sign and date it.  | I am the creditor.  |  |                   |                          |                       |                 |                |                      |
|   | FRBP 9011(b).  | □ I am the creditor's attorney or authorized agent.   |  |                   |                          |                       |                 |                |                      |
|   | If you file this claim 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<br>specifying what a signature  |   |  |                   |                          |                       |                 |                |                      |
|   | 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<br>fraudulent claim could be  |   |  |                   |                          |                       |                 |                |                      |
|   | fined up to \$500,000,<br>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.<br>18 U.S.C. §§ 152, 157, and<br>2571  | I declare under penalty of perjury that the foregoing is true and correct.  |  |                   |                          |                       |                 |                |                      |
| <b>3571.</b><br>Executed on date <u>05/19/2021</u><br><u>MM / DD / YYYY</u> |  |   |  |                   |                          |                       |                 |                |                      |
|   |  |   |  |                   |                          |                       |                 |                |                      |
| /s/ Lora L. Rutledge<br>Signature   |  |   |  |                   |                          |                       |                 |                |                      |
|   |  | Print the name  | of the persor  | who is comp       | leting and signing t     | his claim:            |                 |                |                      |
|   |  | Name  | Lora L. R  | utledge           |                          |                       |                 |                |                      |
|   |  |   | First name   |                   | Middle name              |                       | Last name       |                |                      |
|   |  | Title   | Paralega   |                   |                          |                       |                 |                |                      |
|   |  | Company West Virginia State Tax Department  |  |                   |                          |                       |                 |                |                      |
|   | Identify the corporate servicer as the company if the authorized agent is a servicer.  |   |  |                   |                          |                       |                 |                |                      |
|   |  | Address   |  |                   |                          |                       |                 |                |                      |
|   |  | ,   | Number   | Street            |                          |                       |                 |                |                      |
|   |  |   |  |                   |                          | Stata                 | ZID Cod-        |                |                      |
|   |  | O anta at a l   | City   |                   |                          | State                 | ZIP Code        |                |                      |
|   | 1  | Contact phone   |  |                   |                          | Email                 |                 |                |                      |

Attachment 1 - Fresh Acquisitions -- Fire Mountain Restaurants LLC - POC.pdf Description -

1

| PROOF OF C<br>WEST VIRG<br>TAXES ND-<br>In matter of:<br>Fresh Acquisitions, LLC<br>Fire Mountain Restaurants<br>Case No. 21-30729<br>xxx-xx-8003  | INIA STATE<br><mark>FX</mark>           | Case Number:<br>21-30721<br>CH. 11 | The Debtors in these chapter 11 cases and the last four digits<br>each Debtor's taxpayer identification number are as follow<br>Alamo Fresh Payroll, LLC (1590); Fresh Acquisitions, LLC (2795<br>Alamo Ovation, LLC (9002); Buffets LLC (2294); Hometow<br>Buffet, Inc. (3002); Tahoe Joe's Inc. (7129); OCB Restaura<br>Company, LLC (7607); OCB Purchasing, Co. (7610); Ryan<br>Restaurant Group, LLC (7895); Fire Mountain Restaurants, LL<br>(8003); Food Management Partners, Inc. (7374); FMP S<br>Management Group, LLC (3031); FMP-Fresh Payroll, LLC (8962<br>FMP-Ovation Payroll, LLC (1728); and Alamo Buffets Payroll, LL<br>(0998). The Debtors' principal offices are located at 2338 N. Loc<br>1604 W., Suite 350, San Antonio TX, 78248, United States. |                                  |                      |                    |  |  |  |
|--|---|------------------------------------|--|----------------------------------|----------------------|--------------------|--|--|--|
| 1. The creditor is the West Virginia State Tax Division, whose address is P. O. Box 766, Charleston, WV 25323-0766   |   |                                    |  |                                  |                      |                    |  |  |  |
| 2. The amount of all payments, credit and setoffs on this claim has been credited and deducted for the purpose of making this proof of claim.  |   |                                    |  |                                  |                      |                    |  |  |  |
| 3. The basis for the claim is  | taxes, interest, additions to tax and p | penalties due and owing to         | the State of West Virg   | ginia under Chapter              | r 11 of the West Vir | ginia Code.        |  |  |  |
| 4. The TOTAL AMOUNT of the claim is <u>\$ 61,174.39</u>  |   |                                    |  |                                  |                      |                    |  |  |  |
| A. SECURED CLAIM (N  | OTICE OF STATE TAX LIEN FI              | LED)                               | TOTAL: S   |                                  |                      |                    |  |  |  |
| Type of Tax  | Period                                  | Tax Due                            | Interest   | Additions                        | Date Recorded        | County<br>Location |  |  |  |
|  |   |                                    |  |                                  |                      |                    |  |  |  |
| B. PRIORITY CLAIMS (   | UNDER BANKRUPTCY CODE                   | 507 (a)(8)                         |  | TOTAL: \$ 5-                     | 4,359.30             |                    |  |  |  |
| <u>Rvans</u><br>Sales/Use<br>Sales/Use<br>Sales/Use  | 3/31/16<br>2/29/20<br>3/31/20           | .00<br>24,403.03<br>25,525.04      | 13.18<br>2,257.25<br>2,160.80  |                                  |                      |                    |  |  |  |
| C. UNSECURED NON-PRIORITY TOTAL: \$ 6,815.09   |   |                                    |  |                                  |                      |                    |  |  |  |
| Type of Tax  | Period                                  | Tax Due                            | Interest   | Additions                        | 4                    |                    |  |  |  |
| <u>Rvans</u><br>Sales/Use<br>Sales/Use<br>Sales/Use  | 3/31/16<br>2/29/20<br>3/31/20           | :                                  | 7.<br>-<br>7.  | 2,548.64<br>1,586.26<br>2,680.19 |                      |                    |  |  |  |
| <ul> <li>5. The classification of the claim is: <ul> <li>(A) Taxes, interest, and additions to tax secured by statutory tax lien perfected prior to petition date,</li> <li>(B) Taxes and interest entitled to priority under 11 U.S.C. 507 (a)(8) and not secured by a lien,</li> <li>(C) Taxes, interest, additions to tax and penalties not entitled to priority under 11 U.S.C. 507 (a)(8) and not secured by a lien.</li> </ul> </li> <li>6. This claim consists of taxes due, interest at statutory rate, and additions to tax and/or penalties not in compensation for actual pecuniary loss, all computed to the petition date. This claim is based upon tax returns filed by the debtor or an audit of the debtor's records, unless estimated in the absence of returns or audit. This claim</li> </ul> |   |                                    |  |                                  |                      |                    |  |  |  |
| <ul> <li>supersedes any prior claims filed by the State Tax Division.</li> <li>7. No judgment has been rendered on this claim.</li> </ul>  |   |                                    |  |                                  |                      |                    |  |  |  |
| Date: 5/19/21 Lara L. Kuth ge  |   |                                    |  |                                  |                      |                    |  |  |  |
| West Virginia State Tax Division, Bankruptey Unit, P.O. Box 766, Charleston, WV 25323-0766 Phone (304) 558-0740  |   |                                    |  |                                  |                      |                    |  |  |  |