

Fill in this information to identify the case:

Debtor 1 Ryan`s Restaurant Group, LLC
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: Northern District of Texas, Dallas Division
Case number 21-30728-11

E-Filed on 05/25/2021
Claim # 133

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?	
<u>The City of Rocky Mount</u> 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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?
	Where should payments to the creditor be sent? (if different)
<u>Keesha Council</u> Name <u>224 S Franklin Street</u> Number Street <u>Rocky Mount NC 28701</u> City State ZIP Code Contact phone <u>(252) 972-1244</u> Contact email <u>keesha.council@rockymountnc.gov</u>	 Name Number Street City State ZIP Code Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (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? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 3,708.26. 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.

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: Real Estate

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 05/25/2021
MM / DD / YYYY

Keesha Council

Signature

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

Name Keesha Council
First name Middle name Last name

Title Collections Specialist

Company The City of Rocky Mount
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 - Ryan's Restaurant.pdf

Description -

2020 PROPERTY TAX NOTICE

CITY OF ROCKY MOUNT
PO BOX 1180
ROCKY MOUNT, NC 27802-1180



VISIT OUR WEBSITE AT www.rockymountnc.gov/billpay



T2 P1 *****SNGLP
##-0001-##-19109-27261-27261-22025
RYANS FAMILY STEAK HOUSES EAST
ATTN: BUFFETS LLC
12 CHULA VISTA
HOLLYWOOD PARK TX 78232

PROPERTY SOLD: If you have sold the real property assessed to you, please forward this tax notice to the new owner.

DUE DATE: Property taxes are due and payable September 1 and delinquent if not paid before the delinquent date shown below.

INTEREST accrues at the rate of 2% for January and 3/4% for each following month.

FAILURE TO PAY: Delinquent taxes are subject to attachment of bank accounts, garnishment of wages, state income tax refunds, and rents received, levy on personal property and foreclosure proceedings on the delinquent date shown below.

PAYMENTS SUBMITTED BY MAIL are deemed to be received as of the date of the U.S. Postal Service postmark not metered mail dates.

PARTIAL PAYMENTS: For your convenience, partial payments will be accepted. Account must be paid in full before the delinquent date shown below.

ESCROW MORTGAGE ACCOUNT: The property owner is responsible for ensuring full payment of this obligation. If funds are held in escrow to pay this notice, forward to the appropriate mortgage holder.

CUSTOMER NO.	PARCEL NO.	BILL NUMBER	BILLING DATE	DUE DATE	DELINQUENT DATE
000106452	385114333455	19892	08/01/2020	09/01/2020	01/06/2021
HOW YOUR TAX DOLLARS ARE SPENT			DESCRIPTION: JEFFRIES RD		
Public Safety	44%	ACREAGE:			
Parks & Recreation	23%	REAL ESTATE VALUE: \$225,000			
Public Works	16%	DEFERRED VALUE:			
General Government	13%	NET REAL PROPERTY VALUE: \$225,000			
Development Services	4%	PERSONAL PROPERTY VALUE:			
TOTAL	100.00%	EXEMPTION VALUE:			
		TOTAL VALUE: \$225,000			
RETURN CHECK FEE:		TAXABLE ITEMS		RATE	AMOUNT DUE
A penalty of \$25.00 will be charged for items returned by the bank because of insufficient funds or non existence of an account. Tax receipts are null and void if payment is made with a check that fails to clear the bank.		REAL PROPERTY TAX	\$0.685	\$1,541.25	
		PAYMENTS/CREDITS		\$0.00	
		TAXES DUE SEPT 1 ST	TOTAL DUE	\$1,541.25	



PAY ONLINE AT www.rockymountnc.gov/billpay

The City's payment provider, Paymentus Corporation, charges a fee for this service. A convenience fee of 2.5% for credit card, \$3.95 for debit card, or \$1.95 for e-check tax payments will be charged with all online transactions, subject to a minimum service fee of \$1.00.

QUESTIONS: (252) 972-1250
OFFICE HOURS: 8:30 AM - 5:00 PM, MONDAY - FRIDAY - WHEN CALLING PLEASE HAVE YOUR TAX NOTICE AVAILABLE
OFFICE ADDRESS: 224 SOUTH FRANKLIN STREET, ROCKY MOUNT, NC 27804

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

DESCRIPTION: JEFFRIES RD		2020 PROPERTY TAX NOTICE				
CUSTOMER NO.	PARCEL NO.	BILL NUMBER	BILLING DATE	DUE DATE	DELINQUENT DATE	TOTAL DUE
000106452	385114333455	19892	08/01/2020	09/01/2020	01/06/2021	\$1,541.25

TO CHANGE YOUR MAILING ADDRESS, PLEASE
FILL IN YOUR NEW ADDRESS BELOW

MAKE CHECK PAYABLE & REMIT TO:

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

CITY OF ROCKY MOUNT TAX COLLECTOR
PO BOX 1180
ROCKY MOUNT NC 27802-1180

RYANS FAMILY STEAK HOUSES EAST
ATTN: BUFFETS LLC
12 CHULA VISTA
HOLLYWOOD PARK TX 78232



00002082020600019892900001541259

2019 PROPERTY TAX NOTICE

CITY OF ROCKY MOUNT
PO BOX 1180
ROCKY MOUNT, NC 27802-1180



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ESCROW MORTGAGE ACCOUNT: The property owner is responsible for ensuring full payment of this obligation. If funds are held in escrow to pay this notice, forward to the appropriate mortgage holder.

VISIT OUR WEBSITE AT www.rockymountnc.gov/billpay



T6 P1 *****AUTO**MIXED AADC 275
##-0001-##-1799-27243-27243-2663
RYANS FAMILY STEAK HOUSES EAST
RASH & ASSOC/80 33 2718
12720 HILLCREST RD # 1010
DALLAS TX 75230-2058

CUSTOMER NO.	PARCEL NO.	BILL NUMBER	BILLING DATE	DUE DATE	DELINQUENT DATE
000089983	385114333455	19888	08/01/2019	09/01/2019	01/07/2020

HOW YOUR TAX DOLLARS ARE SPENT	
Public Safety	43%
Parks & Recreation	24%
Public Works	15%
General Government	14%
Development Services	4%
TOTAL	100.00%

DESCRIPTION: JEFFRIES RD	
ACREAGE:	
REAL ESTATE VALUE:	\$225,000
DEFERRED VALUE:	
NET REAL PROPERTY VALUE:	\$225,000
PERSONAL PROPERTY VALUE:	
EXEMPTION VALUE:	
TOTAL VALUE:	\$225,000

RETURN CHECK FEE: A penalty of \$25.00 will be charged for items returned by the bank because of insufficient funds or non existence of an account. Tax receipts are null and void if payment is made with a check that fails to clear the bank.

TAXABLE ITEMS	RATE	AMOUNT DUE
REAL PROPERTY TAX	\$0.685	\$1,541.25
PAYMENTS/CREDITS		\$0.00
TAXES DUE SEPT 1 ST	TOTAL DUE	\$1,541.25



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2019 PROPERTY TAX NOTICE

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000089983	385114333455	19888	08/01/2019	09/01/2019	01/07/2020	\$1,541.25

TO CHANGE YOUR MAILING ADDRESS, PLEASE
FILL IN YOUR NEW ADDRESS BELOW

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

MAKE CHECK PAYABLE & REMIT TO:

CITY OF ROCKY MOUNT TAX COLLECTOR
PO BOX 1180
ROCKY MOUNT NC 27802-1180

RYANS FAMILY STEAK HOUSES EAST
RASH & ASSOC/80 33 2718
12720 HILLCREST RD # 1010
DALLAS TX 75230-2058



00002082019800019888700001541259



ROCKY MOUNT, NC
THE CENTER OF IT ALL

City of Rocky Mount

Attention: Collections
224 S. Franklin St.
PO Box 1180
Rocky Mount, NC 27802
252-972-1250 FAX: 252-972-1273

GENERAL BILLING STATEMENT

Customer Copy

Page: 1 of 1

CUSTOMER		CUSTOMER NUMBER	STATEMENT DATE		STATEMENT TOTAL DUE	
RYANS FAMILY STEAK HOUSES EAST		74628	05/21/2021		\$625.76	
BILL NUMBER	DUE DATE	BILL AMOUNT	BILL INTEREST / ADJ	PAID	AMOUNT DUE	
72543	10/22/2016	\$100.00	\$39.00	\$0.00	\$139.00	
76007	07/09/2017	\$105.00	\$41.08	\$0.00	\$146.08	
77179	08/24/2017	\$140.00	\$54.60	\$0.00	\$194.60	
78015	10/05/2017	\$105.00	\$41.08	\$0.00	\$146.08	
1 - 30 DAYS	31 - 60 DAYS	61 - 90 DAYS	OVER 90 DAYS	INTEREST	OTHER FEES	TOTAL DUE
\$0.00	\$0.00	\$0.00	\$450.00	\$0.00	\$175.76	\$625.76

✂ DETACH AND RETURN THE PORTION BELOW WITH YOUR PAYMENT ✂

Promptly Send Payment To:



ROCKY MOUNT, NC
THE CENTER OF IT ALL

City of Rocky Mount

Attention: Collections
224 S. Franklin St.
PO Box 1180
Rocky Mount, NC 27802
252-972-1250 FAX: 252-972-1273

GENERAL BILLING STATEMENT

REMIT PORTION

Statement Date 05/21/2021

Customer Number 74628

STATEMENT TOTAL DUE \$625.76

RYANS FAMILY STEAK HOUSES EAST
12720 HILLCREST RD #1010
DALLAS, TX 75230

1.5% INTEREST CONTINUES TO ACCRUE MONTHLY ON OUTSTANDING INVOICES OVER 30 DAYS. IF YOU HAVE QUESTIONS ABOUT YOUR ACCOUNT, PLEASE CALL CITY OF ROCKY MOUNT BUSINESS SERVICES AT (252) 972-1250.