

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 06/04/2021
Claim # 157

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? Kings Aire, Inc.
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? [X] No [ ] Yes. From whom?

3. Where should notices and payments to the creditor be sent?
Where should notices to the creditor be sent? Kings Aire, Inc.
Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
1035 Kessler Dr
El Paso TX 79907
Contact phone (915) 592-2997
Contact email ar@kingsaire.com

4. Does this claim amend one already filed? [X] 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? [X] 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. **How much is the claim?** \$ 643.27. **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.  
Services Performed

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 06/04/2021  
MM / DD / YYYY

Yvette Navarro

Signature

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

Name Yvette Navarro  
First name Middle name Last name

Title Accountant

Company Kings Aire 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 - Furr's Cafeteria Proof of claim.xlsx.pdf

Description -

Portal



1035 Kessler Dr.  
El Paso, Texas 79907  
(915) 592-2997  
KingsAire.com  
TACLA 27335C  
NM LIC 87566

SIC

SERVICE WORK ORDER

WO # 778

INVOICE

134947

12931

Customer ID:

Bill To: Food Management Partners Name: Furr's Center Date: 3-11-2020  
 Street: 11925 Gateway West Blvd  
 City/Zip: EL PASO TX 79936 Tech: SERGIO  
 Phone: Email: PO# 137588390 WO#

UNIT #	TYPE	MAKE	MODEL	SERIAL NUMBER
	RTU	RHEEM	RKKB-A240DM30E	2D0612ADAAF120055008

DESCRIPTION OF WORK	QTY	PART NO.	DESCRIPTION	UNIT PRICE	AMOUNT
Call was for RTU not cooling. Upon Arrival check T-stat to see if it was calling for cooling. T-stat not responding to any demands. Had to replace T-stat to properly check unit. Upon replacement unit would not turn on only Blower motor even when on Auto. Be wife touching working unit. Unit has low compressor.	1		Honeywell 6000 T/S 141	121.42	121.42

HRS	TECH	DATES	RATE	AMOUNT
1.5	4579	3-11-2020	81	121.50
1.5	4954			
1.5				

OWNER'S INITIALS: [ ] ACCEPT [ ] DECLINE  
 RECOMMENDATIONS: Replace Unit do to Age And Condition.

Regulated by The Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, TX 78711, (800) 803-9202, (512) 463-6599; website: www.license.state.tx.us/complaints  
**LIMITED WARRANTY:** All materials, parts and equipment are warranted by the manufacturer's or suppliers written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, expressed or implied, & its agents or technicians are not authorized to make any such warranties on behalf of above named company.  
 I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment / materials furnished until final payment is made. If payment is not as agreed, Seller can remove said equipment / materials at Seller's expense. Any damage resulting from said removal shall not be the responsibility of Seller.

DIAGNOSTIC FEE  
 TOTAL FLAT RATE OR PARTS  
 TYPE REFRIG RECOVERED? RETURNED TO THIS SYSTEM? NEW FREON ADDED? NON USABLE FREON? RETURNED TO WHOLESALER?  
 SYS QT  
 FREIGHT  
 R ESA/PM  
 E TOTAL PARTS \$121.42  
 V MISC  
 I TOTAL LABOR \$121.50  
 S SUBTOTAL  
 E TAX \$20.04  
 D TOTAL \$262.96

CUSTOMER SIGNATURE: Jose Servano  
 PLEASE PRINT YOUR NAME: JOSE SERVANO  
 DATE: 3/11/2020

TERMS: PLEASE PAY FROM THIS INVOICE. Additional billings will not be sent. Kings Aire charges 1.5% per month late fee for all outstanding balances over 30 days of invoice date.

Portal



1035 Kessler Dr.  
El Paso, Texas 79907  
(915) 592-2997  
KingsAire.com  
TACLA 27335C  
NM LIC 87566

SC

SERVICE WORK ORDER

WO # 2253

INVOICE  
136485

Customer ID: 12931

Bill To: Food Management Partners	Name: Furr's Family Catering	Date: 5-28-20
	Street: 11925 Gateway West Blvd.	
	City/Zip: El Paso TX 79939	Tech: Hector
Phone:	Email:	PO# 141366641
		WO# 141366641

UNIT #	TYPE	MAKE	MODEL	SERIAL NUMBER
1	Freezer walkin	Coldzone	OR-D30L4-2T	E0048978-011
Thaw box	walkin Cooler	Coldzone	OR-H15H2-2E	E0048978-001
Cooks box	walkin Cooler	Coldzone	OR-H20H2-2T	E0048978-131

DESCRIPTION OF WORK	QTY	PART NO.	DESCRIPTION	UNIT PRICE	AMOUNT
* Freezer = Found Tripped on Oil pressure monitor = Reset Found High Discharge Pressure Due to Dirty Condenser; Bad 3 pole Contactor & Condenser motor overamping.					
* Thaw box = Reset breaker & High Head pressure - Found 1 bad Condenser motor & Dirty Coils Both Evap & Cond.					
* Cooks box = Found Evaporator coil with coil fins disintegrating Replacing Copper; Compressor valves going out as well = new unit. will send Quote For Repairs					
DIAGNOSTIC FEE					
TOTAL FLAT RATE OR PARTS					
	HRS	TECH	DATES	RATE	AMOUNT
	2	4057	5-28-20	81.00	162.00
	2	4956	5-28-20	40.50	81.00
				TOTAL LABOR	243.00

OWNER'S INITIALS	RECOMMENDATIONS
<input type="checkbox"/> ACCEPT <input type="checkbox"/> DECLINE	PROCESSED

Regulated by The Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, TX 78711, (800) 803-9202, (512) 463-6599; website: www.tdlr.state.tx.us/complaints

**LIMITED WARRANTY:** All materials, parts and equipment are warranted by the manufacturer's or suppliers written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, expressed or implied, & its agents or technicians are not authorized to make any such warranties on behalf of above named company.

I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment / materials furnished until final payment is made. If payment is not as agreed, Seller can remove said equipment / materials at Seller's expense. Any damage resulting from said removal shall not be the responsibility of Seller.

CUSTOMER SIGNATURE: Luis Barramilla  
 PLEASE PRINT YOUR NAME: Luis Barramilla  
 DATE: 5/28/2020

TYPE REFRIG	SYSTEM QTY.	FREIGHT	
RECOVERED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	ESA/PM	
RETURNED TO THIS SYSTEM?	<input type="checkbox"/> Yes <input type="checkbox"/> No	TOTAL PARTS	
NEW FREON ADDED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	MISC	5.00
NON USABLE FREON?	<input type="checkbox"/> Yes <input type="checkbox"/> No	TOTAL LABOR	243.00
RETURNED TO WHOLESALER?	<input type="checkbox"/> Yes <input type="checkbox"/> No	SUBTOTAL	
		TAX	20.05
		TOTAL	263.05

TERMS: PLEASE PAY FROM THIS INVOICE. Additional billings will not be sent. Kings Aire charges 1.5% per month late fee for all outstanding balances over 30 days of invoice date.

Furr's Cafeteria  
11925 Gateway West Blvd.  
1.5% per month late fees

Invoice #134947  
Dated: 03/11/20

Invoice #136485  
Dated: 5/28/20

<u>Date</u>	<u>Amt Owed</u>
3/11/2020	262.96
4/11/2020	266.90
5/11/2020	270.91
6/11/2020	274.97
7/11/2020	279.10
8/11/2020	283.28
9/11/2020	287.53
10/11/2020	291.84
11/11/2020	296.22
12/11/2020	300.67
1/11/2021	305.18
2/11/2021	309.75
3/11/2021	314.40
4/11/2021	319.12
5/11/2021	323.90
6/11/2021	328.76

<u>Date</u>	<u>Amt Owed</u>
5/28/2020	263.05
6/28/2020	267.00
7/28/2020	271.00
8/28/2020	275.07
9/28/2020	279.19
10/28/2020	283.38
11/28/2020	287.63
12/28/2020	291.94
1/28/2021	296.32
2/28/2021	300.77
3/28/2021	305.28
4/28/2021	309.86
5/28/2021	314.51

Invoices and Late fees:

Invoice #134947	328.76
Invoice #136485	<u>314.51</u>
Total Owed	\$643.27