| Fill in this information to identify the case: | | | | | | | |
|---|--|--|--|--|--|--|--|
| Debtor 1 Fresh Acquisitions, LLC | | | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | | |
| United States Bankruptcy Court for the: Northern District of Texas, Dallas Division | | | | | | | |
| Case number 21-30721-11 | | | | | | | |

E-Filed on 06/23/2021 Claim # 195

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 Alcorn County, Mississippi creditor? Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Has this claim been ✓ No acquired from ☐ Yes. From whom? someone else? 3. Where should notices Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if and payments to the different) creditor be sent? Larry Ross Federal Rule of Name Bankruptcy Procedure (FRBP) 2002(g) P.O. Box 190 Street Number Street Number Corinth MS 38835 City State ZIP Code State ZIP Code Contact phone (662) 286-7750 Contact email Iross@co.alcorn.ms.us Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use one): ✓ No Does this claim amend one already filed? ☐ Yes. Claim number on court claims registry (if known) ___ Filed on MM / DD / YYYY ✓ No 5. Do you know if anyone else has filed a proof ☐ Yes. Who made the earlier filing? of claim for this claim?

| 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: 2 8 4 1 | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| 7. | How much is the claim? | \$ | | | | | | | |
| | | □ No | | | | | | | |
| | | 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 | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. | | | | | | | |
| | claim? | 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. | | | | | | | |
| | | Personal Property Ad Valorem Tax | | | | | | | |
| 9. Is all or part of the claim No Secured? | | | | | | | | | |
| | 00001001 | 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: Personal Property | | | | | | | |
| | | Basis for perfection: Statutory Tax Lien (MCA 27-35-1) | | | | | | | |
| | | 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: \$ 8,493.40 | | | | | | | |
| | | 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) 0.00 % Fixed Variable | | | | | | | |
| 10 | . Is this claim based on a | | | | | | | | |
| | lease? | Yes. Amount necessary to cure any default as of the date of the petition. \$0.00 | | | | | | | |
| 11 | . Is this claim subject to a | ☑ No | | | | | | | |
| | right of setoff? | ☐ Yes. Identify the property: | | | | | | | |
| | | - 100. Identity the property. | | | | | | | |

| 12. Is all or part of the claim | | No | | | | | | |
|---|---|----------------------|--|-----------------------------|------|--|--|--|
| entitled to priority under 11 U.S.C. § 507(a)? | V | Yes. Check | Amo | Amount entitled to priority | | | | |
| A claim may be partly priority and partly | | Domestic 11 U.S.C | \$ | 0.00 | | | | |
| nonpriority. For example, in some categories, the law limits the amount entitled to priority. | | Up to \$3 personal | or \$ | 0.00 | | | | |
| | | bankrupt | salaries, or commissions (up to \$13,650*) earned within 180 days before the cy petition is filed or the debtor's business ends, whichever is earlier. | e \$ | 0.00 | | | |
| | ☐ 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. | | | | | | | |
| | r after the da | ite of adjustment. | | | | | | |
| | | | | | | | | |
| Part 3: Sign Below | | | | | | | | |
| The person completing this proof of claim must | Che | eck the approp | priate box: | | | | | |
| sign and date it. | | I am the cred | ditor. | | | | | |
| FRBP 9011(b). | g | I am the cred | ditor's attorney or authorized agent. | | | | | |
| If you file this claim | | I am the trus | tee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. | | | | | |
| electronically, FRBP 5005(a)(2) authorizes courts | | I am a guara | intor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. | | | | | |
| to establish local rules | | | | | | | | |
| 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 | | | | | | | |
| A person who files a | amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. | | | | | | | |
| fraudulent claim could be | I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true | | | | | | | |
| fined up to \$500,000, imprisoned for up to 5 | 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 06/23/2021 | | | | | | | |
| | LXE | cuted on date | MM / DD / YYYY | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Signature | n H. Davis, Jr. | | | | | |
| | Prin | nt the name o | of the person who is completing and signing this claim: | | | | | |
| | Nam | ie | William H. Davis, Jr. | | | | | |
| | rtani | | First name Middle name Last nam | e | | | | |
| Title Attorney for Alcorn County, Mississippi | | | | | | | | |
| | Company | | | | | | | |
| Identify the corporate servicer as the company if the authorized agent is a servicer. | | | | | | | | |
| | | | | | | | | |
| | Addr | ress | Number Street | | | | | |
| | | | | | | | | |
| | | | City State ZIP Code | ı | | | | |
| | Cont | tact phone | Email | | | | | |

Attachment 1 - Exhibit A.pdf Description - Exhibit A - Tax Card

| Drawer | TAXCY 1 LARRY N 4 29 4 29 | | Taxes Interest Postage Sheriff Agency Print Fee. Justice Ct | | PROPE 1 Due 10.06 | RTY | - PAYOFF | | PPWCOL Balance 6310 2183 | Due .06 |
|------------|--|---------|---|-----------|-------------------------|-------|-----------|--|-----------------------------------|------------|
| Check No | | | TOTAL | 63 | 10.06 | | | | 8493 | .40 |
| CrCard No | | - | | | | | | <f5> _</f5> | | |
| | | | | | | | Check < | and the second s | | |
| Paid By 1 | RYAN'S | FAMIL | Y STEAK HOUS | SE #440 | | | Credit | | | |
| 2 | | | | | | | Change | | 8493 | .40- |
| 3 | | | | | | | Total I | | | |
| Op: 2-View | Rect | 3-Chan | ge Rect 4-Re | | | | | | | _ |
| Op Name | | | | | PIN Ye | | Intry | Amoun | | En |
| RYAN'S | FAMIL | | HOUSE #440 | | 841 20 | | | | 3207.68 | |
| - RYAN'S | | | HOUSE #440 | | 841 20 | | | | 2990.75 | |
| - RYAN'S | FAMIL | STEAK | HOUSE #440 | | 841 20 | | | | 2294.97 | |
| - 3 Rece | ipts S | Selecte | d for Collec | ction | Intere | est (| | | | |
| F1-COLLEC | T & PF | RINT F2 | -COLLECT F4 | -DEFAULTS | F11-A | LT V | JIEW F24- | -EXTT | | |

LARRY G. ROSS
ALCORN CO. TAX COLLECTOR
P.O. BOX 190
CORINTH, MS 38835-0190



Attachment 2 - Exhibit B.pdf

Description - Exhibit B - Itemizing Statement

Fresh Acquisitions, LLC:

Case No: 21-30721(SGJ)

Amount of Claim:

4 - 2

Principal:

\$6,310.06

Pre-Petition Interest: \$2,183.34

\$8,493.40

