

Fill in this information to identify the case:

Debtor 1 OCB Restaurant Company, LLC

Debtor 2 _____
(Spouse, if filing)

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

Case number 21-30726-11

E-Filed on 07/12/2021
Claim # 225

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?** Michigan Department of Treasury
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?** No
 Yes. From whom? _____

<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p>	<p>Where should payments to the creditor be sent? (if different)</p>
	<p><u>Michigan Department of Treasury</u> Name</p> <p><u>Bankruptcy Unit, P.O. Box 30168</u> Number Street</p> <p><u>Lansing</u> <u>MI</u> <u>48909</u> City State ZIP Code</p> <p>Contact phone <u>(517) 241-5002</u></p> <p>Contact email <u>kornoeljec@michigan.gov</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p><u>Michigan Department of Treasury/Revenue/AG</u> Name</p> <p><u>P.O. Box 30455</u> Number Street</p> <p><u>Lansing</u> <u>MI</u> City State ZIP Code</p> <p>Contact phone <u>(517) 241-5002</u></p> <p>Contact email <u>kornoeljec@michigan.gov</u></p>

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 6 0 7

7. How much is the claim? \$ 21,643,914.17. 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.
Tax

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).

Amount entitled to priority

\$ 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

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).

\$ 0.00

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ 17,576,248.32

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ 0.00

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ 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 07/12/2021
MM / DD / YYYY

/s/ Carrie Kornoelje

Signature

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

Name Carrie Kornoelje
First name Middle name Last name

Title Assistant Attorney General

Company State of Michigan
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 - Proof of Claim in Bankruptcy 21-30726) 2021.07.06.pdf

Description -

PROOF OF CLAIM IN BANKRUPTCY

Issued under the federal bankruptcy code.

United States Bankruptcy Court for the
NORTHERN DISTRICT OF TEXAS

Name and address of debtor

OCB RESTAURANT COMPANY, LLC JOINTLY ADMIN - FRESH ACQUISITIONS, LLC 2338 N LOOP 1604 W SUITE 350 SAN ANTONIO, TX. 78248	Bankruptcy Number 21-30726 SGJ
	Tax ID: 7607
	Chapter Number 11
	Account Number F7607

I certify the following:

That I am the agent of the State of Michigan, Department of Treasury, Collections Divison, Treasury Building, Lansing, MI 48922; that I am authorized to make this proof of claim in the state's behalf; that this proof cannot be made by the State of Michigan in person because it is a government entity.

That the person named above was, at the time the attached petition was filed, and still is, indebted (or liable) to the claimant in the amount of

Amount \$920,690.92

That the consideration of this debt (or liability) is as follows:

SEE ATTACHED

That there are no setoffs or counterclaims to the debt (or liability) except as follows:

This claim is filed as an:

- Administrative Expense
 Secured
 Priority
 Unsecured Claim
 USC Section 1305
 Other

\$920,690.92

Signature <i>/s/ Kavita Kale</i>	Date 07/06/21
Print or Type Name and Title	

Court Copy -1

PENALTY FOR PRESENTING FRAUDULENT CLAIM - Maximum fine of \$5,000 or imprisonment for up to five years or both - Title 18, U.S.C., Sec., 152

(When signed, mail to referee in bankruptcy)

Michigan Department of Treasury 4265 (11-04) Sworn Summary Issued under federal code, Title XI Type of Claim: Administrative Original	62433944	Case Number: 21-30726 SGJ	Page 1 of 1 21534445
		Taxpayer Identification: 7607	Attorney General: ATTORNEY LANSING

OCB RESTAURANT COMPANY, LLC JOINTLY ADMIN - FRESH ACQUISITIONS, LLC 2338 N LOOP 1604 W SUITE 350 SAN ANTONIO, TX. 78248	Other Identification: F7607
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Assessment Number	Debt Code	Assessment Date	Account ID	Tax Period	*If Est	Tax Deficiency	Penalty	Interest
VA7QN8G	MST	06/11/21	F7607	4/20/2021 - 4/30/2021		\$436,320.00	\$21,816.00	\$2,184.07
VA7QN8U	MUT	06/11/21	F7607	4/20/2021 - 4/30/2021		\$436,320.00	\$21,816.00	\$2,234.85

Debt Codes: MUT - MICHIGAN USE TAX	MST - MICHIGAN SALES TAX	\$872,640.00	\$43,632.00	\$4,418.92
		TOTAL CLAIM	\$920,690.92	
<p>* An asterisk in this column indicates that tax liability is estimated based on the best information available since actual returns have not been filed. This claim will be adjusted when actual returns are filed.</p>				

KAVITA KALE _____ being duly sworn, deposes and says (s)he is authorized to act for the Department of Treasury and, to the best of her/his knowledge and belief, the defendant is indebted to the State of Michigan in this amount.

Signature: */s/ Kavita Kale* Date: 07/06/2021