

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 07/14/2021
Claim # 235

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>Cnty. of Santa Clara Dept. of Tax & Collections</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>Cnty. of Santa Clara Dept. of Tax & Collections</u> Name <u>852 N. First St.</u> Number Street <u>San Jose</u> <u>CA</u> <u>95112</u> City State ZIP Code Contact phone <u>(408) 808-7962</u> Contact email <u>Keesha.Arnst@fin.sccgov.org</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
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? \$ 53,630.49. 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.
Business Personal Property 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).

\$ 53,630.49

☐ 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 07/14/2021
MM / DD / YYYY

Chau Ho
Signature

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

Name Chau Ho
First name Middle name Last name

Title Office Specialist III

Company County of Santa Clara
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 21-30721.pdf

Description -

Fill in this information to identify the case:

Debtor 1 _____

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of _____

Case number _____

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?**

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? _____**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?**

Name _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Contact phone _____

Contact email _____

Where should payments to the creditor be sent? (if different)

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?**☐ 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. How much is the claim? \$ _____. 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. \$ _____

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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ 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

\$ _____

☐ 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.

\$ _____

* 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 _____
MM / DD / YYYY

Chau Ho

Signature

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

Name

First name

Middle name

Last name

Title

Company

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Number

Street

City

State

ZIP Code

Contact phone

Email

Unsecured Tax Bill Summary

Search

The Search is refined to Account Number: 343603

Search

Clear

Advanced Search

Clear Advanced

Comments

Assessment #

APN/SBE

Account #

343603

Bill ID

Tax Year

Show All

Special Conditions Exist

Comments Exist

Unsecured Tax Bills

View Selected

Previous1-16 of 42Next 16

Select	Details	Flags	Bill ID	Assessment #	Account #	APN/SBE	Bill Date	Tax Year	Bill Type	Owner Name	Delq. Date	Principal Amount	Penalties	Payment Amount	Balance Due
<input checked="" type="radio"/>	+ Show	!	4484677	17-020628-8	34360300031	841-69-037	07/02/2017	2017-18	Annual Tax Bill	OCB RESTAURANT COMPANY LLC	08/31/2017	5,310.45	2,651.94	0.00	Tax Bill Canceled
<input type="radio"/>	+ Show	!	4498933	17-020627-0	34360300023	022-54-013	07/02/2017	2017-18	Annual Tax Bill	OCB RESTAURANT CO	08/31/2017	19,059.77	4,814.87	0.00	Tax Bill Canceled
<input type="radio"/>	+ Show	!	4498853	17-020626-2	34360300015	022-54-013	07/02/2017	2017-18	Annual Tax Bill	OCB RESTAURANT COMPANY LLC	08/31/2017	6,301.05	3,137.36	0.00	Tax Bill Canceled
<input type="radio"/>	+ Show	!	3871632	16-023117-1	34360300031	841-69-037	07/03/2016	2016-17	Annual Tax Bill	OCB RESTAURANT COMPANY LLC	08/31/2016	4,108.56	3,911.57	0.00	8,020.13
<input type="radio"/>	+ Show	!	3871631	16-023116-3	34360300023	022-54-013	07/03/2016	2016-17	Annual Tax Bill	OCB RESTAURANT CO	08/31/2016	18,778.50	17,701.37	0.00	36,479.87
<input type="radio"/>	+ Show	!	3871630	16-023115-5	34360300015	022-54-013	07/03/2016	2016-17	Annual Tax Bill	OCB RESTAURANT COMPANY LLC	08/31/2016	5,113.20	4,855.96	0.00	9,969.16

16-023117-1	\$7,897.34	\$61.63	\$3,327.93
16-023116-3	\$35,916.94	\$281.68	\$15,210.59
16-023115-5	\$9,816.21	\$76.69	\$4,141.69
	<div>\$53,630.49 – Total Claim Amount</div>	<div>\$420.00 – Total Monthly Interest</div>	<div>\$22,680.21 – Total Interest</div>

Tax Bill

Payment Details

Bill ID: 3871632 Charge Roll Type: Unsecured Bill Status: Tax Bill Defaulted

[Collapse All](#) | [Expand All](#)

General Info	
Assessment #:	16-023117-1
Account #:	34360300031
APN:	841-69-036
TRA:	002-001
Bill Type:	Annual Tax Bill
Pro-Ration %:	100.000000%
Lien Date:	01/01/2016
Lien Recording Date:	12/07/2016
Lien Recorder Doc #:	23522016
Billing Start Date:	07/01/2016
Billing End Date:	06/30/2017
Use Rates for Roll Correction Tax Year:	No
Business Class Code:	296
Business Description:	
Registration Number:	
Tax Year:	2016-17
Enrolled Year:	2016-17
Assessee Info	
Owner Name:	OCB RESTAURANT COMPANY LLC
Doing Business As:	HOMETOWN BUFFET INC
Street Address:	1020 DISCOVERY WY STE 100
City, State, Nation:	EAGAN MN
Postal Code:	55121
Property Address	
Street Address:	7950 ARROYO CL
City:	GILROY
Messages	
Print Date	Message
09/12/2016	To avoid additional penalties, delinquent tax must be postmarked on or before the last day of this month. If the tax is not paid, collection will be enforced by one or more of the following actions: 1. Filing a certificate of tax lien and/or summary judgment which will damage your credit rating. 2. Seizure of property and/or bank accounts. 3. Execution against wages or state tax refunds. 4. Notifying DMV to withhold boat registration. For additional information, call 808-7900.
07/03/2016	Your 2016/17 Unsecured Property Tax Bill has a new format! For a detailed summary of the key changes, please visit www.scctax.org and click on the link "New Tax Bill Format" or call Tax Information at (408) 808-7900.

Assessed Value Information						
Assessed Value Type	Assessed Value	Homeowners Exemption	Other Exemptions	Net Value	Pro Rated Net Value	
Land	0	0	0	0	0	
Improvement - Fixture	208,771	0	0	208,771	208,771	
Improvement - Structure	0	0	0	0	0	
Total L&I	208,771	0	0	208,771	208,771	
Personal Property	130,160	0	0	130,160	130,160	
Total LIP	338,931	0	0	338,931	338,931	
Exemption Late Filing Penalty (\$250 Limit)	0	0	0	0	0	

Charge Information			
Collapse All Expand All	Pro Rated Net Value	Tax Rate per \$100	Tax Charge
Charge Type			
+ Tax Land, Improvement, Personal Property	338,931	1.208700%	4,096.66
+ Tax Land and Improvement	208,771	.005700%	11.90
Tax Total	338,931	1.214400%	4,108.56
Total	338,931	1.214400%	4,108.56

Monthly 2922 (1.5%) on Balance Due		
	Installment 1	Installment 2
Monthly 2922 (1.5%) on Balance Due		

Installments		
	Installment 1	Installment 2
Installment Amount		\$4,108.56
Installment Penalties		\$3,911.57

Penalties		
Delinquent Ten Percent Penalty		\$410.85
Unsecured Delinquent Penalty		\$3,450.72
Unsecured Collection Fee		\$50.00
Total Amount		\$8,020.13
Printed Delinquency Date		08/31/2016
Actual Delinquency Date		08/31/2016
Payment Status		Installment Unpaid
Installment Amount Paid		\$0.00
Installment Payment Date		
Payment Effective Date		
Credit Applied		\$0.00
Installment Balance		\$8,020.13
Credit Issued		\$0.00
Prior Overpayment Credit Issued		\$0.00

16-023117-1	
NOV 2016-APR 2021	
\$4,108.56	BASE TAX
1.50%	
\$61.63	MONTHLY INTEREST
\$4,108.56	BASE TAX
1.50%	MONTHLY INTEREST RATE
54	NUMBER OF MONTHS
\$3,327.93	TOTAL INTEREST
\$4,108.56	BASE TAX
10%	
\$410.85	10% PENALTY
\$4,108.56	BASE TAX
\$410.85	10% PENALTY
\$50.00	COST FEE
\$0.00	SRF FEE
\$3,327.93	TOTAL INTEREST
\$7,897.34	

Tax Bill

Payment Details

Bill ID: 3871631 Charge Roll Type: Unsecured Bill Status: Tax Bill Defaulted

[Collapse All](#) | [Expand All](#)

General Info		Assessed Value Information					
Assessment #:	16-023116-3	Assessed Value Type	Assessed Value	Homeowners Exemption	Other Exemptions	Net Value	Pro Rated Net Value
Account #:	34360300023	Land	0	0	0	0	0
APN:	022-54-013	Improvement - Fixture	0	0	0	0	0
TRA:	012-003	Improvement - Structure	1,651,002	0	0	1,651,002	1,651,002
Bill Type:	Annual Tax Bill	Total L&I	1,651,002	0	0	1,651,002	1,651,002
Pro-Ration %:	100.000000%	Personal Property	0	0	0	0	0
Lien Date:	01/01/2016	Total LIP	1,651,002	0	0	1,651,002	1,651,002
Lien Recording Date:	12/07/2016	Exemption Late Filing Penalty (\$250 Limit)	0	0	0	0	0
Lien Recorder Doc #:	23521982						
Billing Start Date:	07/01/2016						
Billing End Date:	06/30/2017						
Use Rates for Roll Correction Tax Year:	No						
Business Class Code:	082						
Business Description:							
Registration Number:							
Tax Year:	2016-17						
Enrolled Year:	2016-17						
Assessee Info							
Owner Name:	OCB RESTAURANT CO						
Doing Business As:							
Street Address:	1460 BUFFET WAY						
City, State, Nation:	EAGAN MN						
Postal Code:	55121						
Property Address							
Street Address:	212 RANCH DR						
City:	MILPITAS						
Messages							
Print Date	Message						
09/12/2016	To avoid additional penalties, delinquent tax must be postmarked on or before the last day of this month. If the tax is not paid, collection will be enforced by one or more of the following actions: 1. Filing a certificate of tax lien and/or summary judgment which will damage your credit rating. 2. Seizure of property and/or bank accounts. 3. Execution against wages or state tax refunds. 4. Notifying DMV to withhold boat registration. For additional information, call 808-7900.						
07/03/2016	Your 2016/17 Unsecured Property Tax Bill has a new format! For a detailed summary of the key changes, please visit www.scctax.org and click on the link "New Tax Bill Format" or call Tax Information at (408) 808-7900.						

16-023116-3	
NOV 2016-APR 2021	
\$18,778.50	BASE TAX
1.50%	
\$281.68	MONTHLY INTEREST

Charge Information			
Collapse All Expand All	Pro Rated Net Value	Tax Rate per \$100	Tax Charge
Charge Type			
+ Tax Land, Improvement, Personal Property	1,651,002	1.131700%	18,684.39
+ Tax Land and Improvement	1,651,002	.005700%	94.11
Tax Total	1,651,002	1.137400%	18,778.50
Total	1,651,002	1.137400%	18,778.50
Monthly 2922 (1.5%) on Balance Due			
	Installment 1	Installment 2	
Monthly 2922 (1.5%) on Balance Due			
Installments			
	Installment 1	Installment 2	
Installment Amount			\$18,778.50
Installment Penalties			\$17,701.37
Penalties			
Delinquent Ten Percent Penalty			\$1,877.85
Unsecured Delinquent Penalty			\$15,773.52
Unsecured Collection Fee			\$50.00
Total Amount			\$36,479.87
Printed Delinquency Date			08/31/2016
Actual Delinquency Date			08/31/2016
Payment Status			Installment Unpaid
Installment Amount Paid			\$0.00
Installment Payment Date			
Payment Effective Date			
Credit Applied			\$0.00
Installment Balance			\$36,479.87
Credit Issued			\$0.00
Prior Overpayment Credit Issued			\$0.00

16-023116-3	
NOV 2016-APR 2021	
\$18,778.50	BASE TAX
1.50%	
\$281.68	MONTHLY INTEREST
\$18,778.50	BASE TAX
1.50%	MONTHLY INTEREST RATE
54	NUMBER OF MONTHS
\$15,210.59	TOTAL INTEREST
\$18,778.50	BASE TAX
10%	
\$1,877.85	10% PENALTY
\$18,778.50	BASE TAX
\$1,877.85	10% PENALTY
\$50.00	COST FEE
\$0.00	SRF FEE
\$15,210.59	TOTAL INTEREST
\$35,916.94	

Tax Bill **Payment Details**

Bill ID: 3871630 Charge Roll Type: Unsecured Bill Status: Tax Bill Defaulted

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16-023115-5	
NOV 2016-APR 2021	
\$5,113.20	BASE TAX
1.50%	
\$76.69	MONTHLY INTEREST
\$5,113.20	BASE TAX
1.50%	MONTHLY INTEREST RATE
54	NUMBER OF MONTHS
\$4,141.69	TOTAL INTEREST
\$5,113.20	BASE TAX
10%	
\$511.32	10% PENALTY
\$5,113.20	BASE TAX
\$511.32	10% PENALTY
\$50.00	COST FEE
\$0.00	SRF FEE
\$4,141.69	TOTAL INTEREST
\$9,816.21	