

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 07/15/2021
Claim # 237

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>JR Appliance Repair</u> Name of the current creditor (the person or entity to be paid for this claim) | |
| | Other names the creditor used with the debtor <u>Carlos V Pallares</u> | |
| 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>Carlos V Pallares</u> Name <u>319 Shady Ln</u> Number Street <u>El Paso TX 79922</u> City State ZIP Code Contact phone _____ Contact email <u>carlos@jr-appliance.com</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?** \$ 1,917.41. **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 07/15/2021
MM / DD / YYYY

Carlos V Pallares

Signature

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

Name Carlos V Pallares
First name Middle name Last name

Title Sole Proprietor

Company JR Appliance Repair
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 Invoice#01199.pdf

Description - Digital invoice sent for payment on Furrs restaurant equipment repairs. Line items reference paper copies with manager signatures.



Invoice #01199

Furrs March 17 2020 Service

We appreciate your business.

Bill To

Magaly Luna
Food Management Partners
mluna@foodmps.com
210-403-3725
120 Chula Vista
Hollywood Park, TX 78232

Invoice Details

PDF created June 11, 2020
\$229.49

Payment

Due April 8, 2020
\$229.49

| Item | Quantity | Price | Amount |
|--------------|----------|----------|----------|
| Invoice 1270 | 1 | \$212.00 | \$212.00 |
| Subtotal | | | \$212.00 |
| Tax | | | \$17.49 |

Total Due **\$229.49**



Pay online

To pay your invoice go to <https://gosq.me/u/FPTU72SB>

Or open your camera on your mobile device, and place the code on the left within the camera's view.

Attachment 2 - Food MPS Jan 27-20 invoice.pdf

Description - Manager-signed kitchen equipment service order

JR APPLIANCES REPAIR

319 SHADY LN • EL PASO, TEXAS 79922
(915) 841-5797 • Email: jr-appliance.com



| | | |
|---------------------------|-------------------------------------|---|
| SERVICE TYPE CODES | | Nº 1233 |
| CH - CHARGE SALE | <input checked="" type="checkbox"/> | |
| CS - CASH SALE | <input type="checkbox"/> | CALL NUMBER |
| CALL STATUS | | <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> ORDER PARTS <input type="checkbox"/> INCOMPLETE |
| DATE OF SERVICE | | 1/27/20 |
| CUSTOMER P.O. NUMBER | | Jose Luis Serrano |
| CUSTOMER P.O. DATE | | 1/1 |
| TECHNICAN | | Carlos |

LOCATION NAME: Furr's Cafeteria Buffet STORE: _____
 ADDRESS: 11925 Gateway West Blvd.
 CITY: El Paso STATE: TX. ZIP: 79936
 CUSTOMER NUMBER: _____ DEPT.: Kitchen

| SERIAL NUMBER | MODEL NUMBER | SERVICE TYPE | LABOR HOURS | TRAVEL TIME | MILEAGE | INSPECTION Y/N | INSTALL DATE | NO TRIPS | NO TECHS | AIR FREIGHT CLAIM Y/N | SOL. CONTRACT Y/N |
|---------------|--------------|--------------|---|-------------|---------|----------------|--------------|----------|----------|-----------------------|-------------------|
| | PART NUMBER | QTY | DESCRIPTION OF MATERIALS | | | | | | | | |
| BA-2737 | B-446 | CH | | | | | | 2 | 1 | | |
| 12-25-19 | | | Rightside charboiler not working - Troubleshoot unit - found shorted wires, replaced unit working customer order hinge will be replace when deliver | | | | | | | | |
| BA-2731 | B-446 | | Leftside charboiler not heating - troubleshoot unit found damage contact-block, contactor & some shorted wires - Customer order parts. | | | | | | | | |
| BA-2732 | B-446 | | 1-27-20 Replace hinge check for proper operation | | | | | | | | |
| BA-2731 | B-446 | | 1-27-20 Replace contact block, contactor & some wires that were burned with high temp terminal wire, tape & wire check unit for proper operation | | | | | | | | |

X CUSTOMER SIGNATURE: [Signature]
 X PRINT CUSTOMER NAME: Jose Serrano
 X SERVICE TECHNICAN SIGNATURE: [Signature]

| | | | | | |
|-------------|----------|-------|--------------------------|----------|--------|
| LABOR | REGULAR | HRS @ | TOTAL PARTS AND MATERIAL | 1-27-19 | 45.00 |
| | OVERTIME | HRS @ | | 12-25-20 | 316.00 |
| TRAVEL TIME | REGULAR | HRS @ | | | 355.50 |
| | OVERTIME | HRS @ | | | |
| | | | TAX | | 59.11 |
| | | | TOTAL | | 775.61 |

Thank You! IN PAYMENTS WITH CREDIT OR DEBIT CARD, 3% MORE WILL BE CHARGED TO YOUR ACCOUNT. LATE FEE WILL APPLY IF NOT PAID WITHIN 10 DAYS.

Attachment 3 - Food MPS Jan 20-20 invoice.pdf

Description - Manager-signed kitchen equipment service order

JR APPLIANCES REPAIR

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| | | |
|---------------------------|---|----------------|
| SERVICE TYPE CODES | | Nº 1229 |
| CH - CHARGE SALE | <i>CH</i> | |
| CS - CASH SALE | <input checked="" type="checkbox"/> | |
| CALL NUMBER | | |
| CALL STATUS | <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> ORDER PARTS <input type="checkbox"/> INCOMPLETE | |
| DATE OF SERVICE | | <i>1-20-19</i> |
| CUSTOMER P.O. NUMBER | | <i>505P</i> |
| CUSTOMER P.O. DATE | | |
| TECHNICAN | | <i>Carlos</i> |

LOCATION NAME *Furr's Cafeteria Buffet* STORE

ADDRESS *11925 Gateway West Blvd*

CITY *El Paso* STATE *Tx* ZIP *79936*

CUSTOMER NUMBER DEPT. *Dish Washer Roof Exhaust*

| SERIAL NUMBER | MODEL NUMBER | SERVICE TYPE | LABOR HOURS | TRAVEL TIME | MILEAGE | INSPECTION Y/N | INSTALL DATE | NO TRIPS | NO TECHS | AIR FREIGHT CLAIM Y/N | SOL. CONTRACT Y/N |
|----------------|--------------|--------------|--------------------------|-------------|---------|----------------|--------------|----------|----------|-----------------------|-------------------|
| | PART NUMBER | QTY | DESCRIPTION OF MATERIALS | | | | | | | | |
| <i>N/A</i> | <i>N/A</i> | <i>CH</i> | | | | | | <i>2</i> | <i>1</i> | | |
| <i>1-18-20</i> | | | | | | | | | | | |
| | | | | | | | | | | | |
| <i>1-20-20</i> | | | | | | | | | | | |
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|---|-------------|----------|-------|--------------------------|---------------|
| X CUSTOMER SIGNATURE <i>Luis Jaramilla</i> | LABOR | REGULAR | HRS @ | TOTAL PARTS AND MATERIAL | <i>357.28</i> |
| X PRINT CUSTOMER NAME <i>Luis Jaramilla</i> | | OVERTIME | HRS @ | | |
| X SERVICE TECHNICAN SIGNATURE <i>Carlos</i> | TRAVEL TIME | REGULAR | HRS @ | TAX | <i>52.29</i> |
| | | OVERTIME | HRS @ | | |
| Thank You! | | | | TOTAL | |

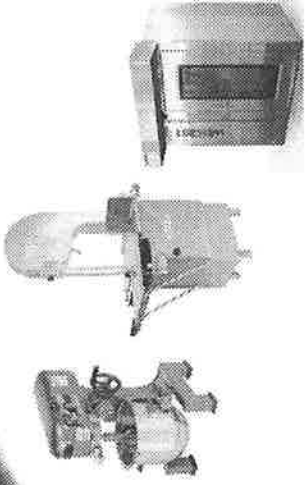
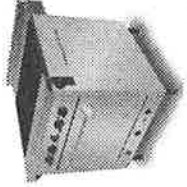
IN PAYMENTS WITH CREDIT OR DEBIT CARD, 3% MORE WILL BE CHARGED TO YOUR ACCOUNT. LATE FEE WILL APPLY IF NOT PAID WITHIN 10 DAYS.

Attachment 4 - Food MPS Jan 29-20 invoice.pdf

Description - Manager-signed kitchen equipment service order

JR APPLIANCES REPAIR

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(915) 841-5797 • Email: jr-appliance.com



SERVICE TYPE CODES
 CH - CHARGE SALE
 CS - CASH SALE

No. 1234
 CALL NUMBER
 CALL STATUS: COMPLETE ORDER PARTS INCOMPLETE
 DATE OF SERVICE: 1/29/20
 CUSTOMER P.O. NUMBER: JOSE
 CUSTOMER P.O. DATE: / /
 TECHNICIAN: Carlos

LOCATION NAME: Furr's Cafeteria
 ADDRESS: 1925 Gateway West Blvd.
 CITY: El Paso STATE: TX ZIP: 79936
 DEPT.: Kitchen

| SERIAL NUMBER | MODEL NUMBER | SERVICE TYPE | QTY | LABOR HOURS | TRAVEL TIME | MILEAGE | INSPECTION Y/N | INSTALL DATE | NO TRIPS | NO TECHS | AIR FREIGHT CLAIM Y/N | SOL CONTRACT Y/N | LABOR | | | | TOTAL PARTS AND MATERIAL | | | | | | | | | | | | | | |
|--|--------------|--------------|-----|-------------|-------------|---------|----------------|--------------|----------|----------|-----------------------|------------------|---------|----------|--------------------------|----------|--------------------------|----------|--------|-------|-------|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | REGULAR | OVERTIME | REGULAR | OVERTIME | REGULAR | OVERTIME | TAX | TOTAL | | | | | | | | | | | |
| 11F27792 | 43670 | CH | | | | | | | 11 | | | | | | | | | 49.00 | 160.00 | | | | | | | | | | | | |
| South bend range not working - replace gas regulator on unit that was not working. Test unit for proper operation on burner flame. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X CUSTOMER SIGNATURE: [Signature] | | | | | | | | | | | | | LABOR | | TOTAL PARTS AND MATERIAL | | | | | | | | | | | | | | | | |
| X PRINT CUSTOMER NAME: Jose Serrano | | | | | | | | | | | | | HRS @ | | REGULAR | | OVERTIME | | TAX | | TOTAL | | | | | | | | | | |
| X SERVICE TECHNICIAN SIGNATURE: Carlos Palma | | | | | | | | | | | | | HRS @ | | REGULAR | | OVERTIME | | TAX | | TOTAL | | | | | | | | | | |

Thank You!
 IN PAYMENTS WITH CREDIT OR DEBIT CARD,
 3% MORE WILL BE CHARGED TO YOUR ACCOUNT.
 LATE FEE WILL APPLY IF NOT PAID WITHIN 10 DAYS.

Attachment 5 - Food MPS Mar-17-20 invoice.pdf

Description - Manager-signed kitchen equipment service order

JR APPLIANCES REPAIR

319 SHADY LN • EL PASO, TEXAS 79922
(915) 841-5797 • Email: jr-appliance.com



SERVICE TYPE CODES
CH - CHARGE SALE ✓
CS - CASH SALE ✓

No 1270

LOCATION NAME Furr's Cafeteria STORE _____
ADDRESS 11925 Gateway West Blvd.
CITY El Paso STATE TX ZIP 79936
CUSTOMER NUMBER _____ DEPT. Kitchen

CALL NUMBER _____
CALL STATUS COMPLETE ORDER PARTS INCOMPLETE
DATE OF SERVICE 3/17/20
CUSTOMER P.O. NUMBER 5064
CUSTOMER P.O. DATE _____
TECHNICIAN Carlos

| SERIAL NUMBER | MODEL NUMBER | SERVICE TYPE | LABOR HOURS | TRAVEL TIME | MILEAGE | INSPECTION Y/N | INSTALL DATE | NO TRIPS | NO TECHS | AIR FREIGHT CLAIM Y/N | SOL. CONTRACT Y/N |
|---------------|--------------|--------------|--------------------------|-------------|---------|----------------|--------------|----------|----------|-----------------------|-------------------|
| | PART NUMBER | QTY | DESCRIPTION OF MATERIALS | | | | | | | | |
| <u>N/A</u> | <u>N/A</u> | | | | | | | | | | |
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3 Vat Fryer not turning on
Replace gas regulator - check that all 3 sections are turning on.

X CUSTOMER SIGNATURE [Signature]
X PRINT CUSTOMER NAME Jose Serrano
X SERVICE TECHNICIAN SIGNATURE Carlos Palacios

| | | | |
|----------|-------|--------------------------|---|
| REGULAR | HRS @ | TOTAL PARTS AND MATERIAL | |
| OVERTIME | HRS @ | | |
| REGULAR | HRS @ | | |
| OVERTIME | HRS @ | | |
| | | TAX | |
| | | TOTAL | <u>52.00</u> <u>160</u> <u>117.49</u> <u>#329.49</u> |

Thank You! IN PAYMENTS WITH CREDIT OR DEBIT CARD,
3% MORE WILL BE CHARGED TO YOUR ACCOUNT.
LATE FEE WILL APPLY IF NOT PAID WITHIN 10 DAYS.

Attachment 6 - Furr's Invoice#01197.pdf

Description - Digital invoice sent for payment on Furrs restaurant equipment repairs. Line items reference paper copies with manager signatures.



Invoice #01197

JR Appliance Repair Invoice 1229, 1233, 1234

We appreciate your business.

Bill To

Magaly Luna
Food Management Partners
mluna@foodmps.com
210-403-3725
120 Chula Vista
Hollywood Park, TX 78232

Invoice Details

PDF created June 11, 2020
\$1,687.92

Payment

Due March 4, 2020
\$1,687.92

| Item | Quantity | Price | Amount |
|--------------|----------|----------|------------|
| Invoice 1229 | 1 | \$633.78 | \$633.78 |
| Invoice 1233 | 1 | \$716.50 | \$716.50 |
| Invoice1234 | 1 | \$209.00 | \$209.00 |
| Subtotal | | | \$1,559.28 |
| Tax | | | \$128.64 |

Total Due **\$1,687.92**



Pay online

To pay your invoice go to <https://gosq.me/u/Yu4WQcSq>

Or open your camera on your mobile device, and place the code on the left within the camera's view.