

Fill in this information to identify the case:

Debtor 1 Gold`s Southeast, LLC

Debtor 2 _____
(Spouse, if filing)

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

Case number 20-31332-hdh11

E-Filed on 08/25/2020
Claim # 248

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?** Corporation Service Company
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor CSC

2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<p>Name <u>Joanne Smith</u></p> <p>Number <u>251</u> Street <u>Little Falls Drive</u></p> <p>City <u>Wilmington</u> State <u>DE</u> ZIP Code <u>19808</u></p> <p>Contact phone <u>(302) 636-5401 x63197</u></p> <p>Contact email <u>Joanne.Smith@cscglobal.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</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. **How much is the claim?** \$ _____ **371.87.** **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 08/25/2020
MM / DD / YYYY

Joanne Smith

Signature

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

Name Joanne Smith
First name Middle name Last name

Title Workflow Coordinator

Company Corporation Service 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 _____

Attachment 1 - Gold's Southeast llc 7230790 371.87.pdf

Description -



CSC
251 Little Falls Drive
Wilmington, DE 19808-1674
USA
EIN: 510009810

ACCOUNT NO.	INVOICE NO.	INVOICE DATE	AMOUNT DUE
7230790	81109271425	05-MAR-2020	\$ 371.87

Billing Address:

Jesse Smith
Omni Hotels
4001 Maple Ave
Ste 600
Dallas, TX 75219-3241

Shipping Address:

Jesse Smith
Omni Hotels
4001 Maple Ave
Ste 600
Dallas, TX 75219-3241

Order Date: 12-JAN-2020	Order No: 130496
Ordered By: Jesse Smith	
7230790	
Omni Hotels	
4001 Maple Ave	
Ste 600	
Dallas, TX 75219-3241	

Description of Services	Quantity	Unit Cost	Amount
Matter No:2020 APRIL RENEWALS			
RE:GOLD'S SOUTHEAST, LLC / Company ID:3354521			
Line:013			
TNQU00	FOREIGN FILING IN TENNESSEE	0	0.00
TN4ARM	DISBURSEMENT/COST - ANNUAL REPORT/TAX RETURN	1	306.87
TN410S	SERVICE FEE - PREPARE & FILE ANNUAL REPORT/TAX RETURN - ANNUAL REPORT MONITORING SERVICE	1	175.00
TNARDT	SPECIAL ARRANGEMENT DISCOUNT	-1	110.00
			-110.00
		Subtotal	\$ 371.87
		Total [USD]	\$ 371.87



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THANK YOU FOR USING CSC - Alexandra Sifford - 800-927-9800

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TERMS: NET 30 DAYS - Invoices not paid within 30 days are subject to a 1.5% per month finance charge. CSC extends credit to the party requesting service whom it holds responsible for payment in full for all monies expended and services rendered.

.....
Please return this portion with your payment.

Account No:	Invoice No	Invoice Date	Amount Due
7230790	81109271425	05-MAR-2020	\$ 371.87

Amount Remitted: \$ _____

Thank you for choosing CSC.

*We are the business behind business.
Please use this remittance to mail in your payment or email
invoiceinquiry@cscglobal.com for additional payment options.*

Mail Payment To:
CSC
P.O. Box 13397
Philadelphia, PA 19101-3397
USA

9 000081109271425 0000037187