

Fill in this information to identify the case:

Debtor 1 <u>Gold's Holding Corp.</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Northern District of Texas</u>
Case number: <u>20-31320</u>

FILED
 U.S. Bankruptcy Court
 Northern District of Texas
 5/8/2020
 Robert . Colwell, Clerk

RECEIVED
 MAY 14 2020

BMC GROUP

04/19

**Official Form 410
 Proof of Claim**

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>Los Angeles County Treasurer and Tax Collector</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>Los Angeles County Treasurer and Tax Collector</u>	_____
	Name	Name
	<u>PO Box 54110 Los Angeles, CA 90054-0110</u>	
	Contact phone <u>213-974-7803</u>	Contact phone _____
	Contact email <u>bankruptcy@ttc.lacounty.gov</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
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? _____	



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? \$ 25128.67
 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 healthcare information.
 Tax Claim

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: _____

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td> <td style="width:20%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 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).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 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).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</td> <td style="text-align: right;">\$ 25128.67</td> </tr> <tr> <td><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p style="font-size: small;">* Amounts are subject to adjustment on 4/1/22 and every 3 years after that for cases begun on or after the date of adjustment.</p>	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____	<input type="checkbox"/> 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).	\$ _____	<input type="checkbox"/> 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).	\$ _____	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 25128.67	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
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Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(b).</p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p>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.</p>	<p>Check the appropriate box:</p> <p><input type="checkbox"/> I am the creditor.</p> <p><input checked="" type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.</p> <p>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.</p> <p>I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date <u>5/8/2020</u> MM / DD / YYYY</p> <p><u>/s/ Oscar Estrada</u> _____ Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name</td> <td>Oscar Estrada</td> </tr> <tr> <td></td> <td>First name Middle name Last name</td> </tr> <tr> <td>Title</td> <td>Tax Services Supervisor II</td> </tr> <tr> <td>Company</td> <td>County of Los Angeles</td> </tr> <tr> <td>Address</td> <td>Identify the corporate servicer as the company if the authorized agent is a servicer PO Box 54110 Number Street Los Angeles, CA 90054-0110 City State ZIP Code</td> </tr> <tr> <td>Contact phone</td> <td>213-893-7909</td> </tr> <tr> <td>Email</td> <td>oestrada@ttc.lacounty.gov</td> </tr> </table>	Name	Oscar Estrada		First name Middle name Last name	Title	Tax Services Supervisor II	Company	County of Los Angeles	Address	Identify the corporate servicer as the company if the authorized agent is a servicer PO Box 54110 Number Street Los Angeles, CA 90054-0110 City State ZIP Code	Contact phone	213-893-7909	Email	oestrada@ttc.lacounty.gov
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Contact phone	213-893-7909														
Email	oestrada@ttc.lacounty.gov														

CLAIM ATTACHMENT SHEET

This claim is an unsecured tax secured by a statutory lien under California state law. This claim is secured under 11 U.S.C. Section 506(b).

This claim is subject to interest under California Revenue and Taxation Code Section 4103, 11 U.S.C. Section 506 (b) and 11 U.S.C. Section 511 as well as costs, fee and attorney fees.

The claim will continue to increase, and interest will continue to accrue until it is paid.

Estimated taxes for **2020-2021** in the amount of **\$25,128.67** are due to the statutory lien date of January 1st per the California Revenue and Taxation Code Section 2192. An Amended claim will be filed once the exact dollar amount is available.

Northern District of Texas Claims Register

20-31320-hdh11 Gold's Holding Corp.

Judge: Harlin DeWayne Hale **Chapter:** 11
Office: Dallas **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**
Creditor: (18982922) **Claim No:** 1 *Status:*
Los Angeles County Treasurer *Original Filed* *Filed by:* CR
and Tax Collector *Date:* 05/08/2020 *Entered by:* Admin
PO Box 54110 *Original Entered* *Modified:*
Los Angeles, CA 90054- *Date:* 05/08/2020
0110

Amount claimed: \$25128.67
Priority claimed: \$25128.67

History:

Details 1-1 05/08/2020 Claim #1 filed by Los Angeles County Treasurer and Tax Collector, Amount claimed: \$25128.67 (Admin)

Description:
Remarks:

Claims Register Summary

Case Name: Gold's Holding Corp.
Case Number: 20-31320-hdh11
Chapter: 11
Date Filed: 05/04/2020
Total Number Of Claims: 1

Total Amount Claimed*	\$25128.67
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority	\$25128.67	
Administrative		