

Fill in this information to identify the case:

Debtor 1 GGI Holdings, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of _____

Case number 20-31318

RECEIVED

AUG 13 2020

BMC GROUP

Official Form 410

Proof of Claim

12/15

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>Interstate Restoration, LLC</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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p> <p><u>Matthew Kristofco</u> Name</p> <p><u>3401 Quorum Dr. Ste. 300</u> Number Street</p> <p><u>Fort Worth</u> TX <u>76137</u> City State ZIP Code</p> <p>Contact phone <u>303-393-1338</u></p> <p>Contact email <u>apalmer@interstaterestoration.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?		
<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>86</u>		
Filed on <u>08/15/2020</u> 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: L D 1 2

7. How much is the claim? \$ 20,199.67 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 health care information.
Services provided

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)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

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

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,775* 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 \$12,475*) 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 4/01/16 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 08/11/2020
MM / DD / YYYY

Signature

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

Name Matthew Kristofco
First name Middle name Last name

Title General Counsel

Company Interstate Restoration, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 3401 Quorum Dr. Ste. 300
Number Street

Fort Worth TX 76137
City State ZIP Code

Contact phone 303-393-1338 Email mkristofco@interstaterestoration.com



Invoice No. 60122

Invoice Date: 11/20/2019

Bill To: Gold's Gym
Attn: Accounts Payable
4001 Maple Avenue, Suite 200
Dallas, TX 75219

Job: Golds Gym- Richardson, TX
110 W. Campbell Road
Richardson, TX 75080

Customer: GOLD12

Federal ID#20-8487188

WO# 228532

Page: 1

Description

Job

Amount

Reconstruction after Abatement.

1026-19-1852

4,980.20

Thank you for your business!

For USPS Mail Only:

Interstate Restoration LLC
P.O. Box 207409
Dallas, TX 75320-7409

For Overnight Couriers:

Attn: Lockbox Services 207409
Interstate Restoration LLC
2975 Regent Blvd.
Irving, TX 75063

Amount Billed: 4,980.20

Sales Tax: 410.87

Total: 5,391.07

Phone: (682) 316-1929

Email: Billing@interstaterestoration.com

Fax: (817) 293-0283



Invoice No. 62877

Invoice Date: 02/28/2020

Bill To: Gold's Gym
Attn: Accounts Payable
4001 Maple Avenue, Suite 200
Dallas, TX 75219

Job: Gold's Gym-Irving
3710 W. Royal Ln
Irving, TX 75063

Customer: GOLD12

Federal ID#20-8487188

PO# 8017824

Page: 1

Description

Job

Amount

Floor protection. - Remove two structures where punching bags are hanging. - Installing 300sqf wall of metal studs. - Installing 5/8" drywall hung and taped. - Prep drywall for level 5 finish. - Paint both walls 2 coats (Color Grey) - Built a 6'x4'x4" wall and install wood simulated laminate around it. - Remove new wall that was built in front of windows. - Place flooring and tape down seams. (Owner providing materials)

1026-20-5368

13,680.00

Thank you for your business!

For USPS Mail Only:

Interstate Restoration LLC
P.O. Box 207409
Dallas, TX 75320-7409

For Overnight Couriers:

Attn: Lockbox Services 207409
Interstate Restoration LLC
2975 Regent Blvd.
Irving, TX 75063

Amount Billed: 13,680.00

Sales Tax: 1,128.60

Total: 14,808.60

Phone: (682) 316-1929

Email: Billing@interstaterestoration.com

Fax: (817) 293-0283

ELECTRONICALLY RECORDED 202000128655
05/22/2020 10:19:58 AM ML AFF 1/4

Recording Requested by Interstate Restoration
Please Return To:
Interstate Restoration
c/o Mail Center
9450 SW Gemini Dr #7790
Beaverton, Oregon 97008-7105
Reference ID: 3466421

SPACE ABOVE FOR RECORDER'S USE

AFFIDAVIT OF LIEN BY ORIGINAL CONTRACTOR

State of Texas | County of Dallas County

IN ADDITION to a Statutory Lien Pursuant to V.T.C.A. Property Code § 53.001 *et. seq.*, the Lien Claimant Claims a Constitutional Lien pursuant to Section 37 of Article 16 of the Texas Constitution to the full extent available such a lien may be available.

Claimant: Interstate Restoration

(Mailing Address):
3401 Quorum Dr. Ste. 300
Fort Worth, Texas 76137
(555) 555-5555

(Physical Address): The same as Mailing if blank

Property Owner

Jsc Gid Parc Royal Phase I LLC
125 High St #2700
Boston, MA 02110
Gold's Gym
Attn: Mac Nichols 4001 Maple Avenue, Suite 200
Dallas, TX 75219

Months Services Furnished

The Claimant provided Services for which payment is requested in the following months:

Jan - Feb 2020

First Date Labor and/or Materials Furnished:
January 24, 2020

Last Date Labor and/or Materials Furnished:
February 28, 2020

Amount of Claim
\$14,808.60

General Statement of kind of work done and/or materials furnished (Services): Labor and materials associated with Disaster Recovery / General Contracting

The Services were performed in construction of improvements at the following described Property ("**Property**"):

State of Texas
County: Dallas County
3710 W. Royal Ln
Irving, Texas 75063

Legal Property Description:

Property located at the municipal address of 3710 W ROYAL LN, IRVING, TX 75063. In the county of DALLAS. APN 32-38666-000-002-0000. Briefly described as PARC ROYAL 1ST LT 2 ACS 5.514 INT201400048678 DD02282014 CO-DC 3866600000200 1CI38666000. Municipality / Township of IRVING.

Notices Sent (If any):

The Claimant Delivered Notices of the Claim or Potential Claim to the Property Owner on the following dates, and through the following methods: Notice of Specially Fabricated Materials, Notice of Contractual Retainage, & Request for Information

Attachments to this Affidavit of Lien:

BEFORE ME, the undersigned authority, personally came and appeared, Caroline Silverstein, a person of the full age of majority, who upon his/her oath did depose and state the following:

A. That he/she is an authorized and disclosed agent of the above-identified Claimant. As the authorized and disclosed agent of the Claimant, he/she has been provided with the facts related to the claim asserted herein, and to the best of his/her knowledge, information and belief, the facts set forth herein are true and correct. He/she is competent and authorized to make this affidavit.

B. The Claimant is above-identified, as is its mailing address and physical address. The Claimant was the Original Contractor on the project in question;

C. Under its contract with the above-identified Property Owner, the Claimant agreed to provide the above-described Services for the installation of improvements to the above-described Property.

D. The owner or reputed owner of the real property above-described and made subject to this Affidavit of Lien is above-identified as the Property Owner, as the owner's mailing address.

E. The real property sought to be charged with a lien is the property above-described as the Property.

F. The total amount due to the Claimant is above-identified as the Amount of Claim. This amount is just, due and correct, after allowing all credits, offsets and payments. The Claimant claims a lien on the Property and its improvements to secure payment of its Amount of Claim.

G. The additional exhibits attached to this Affidavit of Lien (if any) are true and correct copies of the documents, the documents themselves offering the best evidence of its contents.

H. Each month in which Services were provided to the Property for which payment is requested is identified above as the Months Services Furnished.

I. The date each Notice of Claim was sent to the Owner, and the method of its deliver, is identified above as Dates Notices Sent.

State of Louisiana, County of Orleans Name of Claimant:

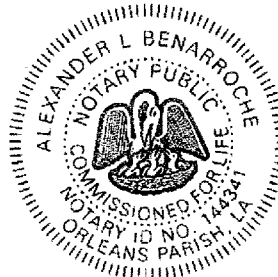
Interstate Restoration

Before Me, undersigned Notary Public, personally came and appeared Caroline Silverstein, known to me to be the person whose name is subscribed Signed: to this foregoing instrument and acknowledged to me that the facts asserted therein were true, correct and accurate to the best of his/her information and belief, and that he/she executed the document for the purposes stated therein, and Claimant, by Authorized Agent in the capacity stated therein, and as the act and deed of said Claimant. Subscribed to and sworn before me on the following date: May 19, 2020

Caroline Silverstein

Print Name: Caroline Silverstein
Date: May 19, 2020

[Signature]
Notary Public



FILED
JUN 1 2020
BMC
2

FILED
JUN 1 2020
BMC
2

**Filed and Recorded
Official Public Records
John F. Warren, County Clerk
Dallas County, TEXAS
05/22/2020 10:19:58 AM
\$38.00
202000128655**

[Handwritten signature]



Fill in this information to identify the case:

Debtor 1 GGI Holdings, LLC

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Northern District of Texas



Case number 20-31318

RECEIVED

JUN 16 2020

BMC GROUP

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?

Interstate Restoration, LLC

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?

Matthew Kristofco

Name

3401 Quorum Dr. Ste. 300

Number Street

Fort Worth

TX

76137

City

State

ZIP Code

Contact phone 303-393-1338

Contact email apalmer@interstaterestoration.com

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? _____

GGI HOLDINGS POC

00086

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: L D 1 2

7. How much is the claim? \$ 14,808.60 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 provided

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 06/15/2020

MM / DD / YYYY

Signature

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

Name

Matthew Kristofco

First name

Middle name

Last name

Title

General Counsel

Company

Interstate Restoration, LLC

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

Address

3401 Quorum Dr. Suite 300

Number

Street

Fort Worth

City

TX

76137

State

ZIP Code

Contact phone

303-393-1338

Email mkristofco@interstaterestoration.com

**Invoice No. 62877****Invoice Date: 02/28/2020**

Bill To: Gold's Gym
Attn: Accounts Payable
4001 Maple Avenue, Suite 200
Dallas, TX 75219

Job: Gold's Gym-Irving
3710 W. Royal Ln
Irving, TX 75063

Customer: GOLD12**Federal ID#20-8487188****PO# 8017824****Page: 1****Description****Job****Amount**

Floor protection. - Remove two structures where punching bags are hanging. - Installing 300sqf wall of metal studs. - Installing 5/8" drywall hung and taped. - Prep drywall for level 5 finish. - Paint both walls 2 coats (Color Grey) - Built a 6'x4'x4" wall and install wood simulated laminate around it. - Remove new wall that was built in front of windows. - Place flooring and tape down seams. (Owner providing materials)

1026-20-5368

13,680.00

Thank you for your business!**For USPS Mail Only:**

Interstate Restoration LLC
P.O. Box 207409
Dallas, TX 75320-7409

For Overnight Couriers:

Attn: Lockbox Services 207409
Interstate Restoration LLC
2975 Regent Blvd.
Irving, TX 75063

Amount Billed: 13,680.00**Sales Tax: 1,128.60****Total: 14,808.60****Phone: (682) 316-1929****Email: Billing@interstaterestoration.com****Fax: (817) 293-0283**

ELECTRONICALLY RECORDED 202000128655
05/22/2020 10:19:58 AM ML AFF 1/4

Recording Requested by Interstate Restoration

Please Return To:

Interstate Restoration

c/o Mail Center

9450 SW Gemini Dr #7790

Beaverton, Oregon 97008-7105

Reference ID: 3466421

SPACE ABOVE FOR RECORDER'S USE

AFFIDAVIT OF LIEN BY ORIGINAL CONTRACTOR

State of Texas | County of Dallas County

IN ADDITION to a Statutory Lien Pursuant to V.T.C.A. Property Code § 53.001 *et. seq.*, the Lien Claimant Claims a Constitutional Lien pursuant to Section 37 of Article 16 of the Texas Constitution to the full extent available such a lien may be available.

Claimant: Interstate Restoration

(Mailing Address):

3401 Quorum Dr. Ste. 300

Fort Worth, Texas 76137

(555) 555-5555

(Physical Address): The same as Mailing if blank

Property Owner

Jsc Gid Parc Royal Phase I LLC

125 High St #2700

Boston, MA 02110

Gold's Gym

Attn: Mac Nichols 4001 Maple Avenue, Suite 200

Dallas, TX 75219

Months Services Furnished

The Claimant provided Services for which payment is requested in the following months:

Jan - Feb 2020

First Date Labor and/or Materials Furnished:

January 24, 2020

Last Date Labor and/or Materials Furnished:

February 28, 2020

Amount of Claim

\$14,808.60

General Statement of kind of work done and/or materials furnished (Services): Labor and materials associated with Disaster Recovery / General Contracting

The Services were performed in construction of improvements at the following described Property ("Property"):

State of Texas
County: Dallas County
3710 W. Royal Ln
Irving, Texas 75063

Legal Property Description:

Property located at the municipal address of 3710 W ROYAL LN, IRVING, TX 75063. In the county of DALLAS. APN 32-38666-000-002-0000. Briefly described as PARC ROYAL 1ST LT 2 ACS 5.514 INT201400048678 DD02282014 CO-DC 3866600000200 1C138666000. Municipality / Township of IRVING.

Notices Sent (If any):

The Claimant Delivered Notices of the Claim or Potential Claim to the Property Owner on the following dates, and through the following methods: Notice of Specially Fabricated Materials, Notice of Contractual Retainage, & Request for Information

Attachments to this Affidavit of Lien:

BEFORE ME, the undersigned authority, personally came and appeared, Caroline Silverstein, a person of the full age of majority, who upon his/her oath did depose and state the following:

A. That he/she is an authorized and disclosed agent of the above-identified Claimant. As the authorized and disclosed agent of the Claimant, he/she has been provided with the facts related to the claim asserted herein, and to the best of his/her knowledge, information and belief, the facts set forth herein are true and correct. He/she is competent and authorized to make this affidavit.

B. The Claimant is above-identified, as is its mailing address and physical address. The Claimant was the Original Contractor on the project in question;

C. Under its contract with the above-identified Property Owner, the Claimant agreed to provide the above-described Services for the installation of improvements to the above-described Property.

D. The owner or reputed owner of the real property above-described and made subject to this Affidavit of Lien is above-identified as the Property Owner, as the owner's mailing address.

E. The real property sought to be charged with a lien is the property above-described as the Property.

F. The total amount due to the Claimant is above-identified as the Amount of Claim. This amount is just, due and correct, after allowing all credits, offsets and payments. The Claimant claims a lien on the Property and its improvements to secure payment of its Amount of Claim.

G. The additional exhibits attached to this Affidavit of Lien (if any) are true and correct copies of the documents, the documents themselves offering the best evidence of its contents.

H. Each month in which Services were provided to the Property for which payment is requested is identified above as the Months Services Furnished.

I. The date each Notice of Claim was sent to the Owner, and the method of its deliver, is identified above as Dates Notices Sent.

State of Louisiana, County of _____ Name of Claimant:
Orleans

Interstate Restoration

Before Me, undersigned Notary Public, personally came and appeared Caroline Silverstein, known to me to be the person whose name is subscribed Signed:

to this foregoing instrument and acknowledged to me that the facts asserted therein were true,

correct and accurate to the best of his/her information and belief, and that he/she executed

the document for the purposes stated therein, and Claimant, by Authorized Agent in the capacity stated therein, and as the act and deed of said Claimant. Subscribed to and sworn before me on the following date: May 19, 2020

Caroline Silverstein

Print Name: Caroline Silverstein
Date: May 19, 2020

[Signature]
Notary Public



**Filed and Recorded
Official Public Records
John F. Warren, County Clerk
Dallas County, TEXAS
05/22/2020 10:19:58 AM
\$38.00
202000128655**

