

Fill in this information to identify the case:

Debtor 1 Gold's Ohio, LLC  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: Northern District of Texas  
Case number 20-31329

RECEIVED  
SEP 09 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? CRG Financial LLC (As Assignee of Biddulph Plaza Shopping Center, 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? Biddulph Plaza Shopping Center, LLC

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?  
CRG Financial LLC  
Name  
100 Union Avenue  
Number Street  
Cresskill, NJ 07626  
City State ZIP Code  
Contact phone 201.266.6988  
Contact email aaxenrod@crgfinancial.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? \_\_\_\_\_

**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? \$ 65,650.28 *plus unliquidated amounts* 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.  
lease guarantee

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:

<input type="checkbox"/> 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 \$ _____
<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 type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<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.	\$ _____

\* 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 09/08/2020  
MM / DD / YYYY

Shannon Kalb  
Signature

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

Name Shannon Kalb  
First name Middle name Last name

Title \_\_\_\_\_

Company CRG Financial LLC  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 100 Union Avenue  
Number Street  
Cresskill, NJ 07626  
City State ZIP Code

Contact phone 201.266.6988 Email aaxenrod@crgfinancial.com

**Biddulph Plaza Shopping Center, LLC**

Pre-petition

<b>Month</b>	<b>Billed Rent</b>	<b>Billed Additional</b>	<b>Amount Paid by World</b>	<b>Amount Due by Golds</b>
April	\$ 12,487.50	\$ 4,120.88	\$ 8,400.00	\$ 8,208.38
May	\$ 12,487.50	\$ 4,120.88	\$ 8,600.00	\$ 8,008.38
June	\$ 12,487.50	\$ 4,120.88		\$ 16,608.38
July	\$ 12,487.50	\$ 4,120.88	\$ 8,400.00	\$ 8,208.38
August	\$ 12,487.50	\$ 4,120.88	\$ 8,600.00	\$ 8,008.38
Sept	\$ 12,487.50	\$ 4,120.88		\$ 16,608.38
				<b>\$ 65,650.28</b>

\*Supporting documentation is voluminous, and can be provided upon request to any party in interest.

Claimant does not waive or release any rights at law or equity, or any rights or causes of action that Claimant has or may have against Debtors, or any other entity or person. The Proof of Claim and this Rider are not intended to be, and shall not be construed as, (i) an election of remedies, (ii) a waiver of any defaults, (iii) a waiver or limitation of any rights, remedies, claims or interests of Claimant.

Claimant reserves the right to file additional claims against Debtors and to amend, revise, or supplement the Proof of Claim and this Addendum in any respect, including without limitation, to (i) reflect any additional claims against Debtors, (ii) specify interest, costs, fees, expenses or other charges or claims incurred by Claimant, (iii) change the priority or classification of the claim, or (iv) fix, increase or amend in any respect the Claim Amount, including to provide additional evidence in support of the claimed amount.

ORIGIN ID: GMVA (201) 266-6988  
CRG FINANCIAL LLC  
SHANNON KALB  
100 UNION AVENUE

SHIP DATE: 09SEP20  
ACTWGT: 1.00 LB  
CAD: 108555815/INET4280

CRESSKILL NJ 07626  
UNITED STATES US

BILL SENDER

TO **BMC GROUP, INC.**  
**ATTN: GGI HOLDINGS CLAIM PROCESSING**  
**3732 WEST 120TH STREET**

**HAWTHORNE CA 90250**

(310) 321-5555

REF:

INV:

PO:

DEPT:

56BJ6/1545B766

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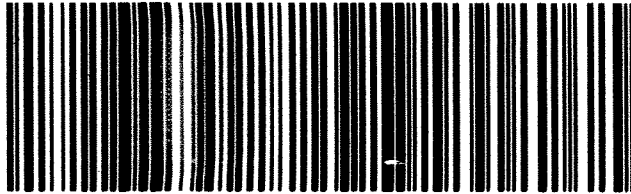
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CRG FINANCIAL LLC