

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

DEC 18 2020

BMC GROUP

FILED

DEC 07 2020

CLERK U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

12/15

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? County of Fairfax
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?
Fairfax County, Office of the County Attorney
Name 12000 Govt. Center Parkway, Suite 549
Number Street
Fairfax VA 22035
City State ZIP Code
Contact phone 7033242421
Contact email John.Burton@fairfaxcounty.gov
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: 5 2 1 7

7. How much is the claim? \$ 20,541.65. 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.
Business Personal Property Taxes

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.

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> No | | |
| <input checked="" type="checkbox"/> Yes. Check all that apply: | | Amount entitled to priority |
| <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 \$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). | | \$ _____ |
| <input type="checkbox"/> 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). | | \$ _____ |
| <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | | \$ <u>20,541.65</u> |
| <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 4/01/16 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:

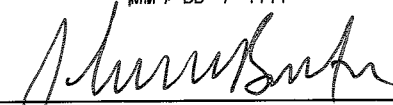
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 11/05/2020
MM / DD / YYYY



 Signature

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

Name John W. Burton
First name Middle name Last name

Title Assistant County Attorney

Company Office of the County Attorney
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 12000 Govt Center Parkway Suite 549
Number Street

Fairfax, VA 22035
City State ZIP Code

Contact phone 7033242421 Email John.Burton@fairfaxcounty.gov

RCAS

BILLED ONLY SCREEN

NAME: GBG, INC
ADDR: 04001 MAPLE
DALLAS TX

SSN: B [REDACTED] 5217 PF10: ATS SUM
AV 200

75219-3249

ALL PROPERTIES

VRFEE: 0000 \$.00
CURRENT: 0002 \$ 20,541.65
PRIOR: 0000 \$.00
EXTENDED: 0000 \$.00
OMITTED: 0000 \$.00
ADMIN: \$.00
DMV HOLD: \$.00
TOTAL: 0002 \$ 20,541.65

POST INTEREST THRU: 00 / 00 / 0000
ATS RECORD(S) EXIST

RECA

. 20-0551-6518-1 C
. 20-0551-6520-3 C

F AND F 12 000-00-0000 1120 \$ 20,413.52
COMPUTER-FF 12 000 00 0000 1120 \$ 128.13

. VEHICLES ONLY PF5=BILLED/UNBILLED PROP NO: 00 - 0000 - 0000 -
INDEX: . ACCT NBR: . 000 - 00 - 0000 NAME:

Comp: BMC GROUP, INC. Date : 21May20
Name: GGI HOLDINGS CL Weight : 1 LBS
Add : 3732 W 120 TH S State : CA
City : HAWTHORNE Zip : 90250

Refs: GGI Holdings an

Svcs: STANDARD OVERNIGHT Master 1318 1004 8569
TRCN: 1318 1004 8569

ORIGIN ID:AVXA (214) 753-2068
ATTN: MARCEY OKAFOR
DALLAS BANKRUPTCY COURT
1100 COMMERCE STREET, RM 1254

SHIP DATE: 21MAY20
ACTWTG: 1.00 LB MAN
CAD: 0794059/CAFE3312

DALLAS, TX 75242
UNITED STATES US

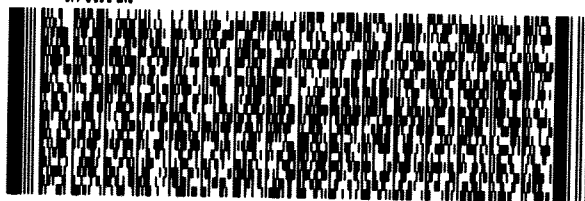
TO GGI HOLDINGS CLAIMS PROCESSING
BMC GROUP, INC.
3732 W 120 TH ST

HAWTHORNE CA 90250

(310) 321-6555

REF: GGI HOLDINGS AND RELATED CASES

RMA: ||| ||| |||



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Part # 156148-434 RIT EYD 07/19/19
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