

Fill in this information to identify the case:

Debtor 1 KIKO USA, Inc.
Debtor 2
(Spouse, if filing) _____
United States Bankruptcy Court for the: District of Delaware, Wilmington Division
Case number 18-10069-MFW

E-Filed on 06/25/2018
Claim # 87

Modified Form 410 Proof of Claim

04/16

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>Town of Trumbull</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? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	Where should notices to the creditor be sent? <u>James M. Nugent</u> Name <u>One New Haven Avenue Suite 100</u> Number Street <u>Milford</u> <u>CT</u> <u>06460</u> City State ZIP Code Contact phone <u>(203) 878-0661 x159</u> Contact email <u>jmn@haflaw.com</u>	Where should payments to the creditor be sent? (if different) <u>Town of Trumbull</u> Name <u>5866 Main Street</u> Number Street <u>Trumbull</u> <u>CT</u> <u>06611</u> City State ZIP Code Contact phone <u>(203) 452-5027</u> Contact email <u>dpellitteri@trumbull-ct.gov</u>
	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? _____	

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? No Yes. Check one:

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

	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).	\$ 0.00
<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ 0.00
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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).	\$ 0.00
<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 12,972.86
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ 0.00
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ 0.00

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)? No Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ 0.00

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 06/25/2018
MM / DD / YYYY

James M. Nugent
Signature

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

Name James M. Nugent
First name Middle name Last name

Title Attorney for Creditor

Company Harlow, Adams & Friedman, P.C.
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 - Attachment.pdf

Description -

GENERAL DATA PERSONAL PROPERTY OFFICE OF THE TAX COLLECTOR

AS OF 06/18/2018



BILL NO: 2017-02-0040788
 UNIQUE ID: 831010

LINE#
 FILE#
 BANK:
 ESCROW:

ORIGINAL OWNER: KIKO USA INC
 C/O: ATTN DAVIDE CRAVERO
 ADDRESS: 470 PARK AVE SOUTH 15TH FLR
 ADDRESS2:
 CITY ST ZIP: NEW YORK NY 10016
 COUNTRY:
 PROP LOC.: TSP-5065 MAIN ST UPPER LVL
 EXR PROP LOC:
 D.B.A.: KIKO MILANO

DISTRICT: L -
 PROP ASSESSED: 381,330
 EXEMPTIONS:
 COC CHANGE:
 NET VALUE: 381,330
 MILL RATE: 34.0200

EXMPT CHANGE:

*** BILLED ***
 INST1: 6,486.43 TOWN
 INST2: 6,486.43
 INST3: 0.00
 INST4: 0.00
 ADJS: 0.00
 TOT TAX: 12,972.86
 TOTAL PAID: 0.00

TOTALS
 6,486.43
 6,486.43
 0.00
 0.00
 0.00
 12,972.86
 0.00

*** PAYMENTS ***

TYPE	DATE	ADJ	TERM/BATCH/SEQ	INST	AMOUNT	INTEREST	LIENS	FEES	TOTALS
TOTAL PAYMENTS:									

TOTAL BALANCE DUE AS OF 06/18/2018

INT DUE: TOWN
 LTN DUE: 0.00
 FEES DUE: 0.00
 TAX DUE NOW: 0.00
 TOT DUE NOW: 0.00
 BALANCE DUE: 12,972.86

Benefit Year: 0

*** FLAGS ***
 Circuit Breaker Amount: 0
 Invalid Address Flag: No