

Fill in this information to identify your case:

Debtor 1	Alex and Ani, LLC		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	District Of Delaware		
Case number	21-10918-CTG		

- Date Stamped Copy Returned
- No self addressed stamped envelope
- No copy to return

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?	ACAR Leasing LTD d/b/a GM Financial Leasing 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?	[X] 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? ACAR Leasing LTD d/b/a GM Financial Leasing ACAR Leasing LTD d/b/a GM Financial Leasing PO Box 183853 Arlington, TX 76096	Where should payments to the creditor be sent (if different)? ACAR Leasing LTD d/b/a GM Financial Leasing ACAR Leasing LTD d/b/a GM Financial Leasing PO Box 183853 Arlington, TX 76096
RECEIVED JUN 28 2021 KURTZMAN CARSON CONSULTANTS	Contact phone (877) 203-5538	Contact phone (877) 203-5538
	Contact email _____	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one) _____	
4. Does this claim amend one already filed?	[X] 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?	[X] 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: 8461

7. How much is the claim? \$22,485.00 plus any amount that may be due at lease termination. Does this amount include interest or other charges?
 CLAIMANT RESERVES THE RIGHT TO AMEND CLAIM 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.
Motor Vehicle Lease

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 2019 CADILLAC ESCALADE
 Other. Describe: _____
 Basis for perfection: certificate of title
 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 the case was filed) _____
 Fixed
 Variable

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KURTZMAN CARSON CONSULTANTS

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition: \$0.00

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:

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

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 4/1/22 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). 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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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.

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. 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 June 14, 2021
MM / DD / YYYY

/s/ Lorenzo Nunez
Signature

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

Name Lorenzo Nunez
First name Middle name Last name

Title _____

Company ACAR Leasing LTD d/b/a GM Financial Leasing

Address _____

Contact phone _____ Email _____

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Breakdown of Arrears
ACAR Leasing LTD d/b/a GM Financial Leasing

Past Due Lease Payment(s)	0.00
Other Charges	
Late Fees	0.00
Unpaid Fees	0.00
Taxes Due	0.00
Total Arrears Due at Filing	<u>0.00</u>

1043041

CLOSED END MOTOR VEHICLE LEASE

(WITH ARBITRATION PROVISION)



Lease Date: 06/11/2019

Lease Agreement header section containing Lessor Name and Business Address (HERB CHAMBERS CADILLAC INC), Lessee Name and Address (ALEX AND AMT, LLC), and Vehicle Information (2019 Cadillac Escalade).

Table with columns: Month/Year, Type, Make, Model, Escalade, UT, Body Style, Vehicle #, Mileage, and Primary Use.

Section 2: Amount Due at Lease Signing or Delivery. Includes sub-sections A, B, and C detailing payment schedules and total amounts.

Section 6: Itemization of Amount Due at Lease Signing or Delivery. Lists various fees including capitalized cost reduction, taxes, and license fees.

Section 7: Total scheduled payment is determined as shown below. Includes sub-sections A through H detailing gross capitalized cost, depreciation, and total payments.

Section 11: The In-Plan Vehicle. Includes sub-sections A, B, and C regarding trade-in allowance and net trade-in allowance.

Section 12: Itemization of Gross Capitalized Cost. Lists various costs including taxes, title, license, and preparation fees.

Section 13: Optional Products and Services. Includes sub-sections 13.1 (Optional Products and Services) and 13.2 (Optional Products and Services).

Section 14: Types and Amounts of Required Insurance Coverage. Includes sub-sections A, B, and C detailing required insurance types and amounts.

Section 15: Schedule of Lease and Lease Term. Includes sub-sections A and B detailing the lease schedule and term.

Section 16: Other Side of this Lease Contains Important Terms and Conditions. Includes sub-sections A and B regarding arbitration and signature requirements.

Section 17: Signature Lines. Includes sub-sections A and B for Lessee Signatures and Lessor's Acceptance.

Section 18: Lessor's Acceptance. Includes sub-sections A and B for Lessor's Acceptance and Signature.

Section 19: Lessor's Acceptance. Includes sub-sections A and B for Lessor's Acceptance and Signature.

Section 20: Lessor's Acceptance. Includes sub-sections A and B for Lessor's Acceptance and Signature.

Section 21: Lessor's Acceptance. Includes sub-sections A and B for Lessor's Acceptance and Signature.

Section 22: Lessor's Acceptance. Includes sub-sections A and B for Lessor's Acceptance and Signature.

Section 23: Lessor's Acceptance. Includes sub-sections A and B for Lessor's Acceptance and Signature.

CERTIFICATE OF TITLE



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS



DIVISION OF MOTOR VEHICLES

The Registrar of the State of Rhode Island Division of Motor Vehicles hereby certifies that an application for a certificate of title for the motor vehicle described herein has been duly filed, pursuant to the provisions of the Rhode Island General Laws. Based on the statements of the applicant and the records on file with this agency, the applicant named is the owner of the said vehicle.

WELLS FARGO BANK NA AS COLLATERAL AGENT
PO BOX 9000
LUTHERVILLE MD 21094-9000



TITLE NUMBER 20406669	VEHICLE IDENTIFICATION NUMBER 1GYS4CKJ6KR157710 1GYS4CKJ6KR157710	ODOMETER READING 3910 miles 3910 miles ACTUAL MILEAGE
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TITLE LEGEND(S)

YEAR 2019	MAKE CADILLAC	MODEL ESCALADE	BODY TYPE SPORT UTILITY VEHICLE	ISSUE DATE 07/10/2019		
NEW/USED NEW	PURCHASE DATE 06/11/2019	CYL / CC 8	PASS 7	FUEL TYPE GAS	SHIPPING WEIGHT	GROSS VEHICLE WEIGHT 6906

PREVIOUS TITLE NUMBER

PREVIOUS TITLE STATE

IF PREVIOUS STATE WAS TITLE EXEMPT, REGISTRATION NUMBER IS DISPLAYED

TITLE TYPE AND BRANDS

TITLE TYPE: REGULAR
BRAND: ACTUAL MILEAGE
BRAND:

TITLE MESSAGE(S):

VEHICLE OWNER
ACAR LEASING LTD
4001 EMBARCADERO DR
ARLINGTON TX 76014-4106

SECOND VEHICLE OWNER

FIRST LIENHOLDER
WELLS FARGO BANK NA AS COLLATERAL AGENT
PO BOX 9000
LUTHERVILLE MD 21094-9000

SECOND LIENHOLDER

DATE OF LIEN: 06/11/2019

DATE OF LIEN:

RELEASE OF LIEN: The first lienholder's interest in the vehicle described in this certificate is hereby released.	RELEASE OF SECOND LIEN: The second lienholder's interest in the vehicle described in this certificate is hereby released.
Name	Name
Authorized Signature (Title, if any)	Authorized Signature (Title, if any)
Date	Date

VOID UNLESS OFFICIALLY SIGNED

Walter R. Craddock

WALTER R. CRADDOCK
Administrator
Division Of Motor Vehicles

RO444443

ALTERATION OR ERASURE VOIDS THIS TITLE. KEEP IN SAFE PLACE.

DIVISION OF MOTOR VEHICLES

HOLD TO LIGHT TO VIEW
EAGLE WATERMARK

WATERMARK IS ABSENT

ALTERATION OR ERASURE VOIDS THIS TITLE. KEEP IN A SAFE PLACE.

WARNING: FEDERAL AND RHODE ISLAND LAWS REQUIRE THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

TRANSFER BY OWNER

The undersigned hereby assign and warrant title of this vehicle, subject to the liens described on the face of this certificate, or if not to those undisclosed liens hereby described below and none other, to **(PLEASE PRINT)**

PRINT NAME OF BUYER(S)	BUYER ADDRESS NUMBER AND STREET, CITY/TOWN, STATE, ZIP CODE	DATE OF SALE
LIENHOLDER (IF NONE, STATE "NONE")	LIENHOLDER ADDRESS NUMBER AND STREET, CITY/TOWN, STATE, ZIP CODE	DATE OF LIEN

ODOMETER DISCLOSURE STATEMENT

I state that the odometer now reads _____ (NO TENTHS) miles and to the best of my knowledge that it reflects the **ACTUAL MILEAGE** of the vehicle described herein unless one of the following statements is checked →
WE, THE BUYER AND SELLER, HEREBY CERTIFY THAT WE HAVE BOTH VIEWED THE ODOMETER OF THE MOTOR VEHICLE.

- Mileage is in excess of its mechanical limits (the odometer started at zero again)
- Odometer reading is **NOT** the actual mileage.
WARNING - ODOMETER DISCREPANCY

PRINT NAME(S) OF BUYER(S)	SIGNATURE(S) OF BUYER(S)	DATE
PRINT NAME(S) OF SELLER(S)	SIGNATURE(S) OF SELLER(S)	DATE

FIRST REASSIGNMENT BY LICENSED DEALER

The undersigned hereby assign and warrant title of this vehicle, subject to the liens described on the face of this certificate, or if not to those undisclosed liens hereby described below and none other, to **(PLEASE PRINT)**

PRINT NAME OF BUYER(S)	BUYER ADDRESS NUMBER AND STREET, CITY/TOWN, STATE, ZIP CODE	DATE OF SALE
LIENHOLDER (IF NONE, STATE "NONE")	LIENHOLDER ADDRESS NUMBER AND STREET, CITY/TOWN, STATE, ZIP CODE	DATE OF LIEN

ODOMETER DISCLOSURE STATEMENT

I state that the odometer now reads _____ (NO TENTHS) miles and to the best of my knowledge that it reflects the **ACTUAL MILEAGE** of the vehicle described herein unless one of the following statements is checked →
WE, THE BUYER AND SELLER, HEREBY CERTIFY THAT WE HAVE BOTH VIEWED THE ODOMETER OF THE MOTOR VEHICLE.

- Mileage is in excess of its mechanical limits (the odometer started at zero again)
- Odometer reading is **NOT** the actual mileage.
WARNING - ODOMETER DISCREPANCY.

NAME OF DEALERSHIP	DEALER ADDRESS NUMBER AND STREET, CITY/TOWN, STATE, ZIP CODE	DEALER LICENSE NO
PRINT NAME(S) OF BUYER(S)	SIGNATURE(S) OF BUYER(S)	DATE
PRINT NAME OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	DATE

SECOND REASSIGNMENT BY LICENSED DEALER

The undersigned hereby assign and warrant title of this vehicle, subject to the liens described on the face of this certificate, or if not to those undisclosed liens hereby described below and none other, to **(PLEASE PRINT)**

PRINT NAME OF BUYER(S)	BUYER ADDRESS NUMBER AND STREET CITY/TOWN, STATE, ZIP CODE	DATE OF SALE
LIENHOLDER (IF NONE, STATE "NONE")	LIENHOLDER ADDRESS NUMBER AND STREET, CITY/TOWN, STATE, ZIP CODE	DATE OF LIEN

ODOMETER DISCLOSURE STATEMENT

I state that the odometer now reads _____ (NO TENTHS) miles and to the best of my knowledge that it reflects the **ACTUAL MILEAGE** of the vehicle described herein unless one of the following statements is checked →
WE, THE BUYER AND SELLER, HEREBY CERTIFY THAT WE HAVE BOTH VIEWED THE ODOMETER OF THE MOTOR VEHICLE.

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NAME OF DEALERSHIP	DEALER ADDRESS NUMBER AND STREET, CITY/TOWN, STATE, ZIP CODE	DEALER LICENSE NO
PRINT NAME(S) OF BUYER(S)	SIGNATURE(S) OF BUYER(S)	DATE
PRINT NAME OF AUTHORIZED AGENT	SIGNATURE OF AUTHORIZED AGENT	DATE

ANY FALSE STATEMENT MAY BE PUNISHABLE AS A MISDEMEANOR OR FELONY.

ALTERATION OR ERASURE VOIDS THIS TITLE. KEEP IN A SAFE PLACE.