

Fill in this information to identify the case:

Debtor 1 **CBC RESTAURANT CORP.**Debtor 2  
(Spouse, if filing)United States Bankruptcy Court for the: **District of DE**Case number **23-10245** - Chapter 11**FILED****2023 MAR -6 AM 10:16**CLERK  
U.S. BANKRUPTCY COURT  
DISTRICT OF DELAWARE**Official Form 410**  
**Proof of Claim**

04/22

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**

<b>1. Who is the current creditor?</b>	<u>Gregg County</u> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<div style="display: flex; justify-content: space-between;"> <div> Where should notices to the creditor be sent?   <b>LINEBARGER GOGGAN BLAIR &amp; SAMPSON, LLP</b>  2777 N. STEMMONS FREEWAY  SUITE 1000  DALLAS, TX 75207  (214) 880-0089  dallas.bankruptcy@lgb.com </div> <div> Where should payments to the creditor be sent?  (If different)   <b>RECEIVED</b>   <b>MAR 09 2023</b>   <b>KURTZMAN CARSON CONSULTANTS</b> </div> </div> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Claim number on court claims registry (if known) _____ Filed On: _____	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>6. Do you have any</b>	<input type="checkbox"/> No
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number you use to identify the debtor?	<input checked="" type="checkbox"/> Yes Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ <b>SEE ATTACHED EXHIBITS</b>	
7. How much is the claim?	\$ <u>\$6,133.01</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. <b>AD VALOREM TAXES</b>	
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes The claim is secured by a lien on property. <b>Nature of property:</b> <input type="checkbox"/> Real Estate. If claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim</i> Attachment (Official Form 410-A) with this Proof of Claim. <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other. Describe: <u>SEE ATTACHED EXHIBITS</u> <b>Basis for perfection:</b> <u>Secured by Tax Lien §§ 32.01 and 32.05 of the Texas Property Tax Code. Secured claim to extent of collateral value. Unsecured Priority claim [11 U.S.C. 507 (a)(8)] to extent of any shortfall in collateral value and for personal liability.</u> 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.) <b>Value of property:</b> \$ <u>SEE ATTACHED EXHIBITS</u> <b>Amount of the claim that is secured:</b> \$ <u>\$6,133.01</u> <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) <b>Amount necessary to cure any default as of the date of the petition:</b> \$ <u>\$6,133.01</u> <b>Annual Interest Rate</b> (when case was filed) <u>12%</u> <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Amount necessary to cure any default as of the date of the petition. \$ _____	
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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 checked="" type="checkbox"/> No <input 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 \$3,350* 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 \$15,150*) 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). \$ _____

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 KURTZMAN CARSON CONSULTANTS

	<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. \$ _____
<small>* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.</small>	

**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 co-debtor. 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 February 27, 2023

**/s/John Turner**

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

**Name : John Turner**

**Title : Attorney TXBN 00788563**

**Company : LINEBARGER GOGGAN BLAIR & SAMPSON, LLP**  
Identify the corporate servicer as the company if the authorized agent is a servicer.

**Address : 2777 N. STEMMONS FREEWAY  
SUITE 1000  
DALLAS, TX 75207  
(214) 880-0089**

**dallas.bankruptcy@lgbs.com**

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**MAR 09 2023**

**KURTZMAN CARSON CONSULTANTS**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF TEXAS  
DIVISION**

**IN RE:**

**CBC RESTAURANT CORP.**

**DEBTOR(S)**

§  
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§  
§  
§

**CASE NO. 23-10245**

**CHAPTER 11**

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**GREGG COUNTY**  
**PROOF OF CLAIM SUMMARY OF EXHIBITS**

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<b><u>Exhibit No.</u></b>	<b><u>Account No.</u></b>	<b><u>Tax Years Included in Claim</u></b>	<b><u>Amount Due</u></b>
1	1185806	2020	\$6,133.01
<b>TOTAL:</b>			<b>\$6,133.01</b>

# DELINQUENT TAX STATEMENT DETAIL



**MICHELLE TERRY, PCAC**  
**GREGG COUNTY TAX ASSESSOR-COLLECTOR**  
**PO BOX 1431, LONGVIEW, TX 75606**

903-237-2552

**Certified Owner:**

CORNER BAKERY CAFE  
 6205 S BROADWAY  
 TYLER, TX 75703

**Legal Description:**

PERSONAL PROPERTY-3090 N EASTMAN RD

**Account No: 1185806**

**Appr. Dist. No.: 1185806**

**As of Date: 02/27/2023**

**Legal Acres:** .0000

**Parcel Address:** 3090 N EASTMAN RD

**Print Date:** 02/27/2023 **Printed By:** KIMR

Year	Rec Type	Receipt	Tax Units	Delinq. Date MM/YY	IF PAID BY February 28, 2023			IF PAID BY March 31, 2023		IF PAID BY May 1, 2023	
					Remaining Levy	Penalty Interest	Total	Penalty Interest	Total	Penalty Interest	Total
2020	TL		100	02/21	\$442.86	\$254.87	\$697.73	\$259.96	\$702.82	\$265.06	\$707.92
	TL		110	02/21	\$9.13	\$5.26	\$14.39	\$5.36	\$14.49	\$5.46	\$14.59
	TL		250	02/21	\$962.34	\$553.83	\$1,516.17	\$564.89	\$1,527.23	\$575.96	\$1,538.30
	TL		320	02/21	\$2,478.40	\$1,426.32	\$3,904.72	\$1,454.82	\$3,933.22	\$1,483.33	\$3,961.73
<b>Subtotals for 2020:</b>					<b>\$3,892.73</b>	<b>\$2,240.28</b>	<b>\$6,133.01</b>	<b>\$2,285.03</b>	<b>\$6,177.76</b>	<b>\$2,329.81</b>	<b>\$6,222.54</b>
<b>TOTAL AMOUNT DUE:</b>					<b>\$3,892.73</b>	<b>\$2,240.28</b>	<b>\$6,133.01</b>	<b>\$2,285.03</b>	<b>\$6,177.76</b>	<b>\$2,329.81</b>	<b>\$6,222.54</b>

**Tax Unit Codes:**

100 GREGG COUNTY 110 SPECIAL-RD & BRIDGE 250 LONGVIEW CITY 320 LONGVIEW ISD  
 FOR PAYMENTS BY PHONE, CALL 1-800-206-8524 (BUREAU CODE 6844546) OR VISIT WWW.CO.GREGG.TX.US TO PAY ONLINE. A FEE  
 WILL BE CHARGED FOR THIS CONVENIENCE.

IF THE PROPERTY DESCRIBED IN THIS DOCUMENT IS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT  
 THE TAX COLLECTOR FOR THE GREGG COUNTY TAX OFFICE REGARDING A RIGHT YOU MAY HAVE TO ENTER  
 INTO AN INSTALLMENT AGREEMENT DIRECTLY WITH THE TAX COLLECTOR FOR THE GREGG COUNTY TAX  
 OFFICE FOR THE PAYMENT OF THESE TAXES.

IF YOU ARE 65 YEARS OF AGE OR OLDER OR ARE DISABLED AND THE PROPERTY DESCRIBED IN THIS DOCUMENT IS YOUR RESIDENCE  
 HOMESTEAD, YOU SHOULD CONTACT THE APPRAISAL DISTRICT REGARDING ANY ENTITLEMENT YOU MAY HAVE TO A POSTPONEMENT IN  
 THE PAYMENT OF THESE TAXES.

**Print Date: 02/27/2023**

PLEASE CUT AT THE DOTTED LINE AND RETURN THIS PORTION WITH YOUR PAYMENT.



**PLEASE NOTE YOUR ACCOUNT NUMBER ON YOUR CHECK AND MAKE CHECKS PAYABLE TO:**

MICHELLE TERRY, PCAC  
 TAX ASSESSOR-COLLECTOR  
 PO BOX 1431  
 LONGVIEW, TX 75606

**Appr. Dist. No.: 1185806**



1185806

CORNER BAKERY CAFE  
 6205 S BROADWAY  
 TYLER, TX 75703

If Paid By	Amount Due
February 28, 2023	\$6,133.01
March 31, 2023	\$6,177.76
May 1, 2023	\$6,222.54
Amount Paid: S	_____

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**Parcel Address:** 3090 N EASTMAN RD

**Print Date:** 02/27/2023 **Printed By:** KIMR

**IF PAID BY**  
March 31, 2023

**IF PAID BY**  
May 1, 2023

Year	Rec Type	Receipt	Tax Units	Delinq. Date MM/YY	Remaining Levy	Penalty Interest	Total	Penalty Interest	Total	Penalty Interest	Total
TOTAL AMOUNT DUE:					\$3,892.73	\$2,240.28	\$6,133.01	\$2,285.03	\$6,177.76	\$2,329.81	\$6,222.54

**THE TAXES ON THIS PROPERTY ARE DELINQUENT. THE PROPERTY IS SUBJECT TO A LIEN FOR THE DELINQUENT TAXES. IF THE DELINQUENT TAXES ARE NOT PAID, THE LIEN MAY BE FORECLOSED.**

**Print Date:** 02/27/2023

PLEASE CUT AT THE DOTTED LINE AND RETURN THIS PORTION WITH YOUR PAYMENT.

327.39

**PLEASE NOTE YOUR ACCOUNT NUMBER ON YOUR CHECK AND MAKE CHECKS PAYABLE TO:**

MICHELLE TERRY, PCAC  
TAX ASSESSOR-COLLECTOR  
PO BOX 1431  
LONGVIEW, TX 75606

**Appr. Dist. No.: 1185806**



1185806

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**If Paid By**  
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**Amount Paid:** \$ \_\_\_\_\_