

## 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 Delaware

Case number 23-10245

## 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

1. Who is the current creditor?	<u>DEKALB COUNTY UCO</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Dekalb County Treasury &amp; Accounting</u>	
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?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>DEKALB COUNTY UCO</u> Name <u>77 JORDAN LANE</u> Number Street <u>DECATUR</u> <u>GA</u> <u>30033</u> City State ZIP Code Contact phone <u>404-371-3069</u> Contact email <u>UCOREVPRO@DEKALBCOUNTYG</u>	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone Contact email
RECEIVED MAR 15 2023 KURTZMAN CARSON CONSULTANTS		
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 ____ / ____ / ____	
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? _____	



231024523031500000000005  
page 1

**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 8 7 0

7. How much is the claim? \$ 3,355.79 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.  
Dekalb County Water Billing

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. \$ 3,355.79

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:

Amount entitled to priority

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

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

\$ \_\_\_\_\_

☐ 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).

\$ \_\_\_\_\_

☐ 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).

\$ \_\_\_\_\_

☐ 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 4/01/25 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 03/07/2023  
MM / DD / YYYY

Lynette Farguson  
Signature



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

Name Lynette V Farguson  
First name Middle name Last name

Title Sr. manager

Company DEKALB COUNTY UCO  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 774 JORDAN IANE Suite#200  
Number Street

Decatur GA 30033  
City State ZIP Code

Contact phone Email

RECEIVED

MAR 15 2023

KURTZMAN CARSON CONSULTANTS

## DEKALB COUNTY FINANCE

P O BOX 71224  
 CHARLOTTE, NC 28272-1224  
 PHONE: 404-378-4475

CORNER BAKERY CAFE'  
 C/O: ECOVA  
 121 FRIENDS LANE SUITE 301

NEWTOWN, PA 18940

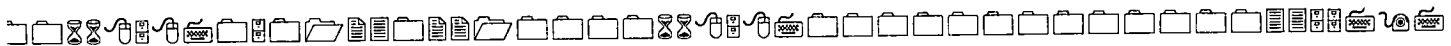
## Utility Statement

Customer Number: 6685870  
 Total Amount Due: \$3,355.79  
 Due Date: 03/15/2023  
 Statement Date: 02/22/2023  
 Statement Number: 132811834  
 After Due Date: \$3,359.24

Location: 011513203 4585 ASHFORD DUNWOODY ROAD - ATLANTA, GA 30346

Description	Previous		Current		Days	Usage	Amount Due
	Date	Reading	Date	Reading			
PREV BAL: 02/20/2023							3,321.36
WATER 1-1/2" METER BILLED MONTHLY	01/23/23	2962241	02/21/23	2962242	29	1	
WATER READY-TO-SERVE CHARGE							10.07
SEWER READY-TO-SERVE CHARGE							24.35
SEWER SERVICE - BASED ON: WATER SERVICE							0.01
Location Totals:							3,355.79
Statement Totals:							3,355.79

Please detach and return this portion with your payment. Please retain the upper portion for your records.



\*ST0132811834\*

## DEKALB COUNTY FINANCE

P O BOX 71224  
 CHARLOTTE, NC 28272-1224  
 PHONE: 404-378-4475

Customer Number: 6685870  
 Customer Name: CORNER BAKERY CAFE'  
 Total Amount Due: \$3,355.79  
 Due Date: 03/15/2023  
 Statement Date: 02/22/2023  
 Statement Number: 132811834  
 After Due Date: \$3,359.24

**UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

RE: Corner Bakery Cafe

CASE NUMBER: 23-10245 (KBO)

FILED DATE: 02/27/2023

CHAPTER: 11

**PROOF OF CLAIM OF DEKALB COUNTY, GEORGIA**

Lynette Ferguson, Sr. manager WS, DeKalb County, Georgia, as the duly authorized agent for said County, states as follows:

1. That the debtor, above named, is justly and truly indebted to **DeKalb County, Georgia**.
2. Mail notices to **DeKalb County Finance Attn: Bankruptcy Clerk, 774 Jordan Lane Ste. #200 Decatur GA 30033**.
3. That debts resulting from the grant of business licenses are taxes, thus are priority claims.
4. That debts resulting from sanitary assessments, when converted into *fi. fas.* become **secured claims** in accordance with the Code of DeKalb County, Chapter 22, Article II, Section 32 (b)(2).
5. The debt resulting from water and sewage charges, and sanitation if the property is still held by the Debtor's estate, is a lien on the real property serviced by the sewer line in accordance with "DeKalb County Sewerage System," 1949 Georgia Laws No. 353, p. 1590 et seq., and is therefore a secured claim. See also *Bowery Savings Bank v. DeKalb County*, 240 Ga. 528, 242 S.E.2d 50 (1978), which supports the secured status of both water and sanitation charges.

<b>Secured Priority Claim:</b>	<b><u>Principal</u></b>	<b><u>Penalty</u></b>	<b><u>Interest</u></b>	<b><u>Total</u></b>
Water & Sewer	\$0.00	\$0.00	\$0.00	\$0.00

**Total amount of Secured Priority Claim (see 5 *supra*):** \$0.00

**Unsecured Priority Claim, Section 507:**


	<b><u>Principal</u></b>	<b><u>Penalty</u></b>	<b><u>Interest</u></b>	<b><u>Total</u></b>
Water & Sewer	\$0.00	\$0.00	\$0.00	\$0.00

**Total amount of Unsecured Priority Claim:** \$0.00

<b>Unsecured Claims</b>	<b><u>Principal</u></b>	<b><u>Penalty</u></b>	<b><u>Interest</u></b>	<b><u>Total</u></b>
Other - Water	\$3,355.79	\$0.00	\$0.00	\$3,355.79
EMS	\$0	\$0	\$0	\$0
False Alarms	\$0	\$0	\$0	\$0

**Total amount of Unsecured Claims:** \$0.00

<b>Claim Amount:</b>	<b><u>Secured</u></b>	<b><u>Unsecured Priority</u></b>	<b><u>Unsecured</u></b>	<b><u>Total</u></b>
	\$0.00	\$0.00	\$3,355.79	\$3,355.79



March 07, 2023

Lynette V. Ferguson  
DeKalb County, Georgia - Department of Finance  
Utility Customer Operations  
Revenue Protection Unit  
Ph: (404) 371-3069  
[ucorevpro@dekalbcountyga.gov](mailto:ucorevpro@dekalbcountyga.gov)

Date