| Fill in this informati | All continued and amount | | |
|---|--|---|----------------------|
| Debtor 1 CBC | RESTAURANT CORP. | | |
| Debtor 2 | <u> </u> | | |
| (Spouse, if filing) | | , | |
| | cy Court for the: District of Delaware | | |
| Case number 23-10 | 245 | | |
| | | | |
| | | | |
| Official Form | <u>1410</u> | | |
| Proof of | Claim | | 04/16 |
| | | | |
| | | Date Stamped Copy Retu No self addressed stamp No copy to return | irned ed envelope |
| Part 1: Identify | | No self addressed stamp | irned ed envelope |
| . Who is the curren | the Claim the Claim the Harris County Municipal Utility District # 345 | No self addressed stamp | irned ed envelope |
| | the Claim | No self addressed stamp | irned ed envelope |
| . Who is the curren | the Claim the Claim the Harris County Municipal Utility District # 345 | No self addressed stamp | irned ed envelope |
| Who is the curren creditor? | the Claim It HARRIS COUNTY MUNICIPAL UTILITY DISTRICT # 345 Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor | No self addressed stamp | irned ed envelope |
| Who is the curren creditor? | the Claim It HARRIS COUNTY MUNICIPAL UTILITY DISTRICT # 345 Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor | No self addressed stamp | irned ed envelope |
| Who is the curren creditor? Has this claim be acquired from someone else? Where should not | the Claim It HARRIS COUNTY MUNICIPAL UTILITY DISTRICT # 345 Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor In No Yes. From whom? Where should notices to the creditor be sent? Where shou | No self addressed stamp No copy to return | ed envelope |
| Who is the curren creditor? Has this claim be acquired from someone else? | the Claim It HARRIS COUNTY MUNICIPAL UTILITY DISTRICT # 345 Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor en No Yes. From whom? tices Where should notices to the creditor be sent? Where should fiferent) | No self addressed stamp No copy to return | ed envelope |
| Who is the current creditor? Has this claim be acquired from someone else? Where should not and payments to creditor be sent? Federal Rule of | the Claim It. HARRIS COUNTY MUNICIPAL UTILITY DISTRICT # 345 Name of the current creditor (the person or emitty to be paid for this claim) Other names the creditor used with the debtor en No Yes. From whom? Under the should notices to the creditor be sent? Carl O. Sandin HARRIS CO | No self addressed stamp No copy to return | be sent? (if |
| Who is the curren creditor? Has this claim be acquired from someone else? Where should not and payments to creditor be sent? | the Claim It HARRIS COUNTY MUNICIPAL UTILITY DISTRICT # 345 Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor en No Yes. From whom? Under the should notices to the creditor be sent? Carl O. Sandin Name 1235 North Loop West Suite 600 6935 Barne | No self addressed stamp No copy to return ild payments to the creditor unty MUNICIPAL UTILITY by Road, Suite # 110 | be sent? (if |
| Who is the current creditor? Has this claim be acquired from someone else? Where should not and payments to creditor be sent? Federal Rule of Bankruptcy Proces | the Claim It HARRIS COUNTY MUNICIPAL UTILITY DISTRICT # 345 Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor It No Yes. From whom? Values Carl O. Sandin Name 1235 North Loop West Suite 600 Number Street Number | No self addressed stamp No copy to return ild payments to the creditor UNTY MUNICIPAL UTILITY by Road, Suite # 110 Street | be sent? (if |
| Who is the current creditor? Has this claim be acquired from someone else? Where should not and payments to creditor be sent? Federal Rule of Bankruptcy Proces | the Claim It. HARRIS COUNTY MUNICIPAL UTILITY DISTRICT # 345 Name of the current creditor (the person or emitty to be paid for this claim) Other names the creditor used with the debtor en No Yes. From whom? Under should notices to the creditor be sent? Carl O. Sandin HARRIS CO Name Name 1235 North Loop West Suite 600 6935 Barne Number Houston TX 77008 Houston | No self addressed stamp No copy to return ild payments to the creditor unty MUNICIPAL UTILITY by Road, Suite # 110 | be sent? (if |
| Who is the current creditor? Has this claim be acquired from someone else? Where should not and payments to creditor be sent? Federal Rule of Bankruptcy Proced (FRBP) 2002(g) | the Claim It HARRIS COUNTY MUNICIPAL UTILITY DISTRICT # 345 Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor It No Yes. From whom? Carl O. Sandin Name 1235 North Loop West Suite 600 Number Houston TX 77008 City State City State City City State City City State City Ci | No self addressed stamp No copy to return Ild payments to the creditor OUNTY MUNICIPAL UTILITY EY Road, Suite # 110 Street TX State | be sent? (if |
| Who is the current creditor? Has this claim be acquired from someone else? Where should not and payments to creditor be sent? Federal Rule of Bankruptcy Proces | the Claim If HARRIS COUNTY MUNICIPAL UTILITY DISTRICT # 345 Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debter en | No self addressed stamp No copy to return ild payments to the creditor UNTY MUNICIPAL UTILITY by Road, Suite # 110 Street TX State | be sent? (if |

KURTZMAN CARSON CONSULTANTS

 Does this claim amend one already filed?

5. Do you know if anyone else has filed a proof of claim for this claim? XI No

Yes. Claim number on court claims registry (if known)

☑ No ☐ Yes. Who made the earlier filing? MM / DD

/ YYYY

| | 12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? | Ä No □ Yes, | | | Amount entitled to priority |
|--|---|---------------------------------------|--|--|--|
| the second secon | A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority. | | penalties owed to governmental units. ont of any shortfall in collateral value, | | \$0.00 |
| | | | | | |
| į | Part 3: Sign Below | | | | |
| | The person completing this proof of claim must sign and date it FRBP 9011(b). | Check the appropriate of the cred | riate box: itor's attorney or authorized agent. | | |
| | If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. | i understand that amount of the clair | an authorized signature on this <i>Proof</i> or m, the creditor gave the debtor credit fo | F <i>Claim</i> serves as an acknor any payments received | owledgment that when calculating the loward the debt. |
| | A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 | | he information in this <i>Proof of Claim</i> an | • • | |
| | years, or both. 18 U.S.C. §§ 152, 157, and 3571. | I declare under pe | nalty of perjury that the foregoing is tru 03/08/2023 MM / DD / YYYY | e and correct. | |
| | RECEIVED | Carl O. Signature | South. | | |
| | MAR 1 7 2023 | Print the name o | f the person who is completing and | signing this claim: | |
| KU | RTZMAN CARSON CONSULTANTS | Name S | Carl O. Sandin First name Middle Attorney for Claimant | name | Last name |
| | | Company | Perdue, Brandon, Fielder, Collins | | a convincer |
| | | Address' | 1235 North Loop West Number Street | Suite 600 | |
| | | | Houston City | TX State | 77008 |
| | | Contact phone | (713) 862-1860 | Email | csandin@pbfcm.com |

Tax Statement

HARRIS COUNTY MUNICIPAL UTILITY DISTRICT # 345

6935 Barney Road Suite # 110 Houston, TX 77092 Telephone: (713) 462-8906

CB CAFE MAIN LLC MIGUEL GARZA 4021 N 10TH ST STE C4 MCALLEN, TX 78504-3002 Taxpayer ID: 67621

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

| (| Tax Year | Tax Due | Pand I | Total Due |
|--|---------------------|---------------------|---------|-----------|
| HARRIS COUNTY MUNICIPAL UTILITY [| DISTRICT # 345 | • | | |
| Legal: BUSINESS PERSONAL PROPER | | | P | |
| GEO Code: 2229057 | 2023 | \$128.59 | \$0.00 | \$128.59 |
| HARRIS COUNTY | MUNICIPAL UTILITY D | ISTRICT # 345 TO | ΓĀL> | \$128.59 |
| The state of the s | • | Total If Paid By 2/ | 28/2023 | \$128.59 |