


Fill in this information to identify the case:

Debtor 1 Houlihan's Restaurants, Inc.

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: District of Delaware 

Case number 19-12416

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? Accent Advertising Inc.
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? 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?	Where should payments to the creditor be sent? (if different)
	<u>Accent Advertising Inc.</u>	_____
Name	Name	Name
<u>1227 Clay St.</u>	_____	_____
Number Street	Number Street	Number Street
<u>North Kansas City MO 64116</u>	_____	_____
City State ZIP Code	City State ZIP Code	City State ZIP Code
Contact phone <u>816-842-1860</u>	_____	_____
Contact email <u>chrisaccentadv@sbcglobal.net</u>	_____	_____

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Uniform claim identifier for electronic payments in chapter 13 (if you use one):
N/A

4. Does this claim amend one already filed? 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? 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: 2 6 0 1

7. How much is the claim? \$ 4,855.88 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.
Advertising Promotional Items & Apparel Goods Provided

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. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

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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 \$3,025* 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 4/01/22 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).

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 02/19/2020
MM / DD / YYYY


Signature

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

Name	Phillip	Christian	Weishar
	First name	Middle name	Last name
Title	Vice-President		
Company	Accent Advertising Inc.		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	1227 Clay St.		
	Number	Street	
	North Kansas City	MO	64116
	City	State	ZIP Code
Contact phone	816-842-1860	Email	chrisaccentadv@sbcglobal.net

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816-842-1860 Fax 816-471-4836

INVOICE
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REMITTANCE STUB
ACCENT ADVERTISING
09/12/19
Invoice date

Customer # 432601	SOLO HOULIHAN'S RESTAURANTS, INC. ATTN: CAROLINE WIRT 8700 STATE LINE ROAD LEAWOOD KS 66206	Ph: 913-901-2524 Fx: 913-901-2677	S H I P T O Via UPS GROUND/BEST WAY FOB Factory
Job # 92921			DROP SHIPS TO (50) ATTN: STORE LOCATIONS

Invoice # 58654	Order # 92921	Job # HOULIHAN'S
Customer # 8 4P	Customer # 432601	Salesperson Salesperson

Unit	Customer po #	Salesperson	Order date	Invoice date	Date shipped	Invoice #	Amount
0	5193	8 CHRIS WEISHAR	08/19/19	09/12/19	09/03/19	58654	
Ordered	Shipped	Qty BO	Item #	Description	Price Per	Amount	
4550	4550		SWN	WOODEN NICKELS WITH BLACK IMPRINT ON TWO SIDES	0.240 EA	1092.00	
350	350		SWN	WOODEN NICKELS WITH BLACK IMPRINT ON TWO SIDES: SHIPPED TO (4) MISSOURI LOCATIONS	0.240 EA	84.00	
1	1		ZPACKAGING	PACKAGING SUPPLIES	0.000 EA	0.00	

Deduct 11.76 if paid by 09/22/19			
Terms 1/10 Net 30	1176.00	0.00	549.34
	Sub-total	Insurance	Shpg/Hdlg
		6.28	1731.62
		Sales tax	Total

Total due 1731.62
Deduct 11.76 if paid by 09/22/19
CUSTOMER INVOICE



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INVOICE

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REMITTANCE STUB
ACCENT ADVERTISING
10/05/19
Invoice date

Customer # 432601	Ph: 913-901-2524 Fx: 913-901-2677	S H I P	HOULIHAN'S #110 ATTN: EVAN DEEGAN 4900 WEST 119TH STREET LEAWOOD KS 66209
Job # 92964	HOULIHAN'S RESTAURANTS, INC. ATTN: CAROLINE WIRT 8700 STATE LINE ROAD LEAWOOD KS 66206	T O	Via UPS GROUND/BEST WAY FOB Factory

Invoice # **58704**
Order # **92964**
Job #

HOULIHAN'S
Customer

Customer # **432601**
8 4P Salesperson

Unit	Customer po #	Salesperson	Order date	Invoice date	Date shipped	Invoice #
0	EMAIL	8 CHRIS WEISHAR	10/01/19	10/05/19	10/03/19	58704

Ordered	Shipped	Qty BO	Item #	Description	Price Per	Amount
1	1		TBL-T-8-FP	TABLE THROW: 8 FT: BLACK WITH WHITE LOGO SUBLIMITATED PRINT ON FRONT	169.600 EA	169.60

Deduct 1.70 if paid by 10/15/19

Terms 1/10 Net 30	169.60	0.00	16.97	0.00	PLEASE PAY THIS AMOUNT >>>>>>	186.57
	Sub-total	Insurance	Shpg/Hdlg	Sales tax	Total	

Total due **186.57**

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Deduct 1.70 if paid by 10/15/19



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INVOICE

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REMITTANCE STUB

ACCENT ADVERTISING

10/19/19

Invoice date

Customer # 432601
Job # 92978
S O L D T O
Ph: 913-901-2524 Fx: 913-901-2677
BRISTOL SEAFOOD+STEAK+SOCIAL
ATTN: BRIAN BARNES
51 E. 14TH AVE.
KANSAS CITY MO 64106

S H I P T O
BRISTOL SEAFOOD+STEAK+SOCIAL
ATTN: BRIAN BARNES
51 E. 14TH AVE.
KANSAS CITY MO 64106
Via UPS GROUND/BEST WAY
FOB Factory

Invoice # 58708
Order # 92978

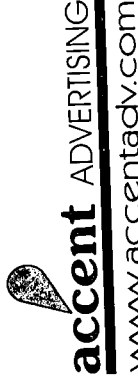
Job #

BRISTOL

Customer

Customer # 432601
8 4P Salesperson

Unit	Customer po #	Salesperson	Order date	Invoice date	Date shipped	Invoice #
0	EMAIL	CHRIS WEISHAR	10/09/19	10/19/19	10/16/19	58708
Ordered	Shipped	Qty BO	Item #	Description	Price Per	Amount
45	45	3413		T-SHIRTS: BELLA + CANVAS TRIBLEND: NAVY ONE COLOR PRINT IN WHITE ON FRONT OF NAVY T'S: NO FLASH CURE	15.250 EA	686.25
45	45	ZPRINT		ONE COLOR PRJ ON BACK OF NZ FLASH CURE	0.000 EA	0.00
45	45	ZPRINT		SCREEN CHARGE		
2	2	ZSCREEN				



737.55
270.73
307.54
1315.32

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Deduct 6.86 if paid by 10/29/19

Terms 1/10 Net 30	686.25	0.00	0.00	51.30	737.55
	Sub-total	Insurance	Shpg/Hdlg	Sales tax	Total

Total due 737.55

CUSTOMER INVOICE

Deduct 6.86 if paid by 10/29/19



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INVOICE

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REMITTANCE STUB
ACCENT ADVERTISING

11/08/19
Invoice date

Invoice # 58735
Order # 93005

Job #

BRISTOL

Customer

Customer # 432601
8 4P Salesperson

<p>Customer # 432601 Job # 93005</p>	<p>SHIP BRISTOL SEAFOOD+STEAK+SOCIAL ATTN: BRIAN BARNES 51 E. 14TH KANSAS CITY MO 64106</p>
<p>Via UPS GROUND/BEST WAY FOB Factory</p>	

Ph: 913-901-2524 Fx: 913-901-2677

BRISTOL SEAFOOD+STEAK+SOCIAL
ATTN: BRIAN BARNES
51 E. 14TH
KANSAS CITY MO 64106

Customer po #	8	CHRIS WEISHAR	Salesperson
EMAIL	8	CHRIS WEISHAR	Salesperson
Order date	10/30/19	Invoice date	11/08/19
Date shipped	11/07/19	Invoice #	58735

Ordered	Unit	Shipped	Qty BO	Item #	Description	Price Per	Amount
24	25			X300	BASEBALL CAPS: X-TRA VALUE STRUCTURED NAVY BLUE WITH WHITE EMBROIDERY ON FRONT	9.450 EA	236.25
24	25			ZEMB	CURVED BACK PANEL EMBROIDERY IN WHITE	0.000 EA	0.00

Deduct 2.36 if paid by 11/18/19

Terms 1/10 Net 30	236.25	0.00	16.32	17.66	270.23
	Sub-total	Insurance	Shpg/Hdkg	Sales tax	Total

Total due 270.23

CUSTOMER INVOICE

Deduct 2.36 if paid by 11/18/19



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REMITTANCE STUB
ACCENT ADVERTISING

11/14/19
Invoice date

Invoice # 58755
Order # 93039

Job #

HOULLIHAN'S

Customer

Customer # 432601
8 4P Salesperson

Customer # 432601
Job # 93039
Ph: 913-901-2524 Fx: 913-901-2677
SOLO
HOULLIHAN'S RESTAURANTS, INC.
ATTN: CAROLINE WIRT
8700 STATE LINE ROAD
LEAWOOD KS 66206
SHIP TO DROP SHIP TO (40) STORE
ATTN: LOCATIONS
Via UPS GROUND/BEST WAY
FOB Factory

Unit	Customer po #	Salesperson	Order date	Invoice date	Date shipped	Invoice #
0	5223	8 CHRIS WEISHAR	10/16/19	11/14/19	10/25/19	58755

Ordered	Shipped	Qty BO	Item #	Description	Price Per	Amount
3705	3705		EB140L	BUTTONS: 3.5" ROUND WITH FULL COLOR IMPRINT	0.340 EA	1259.70
300	300		EB140L	BUTTONS: 3.5" ROUND WITH FULL COLOR IMPRINT: GIFT CARD DESIGN: *SHIPPED TO MISSOURI LOCATIONS*	0.340 EA	102.00

Deduct 13.62 if paid by 11/24/19

Terms 1/10 Net 30	1361.70	0.00	560.59	7.62	1929.91
	Sub-total	Insurance	Shpg/Hdlg	Sales tax	Total

Total due 1929.91

CUSTOMER INVOICE

Deduct 13.62 if paid by 11/24/19