Fill in this information to identify the case:			
Debtor	Neighbors GP, LLC		
United States Ba	Inkruptcy Court for the: Southern	_ District of <u>Texas</u> (State)	
Case number	18-33873	_	

# Official Form 410 Proof of Claim

04/16

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 or 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.

Pa	Part 1: Identify the Claim				
1.	Who is the current creditor?	Adams and Reese LLP 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?	<ul> <li>✓ No</li> <li>✓ Yes. From whom?</li> </ul>			
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?         See summary page         Contact phone       7136525151         Contact email       SVC.Childers@arlaw.com         Uniform claim identifier for electronic payments in chapter 13 (if you us)	Where should payments to the creditor be sent? (if different)         Adams and Reese LLP         Dept. 5208, P.O. Box 2153         Birmingham, AL 35287, United States         Contact phone       7136525151         Contact email       SVC.Childers@arlaw.com         se one):		
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	) Filed on MM / / YYYY		
5.	Do you know if anyone else has filed a proof of claim for this claim?	<ul> <li>No</li> <li>Yes. Who made the earlier filing?</li> </ul>			

**Proof of Claim** 

Part 2: Give Infor	mation Ab	out the Claim as of the Date the Case Was Filed			
6. Do you have any		□ No			
you use to identi debtor?	ty the	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 7378			
7. How much is the	e claim?	\$ 2958.68 Does this amount include interest or other charges?			
		No No			
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).			
8. What is the basis	s of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.			
claim?		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.			
		Attorney fees			
9. Is all or part of th	ne claim	No No			
secured?		Yes. The claim is secured by a lien on property.			
		Nature or property:			
		Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> .			
		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 amount 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 base lease?	ed on a	No No			
100301		Yes. Amount necessary to cure any default as of the date of the petition.			
11. Is this claim subj	ject to a	No No			
right of setoff?		Yes. Identify the property:			

183387318111200000000001

12. Is all or part of the claim	_				
entitled to priority under		No			
11 U.S.C. § 507(a)?		Yes. Check all that apply:	Amount entitled to priority		
A claim may be partly priority and partly nonpriority. For example,		Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$		
in some categories, the law limits the amount		Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$		
entitled to priority.		□ Wages, salaries, or commissions (up to \$12,850*) 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 4/01/19 and every 3 years after that for cases begun	n on or after the date of adjustment.		
Part 3: Sign Below					
	Chaole				
The person completing this proof of claim must		he appropriate box:			
sign and date it. FRBP 9011(b).	<ul> <li>I am the creditor.</li> <li>✓ I am the creditor's attorney or authorized agent.</li> </ul>				
If you file this claim					
electronically, FRBP 5005(a)(2) authorizes courts	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.				
to establish local rules specifying what a signature is.	🔲 la	m a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.			
A person who files a fraudulent claim could be fined up to \$500,000,	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.				
imprisoned for up to 5 years, or both.	I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.				
18 U.S.C. §§ 152, 157, and 3571.	I declar	e under penalty of perjury that the foregoing is true and correct.			
	Execute	d on date <u>11/12/2018</u> MM / DD / YYYY			
		ianne Richardson			
	Sig	lature			
	Print th	e name of the person who is completing and signing this claim:			
	Name	Brianne Richardson Firstname Lastn	2mo		
	Title	Attorney			
	Compan	Adams and Reese LLP Identify the corporate servicer as the company if the authorized agent is a servicer.	<u> </u>		
	Address				

Contact phone

Email



# KCC ePOC Electronic Claim Filing Summary

### For phone assistance: Domestic (888) 733-1437 | International 001-424-236-7244

Debtor:	
18-33873 - Neighbors GP, LLC	
District:	
Southern District of Texas, Houston Division	
Creditor:	Has Supporting Documentation:
Adams and Reese LLP	Yes, supporting documentation successfully uploaded
Lundell Decell Tower	Related Document Statement:
Lyndoll Basell Tower	
Suite 4400	Has Related Claim:
1221 McKinney St, Suite 4400	No
Houston, TX, 77010	Related Claim Filed By:
United States	
Phone:	Filing Party:
7136525151	Authorized agent
Phone 2:	
Fax:	
7136525152	
Email:	
SVC.Childers@arlaw.com	
Disbursement/Notice Parties:	
Adams and Reese LLP	
Dept. 5208, P.O. Box 2153	
Birmingham, AL, 35287	
United States	
Phone:	
7136525151	
Phone 2:	
Fholie 2.	
Fax:	
7136525152	
E-mail:	
SVC.Childers@arlaw.com	
DISBURSEMENT ADDRESS	
Other Names Used with Debtor:	Amends Claim:
other Names Oscu with Deptor.	No
	Acquired Claim:
	No
Basis of Claim:	Last 4 Digits: Uniform Claim Identifier:
	-
Attorney fees	Yes - 7378
Total Amount of Claim:	Includes Interest or Charges:
2958.68	No No
Has Priority Claim:	Priority Under:
No	
Has Secured Claim:	Nature of Secured Amount:
No	Value of Property:
Based on Lease:	Annual Interest Rate:
No	Arrearage Amount:
Subject to Right of Setoff:	-
No	Basis for Perfection:
	Amount Unsecured:
Submitted By:	
Brianne Richardson on 12-Nov-2018 4:41:03 p.m. Easterr	n Time
Title:	
Attorney	
Company:	
Adams and Reese LLP	



July 25, 2018

Mr. Thomas Gruenert, J.D. Neighbors Health General Counsel 10800 Richmond Avenue Houston, Texas 77042 Invoice Number: 998851

File Number: 027378-000001 Beaumont Emergency Physicians v. Neighbors Client Ref. No. BEAZL 100002919006

## Statement

**For Professional Services Rendered** in connection with the handling of the captioned matter, including the following:

06/01/18	C. Proctor	0.10

06/05/18	S. Childers	0.30
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TOTAL HOURS 0.40

#### **Timekeeper Fee Summary**

	Hours	Billed	
Timekeeper	Billed	Per Hour	Bill Amount
S. Childers	0.30	\$410.00	\$123.00
C. Proctor	0.10	\$290.00	\$29.00
Totals	0.40		\$152.00

#### **CURRENT FEES**

\$152.00

By Check	By ACH	By Domestic Wire	By Foreign Wire
Adams and Reese LLP	Payee: Adams and Reese LLP	Payee: Adams and Reese LLP	Payee: Adams and Reese LLP
Dept. 5208	Bank: Regions Bank	Bank: Regions Bank	Bank: Regions Bank
P.O. Box 2153	Routing No.: 065403626	ABA No.: 062005690	SWIFT Code: UPNBUS44
Birmingham, AL 35287	Account No.: 0200602817	Account No.: 0200602817	Account No.: 0200602817

## 027378-000001 Page 2 of 2

### **Costs Advanced**

06/06/18 MEAL EXPENSE - Staton M. Childers - 1/24/18 Depo of Dr. King - Beaumont, TX - Lunch	\$10.65
06/06/18 Mileage Expenses - Staton M. Childers - 1/24/18 Mileage to attend D of Dr. King - Beaumont, TX - 179.73 miles @ 54.5 per mile	Depo \$97.95
Long Distance Telephone Calls	\$3.80
COSTS ADVANCED	\$112.40

# TOTAL DUE THIS STATEMENT

<u>\$264.40</u>



August 15, 2018

Mr. Thomas Gruenert, J.D. Neighbors Health General Counsel 10800 Richmond Avenue Houston, Texas 77042 Invoice Number: 1002717

File Number: 027378-000001 Beaumont Emergency Physicians v. Neighbors Client Ref. No. BEAZL 100002919006

## Statement

**For Professional Services Rendered** in connection with the handling of the captioned matter, including the following:

07/16/18 S. Childers 0.30

## TOTAL HOURS 0.30

#### **Timekeeper Fee Summary**

	Hours	Billed	
Timekeeper	Billed	Per Hour	Bill Amount
S. Childers	0.30	\$410.00	\$123.00
Totals	0.30		\$123.00

#### **CURRENT FEES**

#### TOTAL DUE THIS STATEMENT

\$123.00

By ACH	By Domestic Wire	By Foreign Wire
Payee: Adams and Reese LLP Bank: Regions Bank Routing No.: 065403626 Account No.: 0200602817	Payee: Adams and Reese LLP Bank: Regions Bank ABA No.: 062005690 Account No.: 0200602817	Payee: Adams and Reese LLP Bank: Regions Bank SWIFT Code: UPNBUS44 Account No.: 0200602817
	Payee: Adams and Reese LLP Bank: Regions Bank Routing No.: 065403626	Payee: Adams and Reese LLP         Payee: Adams and Reese LLP           Bank: Regions Bank         Bank: Regions Bank           Routing No.: 065403626         ABA No.: 062005690



July 25, 2018

Mr. Thomas Gruenert, J.D. Neighbors Health General Counsel 10800 Richmond Avenue Houston, TX 77042 Invoice Number: 998852

File Number: 027378-000002 Infinity Emergency Management v. Neighbors

# Statement

**For Professional Services Rendered** in connection with the handling of the captioned matter, including the following:

06/05/18	S. Childers	0.30
06/06/18	C. Ladyman	0.10
06/06/18	S. Childers	0.10
06/11/18	S. Childers	0.20
06/11/18	S. Childers	0.10
06/12/18	S. Childers	0.10
06/20/18	S. Childers	0.10

By Check	By ACH	By Domestic Wire	By Foreign Wire
Adams and Reese LLP	Payee: Adams and Reese LLP	Payee: Adams and Reese LLP	Payee: Adams and Reese LLP
Dept. 5208	Bank: Regions Bank	Bank: Regions Bank	Bank: Regions Bank
RO. Box 2153	Routing No.: 065403626	ABA No.: 062005690	SWIFT Code: UPNBUS44
Birmingham, AL 35287	Account No.: 0200602817	Account No.: 0200602817	Account No.: 0200602817

06/21/18 S. Childer	s 0	.40		
06/22/18 S. Childer	s 4	.20		
06/26/18 S. Childer	s 0	.10		
06/26/18 S. Childer	s 0	.30		
06/26/18 S. Childer	s 0	.20		
TOTAL HOURS	6	.20		
Timekeeper Fee Su	mmary			
Timekeeper S. Childers C. Ladyman Totals	Hours Billed 6.10 0.10 6.20	Billed Per Hour \$410.00 \$175.00	Bill Amount \$2,501.00 \$17.50 \$2,518.50	
CURRENT FEES				\$2,518.50
<b>Costs Advanced</b>				
	nce Call Charges Con 4/25/2018 ln#144146			\$11.78
COSTS ADVANCE	D			\$11.78
TOTAL DUE THIS	STATEMENT			<u>\$2,530.28</u>



August 15, 2018

Mr. Thomas Gruenert, J.D. Neighbors Health General Counsel 10800 Richmond Avenue Houston, TX 77042 Invoice Number: 1002719

File Number: 027378-000002 Infinity Emergency Management v. Neighbors

## Statement

**For Professional Services Rendered** in connection with the handling of the captioned matter, including the following:

07/16/18 S. Childers 0.10

## TOTAL HOURS 0.10

#### **Timekeeper Fee Summary**

	Hours	Billed	
Timekeeper	Billed	Per Hour	Bill Amount
S. Childers	0.10	\$410.00	\$41.00
Totals	0.10		\$41.00

#### **CURRENT FEES**

### TOTAL DUE THIS STATEMENT

SEND PAYMENT: By Check	By ACH	By Domestic Wire	By Foreign Wire
Adams and Reese LLP Dept. 5208 P.O. Box 2153 Birmingham, AL 35287	Payee: Adams and Reese LLP Bank: Regions Bank Routing No.: 065403626 Account No.: 0200602817	Payee: Adams and Reese LLP Bank: Regions Bank ABA No.: 062005690 Account No.: 0200602817	Payee: Adams and Reese LLP Bank: Regions Bank SWIFT Code: UPNBUS44 Account No.: 0200602817
Alabama • Florida • Ge	orgia 🔹 Louisiana 🔹 Mississipp	oi 🔹 South Carolina 🔹 Tenness	ee 🔹 Texas 🔹 Washington, DC

\$41.00

<u>\$41.00</u>