Fill in this information to identify the case:			
Debtor	Tehum Care Services, Inc.		
United States Ba	ankruptcy Court for the: Southern	District of Texas(State)	
Case number	23-90086		

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 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.

P	Part 1: Identify the Claim			
1.	Who is the current creditor?	Adeniran, Christianah A. 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?		
	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Adeniran, Christianah A.	Where should payments to the creditor be sent? (if different)	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	105 Langdon Farm Cir Odenton, MD 21113		
		Contact phone Contact emailyemyem98@yahoo.com	Contact phone Contact email	
		Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
4.	Does this claim amend one already filed?	No 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?	No Yes. Who made the earlier filing?		

Official Form 410 Proof of Claim

	Do you have any number	✓ No
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the
7.	How much is the claim?	\$ Does this amount include interest of No \[\begin{align*} \text{No} \\ \text{Yes. Attach statement itemizing charges required by Bank} \]
8.	What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury
-	claim?	Attach redacted copies of any documents supporting the claim required by Bankru
		Limit disclosing information that is entitled to privacy, such as health care informat

	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:	
7.	How much is the claim?	\$ 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.	
9.	Is all or part of the claim secured?	No	
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:	

Official Form 410 **Proof of Claim**

12. Is all or part of the claim entitled to priority under	☑ No			
11 U.S.C. § 507(a)?	Yes. Chec	k all that apply:	Amount entitled to priority	
A claim may be partly priority and partly nonpriority. For example,		stic support obligations (including alimony and child support) under S.C. § 507(a)(1)(A) or (a)(1)(B).	\$	
in some categories, the law limits the amount		\$3,350* of deposits toward purchase, lease, or rental of property vices for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$	
entitled to priority.	days	s, salaries, or commissions (up to \$15,150*) earned within 180 before the bankruptcy petition is filed or the debtor's business ends, ever is earlier. 11 U.S.C. § 507(a)(4).	\$	
	Taxes	or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$	
	Contri	ibutions 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.	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.			
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.	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. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. I declare under penalty of perjury that the foregoing is true and correct.			
307 1.	Executed on date	05/21/2023 MM / DD / YYYY		
	/s/CHRISTIAN. Signature Print the name of	AH ADENIRAN f the person who is completing and signing this claim:		
		CURTICITANAL ARENTRAN		
	Name	CHRISTIANAH ADENIRAN First name Middle name Last	name	
	Title			
Company Identify the corporate servicer as the company if the		Identify the corporate servicer as the company if the authorized agent is a servicer	r.	
	Address			
	Contact phone	Email		

Official Form 410 **Proof of Claim**

KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0491 | International 001-424-236-7244

Debtor:			
23-90086 - Tehum Care Services, Inc.			
District:			
Southern District of Texas, Houston Division			
Creditor:	Has Supporting Documentation:		
Adeniran, Christianah A.	No supporting	No supporting documentation	
105 Langdon Farm Cir Related Document Statement:		tatement:	
Odenton, MD, 21113	Has Related Claim:		
Phone:	No Related Claim Filed By:		
Phone 2:	Filing Donton		
Fax:	Creditor	Filing Party: Creditor	
Email:			
yemyem98@yahoo.com			
Other Names Used with Debtor:	Amends Claim:		
	No		
	Acquired Claim:		
	No		
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:	
	No		
Total Amount of Claim:		Includes Interest or Charges:	
	None		
1	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:			
CHRISTIANAH ADENIRAN on 21-May-2023 7:15:36 p.m. Eastern Time			
Title:			
Company:			