

Fill in this information to identify the case:

Debtor Houlihan's Restaurants, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

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 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.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>ALL CARE COMFORT SOLUTIONS LLC</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>All Care Comfort Solutions</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>ALL CARE COMFORT SOLUTIONS LLC</u> <u>Benjamin C Northcutt</u> <u>102 Aurora Circle</u> <u>Rockwall, TX 75032</u> Contact phone <u>469-715-2653</u> Contact email <u>Ben@allcaretx.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) Contact phone _____ Contact email _____
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 _____ MM / DD / YYYY	
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? _____	



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: ____

7. How much is the claim? \$ 6730.77. 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.
Goods sold, services performed

9. Is all or part of the claim secured? ☒ No
☐ 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 *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 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 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: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

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

☒ No

☐ Yes. Check all that apply:

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

Amount entitled to priority

\$ _____

☐ 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.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

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 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 *Proof of Claim* and have 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 03/09/2020
MM / DD / YYYY

/s/Benjamin C Northcutt
Signature

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

Name Benjamin C Northcutt
First name Middle name Last name

Title Owner/President

Company All Care Comfort Solutions LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 725-7530 | International 001-310-823-9000

Debtor: 19-12416 - Houlihan's Restaurants, Inc. District: District of Delaware		
Creditor: ALL CARE COMFORT SOLUTIONS LLC Benjamin C Northcutt 102 Aurora Circle Rockwall, TX, 75032 Phone: 469-715-2653 Phone 2: 405-822-5393 Fax: Email: Ben@allcaretx.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor: All Care Comfort Solutions	Amends Claim: No Acquired Claim: No	
Basis of Claim: Goods sold, services performed	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 6730.77	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Benjamin C Northcutt on 09-Mar-2020 3:48:12 p.m. Eastern Time Title: Owner/President Company: All Care Comfort Solutions LLC		



Houlihan's Arlington
401 East Interstate 20
Arlington, TX 76018

☎ (817) 375-3863
✉ 3172@houlihans.com

INVOICE	#1361
SERVICE DATE	Jul 12, 2018
DUE	upon receipt
AMOUNT DUE	\$1,164.39

CONTACT US

102 Aurora Circle
Rockwall, TX 75032

☎ (469) 715-2653
✉ Ben@allcaretx.com

INVOICE

Services	amount
Air Conditioner - A/C Service Call No diagnostic fees. Condenser fan motor number 1 on RTU 4 failed. Installed new condenser fan motor.	\$325.65
Air Conditioner - A/C Service Call No diagnostic fees. Comfort/temperature sensor for RTU 3 failing. Comfort sensor for RTU 4 failed. Installed new Comfort/temperature sensors for RTU 3 & 4. Will follow up with Lennox tech support on 07/17/18.	\$750.00
Subtotal	\$1,075.65
Tax (Sales Tax 8.25%)	\$88.74
Total	\$1,164.39



Houlihan's Arlington
401 East Interstate 20
Arlington, TX 76018

☎ (817) 375-3863
✉ 3172@houlihans.com

INVOICE	#1320
SERVICE DATE	Jun 23, 2018
DUE	upon receipt
AMOUNT DUE	\$352.52

CONTACT US

102 Aurora Circle
Rockwall, TX 75032

☎ (469) 715-2653
✉ Ben@allcaretx.com

INVOICE

Services	amount
Air Conditioner - A/C Service Call No diagnostic fees. Replaced condenser fan motor for RTU 4.	\$325.65
Subtotal	\$325.65
Tax (Sales Tax 8.25%)	\$26.87
Total	\$352.52



INVOICE	#1409
SERVICE DATE	Aug 07, 2018
DUE	upon receipt
AMOUNT DUE	\$1,421.32

Houlihan'S Fort Worth
9365 Rain Lily Trail
Fort Worth, TX 76177

CONTACT US

102 Aurora Circle
Rockwall, TX 75032

✉ 3185@houlihans.com

☎ (469) 715-2653

✉ Ben@allcaretx.com

INVOICE

Services	amount
Refrigeration Service Call	\$1,313.00
Glycol beer line cooler pump and motor making loud noise. Found motor with high amp draw, pump bearings failed causing squealing and noise. Recommend replacement.	
08/07/18 - Replaced Pump and motor, coupling clamp and gasket. Unit operating normally upon completion.	
Motor with pump, coupling, clamp and gasket - \$1155	
Labor - \$158	
Subtotal	\$1,313.00
Tax (Sales Tax 8.25%)	\$108.32
Total	\$1,421.32

✓ Signed on 08/07/18 for \$1421.32



INVOICE	#1477
SERVICE DATE	Oct 02, 2018
DUE	upon receipt
AMOUNT DUE	\$1,532.28

Houlihan'S Fort Worth
9365 Rain Lily Trail
Fort Worth, TX 76177

CONTACT US

102 Aurora Circle
Rockwall, TX 75032

✉ 3185@houlihans.com

☎ (469) 715-2653
✉ Ben@allcaretx.com

INVOICE

Services	amount
Refrigeration Service Call Pantry upright RIC Randell Mod: 2010 Ser: w215425-1-1. Found unit temping in the 90's. Checked system found evap coil with refrigerant leak and TXV sensing bulb corroded and lost charge. Recommended repair - replace evaporator coil and TXV. Includes new drier and service ports.	
Refrigeration Service Call Install new evaporator coil in pantry upright RIC.	\$570.00
Refrigeration Service Call Install new TXV on pantry upright RIC.	\$295.00
Refrigeration - Labor - Service Agreement	\$316.00
Shipping	\$120.00
Materials	amount
Refrigerant R-134a	\$47.00
EPA Recovery and filter drier	\$67.50

Subtotal	\$1,415.50
Tax (Sales Tax 8.25%)	\$116.78
Total	\$1,532.28

✔ Signed on 10/02/18 for \$1532.28





Houlihan'S Restaurant Group
660 Town Center Boulevard
Garland, TX 75040

✉ 3171@houlihans.com

INVOICE	#1505
SERVICE DATE	Oct 23, 2018
DUE	upon receipt
AMOUNT DUE	\$351.81

CONTACT US

102 Aurora Circle
Rockwall, TX 75032

☎ (469) 715-2653
✉ Ben@allcaretx.com

INVOICE

Services	amount
Preventative Maintenance Agreement	\$325.00
Preventative Maintenance Agreement 10/2018	
Subtotal	\$325.00
Tax (Sales Tax 8.25%)	\$26.81
Total	\$351.81