

**Fill in this information to identify the case:**

Debtor 1	The Krystal Company
Debtor 2	Krystal Holdings, Inc. (Spouse, if filing)
United States Bankruptcy Court	Northern District of Georgia
Case number:	20-61065

FILED  
 U.S. Bankruptcy Court  
 Northern District of Georgia  
 2/3/2020  
 M. R. Thomas, Clerk

**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?	329 South Adams Street	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	Gecko Hospitality
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?	Where should payments to the creditor be sent? (if different)
	329 South Adams Street	_____
	Name	Name
	2431 First Street Fort Myers, FL 33901-6055	_____
	Contact phone 239-690-7006	Contact phone _____
	Contact email krista@geckohospitality.com	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
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 _____ <span style="float: right;">MM / DD / YYYY</span>	
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? \$ 2500.00 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 healthcare information.  
 \_\_\_\_\_  
 services performed

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: \_\_\_\_\_

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. <i>Check all that apply.</i></p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies \$ _____</p>	<p><b>Amount entitled to priority</b></p>
<p>* Amounts are subject to adjustment on 4/1/22 and every 3 years after that for cases begun on or after the date of adjustment.</p>		

**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 2/3/2020  
 MM / DD / YYYY

/s/ Robert Krzak

Signature

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

Name Robert Krzak

First name Middle name Last name

Title CEO

Company Gecko Hospitality

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 2431 First Street

Number Street

Fort Myers, FL 33901

City State ZIP Code

Contact phone 239-690-7006 Email krista@geckohospitality.com

Gecko Hospitality  
 Department 4542  
 Carol Stream, Illinois  
 60122-4542



# Invoice

Date	Invoice #
11/19/2019	31428
<b>F.E.I.N.#: 04-3523941</b>	

Bill To:
Krystal Restaurants 1455 Lincoln Parkway Suite 600 Dunwoody, GA 30346 invoices@krystal.com steve.brown@krystal.com

Payment Terms	Due Date	Gecko Recr...	Guarantee	Invoice Type
Net 30	12/25/2019	TB	90- Days	R

Management	Candidate	Start Date	Starting Salary	Client Rep.	Fee
Placement	Tim Mapp - GM	12/25/2019	50,000	Steve Brown	2,500.00T
<b>Replacement policy is not applicable if payment is not received within the candidates first 30 days of employment</b>					

Please call Tim Bishop your recruiter at 843-408-0009 if you have any question(s) on this invoice.

<b>Balance Due</b>	\$2,500.00
<b>Payments/Credits</b>	\$0.00
<b>Total</b>	\$2,500.00

**Thank You. We look forward to serving you again.**

**PLEASE REMIT PAYMENT TO:**  
 Gecko Hospitality  
 Department 4542  
 Carol Stream, Illinois 60122-4542

Gecko Hospitality is obligated to charge sales tax for professional placement services in the states of CT, D.C., HI, IA, NM, OH, PA, SD & WV.