Claim #24 Date Filed: 7/23/2025

Fill in this i	information to identify the case:	
Debtor 1	RH CHENAULT CREEK LLC	
Debtor 2 (Spouse, if filin	ng)	
United States	es Bankruptcy Court for the: District of NEW JERSEY	
Case numbe	er <u>25-15349-MBK</u> (State)	

Official Form 410

Proof of Claim

04/25

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.

Who is the current creditor?	Department of Treasury Name of the current credito	or (the person or ent	ue Service lity to be paid for this cla		ber :		_ _
2. Has this claim been	Other names the creditor u	ised with the debtor			<u></u>		A LEA GARAGE CONTRACTOR CONTRACTO
acquired from someone else?	☑ No ☐ Yes. From whom?						
Where should notices and payments to the	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different) Internal Revenue Service			
creditor be sent?	Internal Revenue Servi						
Federal Rule of	Name			Name			
Bankruptcy Procedure (FRBP) 2002(g)	P.O. Box 7346			600 ARCH ST ROOM 5200			
(11121) 200-(9)	Number Street				Street		
	Philadelphia	PA	19101-7346	PHILADELPI		^A	19106
	City	State	ZIP Code	City	Si	tate	ZIP Co
	Contact phone 1-800-97	3-0424	<u></u>	Contact phone	(267) 941-6224		_
ECEIVED	Contact email			Contact email	Kimberly.N.Jones	s@irs.gov	_
JUL 23 2025							
TA GLOBAL	Uniform claim identifier (if	•					
99 89 11 CD 1839 CD 18 38 852					······································		
4. Does this claim amend	☑ No				F11-4 -	_	
one already filed?	Yes. Claim number	er on court claims	registry (if known) _		Filed o	MM / DI	/ ۲۲۲۲
5. Do you know if anyone else has filed a proof of claim for this claim?	✓ No☐ Yes. Who made the	ne earlier filing?					

Proof of Cla'



Official Form 410

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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: See Attachment					
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. Taxes					
9. Is all or part of the claim secured?	Ves. 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: \$					
RECEIVED JUL 23 2025 RITA GLOBAL	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: See attachment					

Official Form 410

12. Is all or part of the claim entitled to priority under	☑ No ☐ Yes. Check	one:			Amount entitled to priority
11 U.S.C. § 507(a)? A claim may be partly priority and partly		c support obligations (including a c. § 507(a)(1)(A) or (a)(1)(B).	alimony and child support) ur	nder	\$
nonpriority. For example, in some categories, the law limits the amount	Up to \$3 for perso	,800* of deposits toward purcha onal, family, or household use. 1	se, lease, or rental of properl 1 U.S.C. § 507(a)(7).	y or services	\$
entitled to priority.	bankrupt	salaries, or commissions (up to story petition is filed or the debtor's C. § 507(a)(4).	\$17,150*) earned within 180 business ends, whichever i	days before the s earlier.	\$
	☐ Taxes or	r penalties owed to governmenta	l units. 11 U.S.C. § 507(a)(8).	\$
	☐ Contribu	itions to an employee benefit pla	n. 11 U.S.C. § 507(a)(5).		\$
	Other. S	pecify subsection of 11 U.S.C. §	507(a)() that applies.		\$
	* Amounts a	re subject to adjustment on 04/01/28	and every 3 years after that for	cases begun on or a	ofter the date of adjustment.
Part 3: Sign Below					
The person completing	Check the appro	priate box:			
this proof of claim must sign and date it.	☑ I am the cre	ditor.			
FRBP 9011(b).		ditor's attorney or authorized ag			
If you file this claim electronically, FRBP		stee, or the debtor, or their autho			
5005(a)(3) authorizes courts to establish local rules		antor, surety, endorser, or other			
specifying what a signature is.	I understand that amount of the cla	t an authorized signature on this aim, the creditor gave the debtor	Proof of Claim serves as an credit for any payments received	acknowledgment eived toward the c	that when calculating the lebt.
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5		the information in this Proof of C			
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under p	penalty of perjury that the forego	ng is true and correct.		
3571.	Executed on dat	e 07/16/2025 MM / DD / YYYY			
	/s/ KIMBER	RLY JONES			
	Signature				
	Print the name	of the person who is completi	ng and signing this claim:		
	Name	KIMBERLY		JONES	
		First name	Middle name	Last name	
	Title	Bankruptcy Specialist			
	Company	Internal Revenue Service Identify the corporate servicer as	the company if the authorized ag	ent is a servicer.	
ECEIVED		600 ARCH ST ROOM 5200			
JUL 23 2025	Address	Number Street			
		PHILADELPHIA	PA	19106	
ITA GLOBAL		City	State	ZIP Code	- Oire rou
	Contact phone	(267) 941-6224	Email	Kimberly.N.Jone	s@irs.gov

Proof of Claim for Internal Revenue Taxes



Department of the Treasury/Internal Revenue Service

In the Matter of: RH CHENAULT CREEK LLC

% LYND LIVING 4499 POND HILL RD SAN ANTONIO, TX 78231 Form 410 Attachment

Case Number 25-15349-MBK

Type of Bankruptcy Case

CHAPTER 11

Date of Petition 05/20/2025

The United States has the right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX8987	PTRSHP	12/31/2019	1 D-ESTIMATED-SEE NOTE	\$0.00	\$0.00
XX-XXX8987	PTRSHP	12/31/2020	1 D-ESTIMATED-SEE NOTE	\$0.00	\$0.00
XX-XXX8987	PTRSHP	12/31/2021	1 D-ESTIMATED-SEE NOTE	\$0.00	\$0.00
XX-XXX8987	PTRSHP	12/31/2022	1 D-ESTIMATED-SEE NOTE	\$0.00	\$0.00
XX-XXX8987	PTRSHP	12/31/2023	1 D-ESTIMATED-SEE NOTE	\$0.00	\$0.00
XX-XXX8987	PTRSHP	12/31/2024	1 D-ESTIMATED-SEE NOTE	\$0.00	\$0.00
				\$0.00	\$0.00

Penalty to date of petition on unsecured general claims (including interest thereon) \$26,500.00

Total Amount of Unsecured General Claims:

\$26,500.00

1 LIABILITY IS ESTIMATED BASED ON AVAILABLE INFORMATION BECAUSE THE RETURN HAS NOT BEEN FILED. THIS CLAIM MAY BE AMENDED AS NECESSARY AFTER THE DEBTOR FILES THE RETURN OR PROVIDES OTHER REQUIRED INFORMATION.