Fill in this inf	his information to identify the case:	
Debtor 1	Inwior Holdings UC	
Debtor 2 (Spouse, if filing)	1 11	
United States B	ankruptcy Court for the: NOTHLY District of X (State)	

FILED

SEP 17 2025

CLERK, U.S. BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS

## Official Form 410

## **Proof of Claim**

12/15

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 traudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both, 18 U.S.C. §\$ 152, 157, and 3571.

1	Who is the current creditor?	DUMA UZDETH COMEZ  Name of the current creditor (the person or entity to be paid for this clair  Other names the creditor used with the debtor	im)
2	Has this claim been acquired from someone else?	☐ Yes. From whom?	
	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?  Demon Uzbeth Gomez  Name  1409 Danish DY  Number Street  Crand Prairie TX 15050  City State ZiP Code  Contact phone (214)284-9371  Contact email demon 2014 294 9371  Uniform claim identifier for electronic payments in chapter 13 (if you us	City State ZIP Code Contact phone (214) 284 - 9371 Contact email (MVOCINZURES QUANDO LO)
4,	Does this claim amend one already filed?	Yes. Claim number on court claims registry (if known)	MM '/ DO / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No.  Yes. Who made the earlier filing?	Mittel (und Principal Mittel Sender Stillsoger), und de, vie zichenheiden und eine Solvereitsungen, owen mit des Vereinig, og Concurso viez vier i

6.	Do you have any number you use to identify the 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?	\$	
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 ☐ 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	ls this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$	
11	ls this claim subject to a right of setoff?	☐ Yes. Identify the property:	

2. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	No Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
	☐ Up to \$2,775* 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 \$12,475*) 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).	s_11,500
	☐ 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 4/01/16 and every 3 years after that for cases begun on or after	er the date of adjustment.
Part 3 Sign Below		
The person completing his proof of claim must	Check the appropriate box:	
ign and date it. RBP 9011(b).	I am the creditor.  I am the creditor's attorney or authorized agent.	
you file this claim lectronically, FRBP	☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.	
005(a)(2) authorizes courts o establish local rules	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.	
pecifying what a signature	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the	
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.	
audulent claim could be ned up to \$500,000, nprisoned for up to 5 ears, or both. 8 U.S.C. §§ 152, 157, and	I have examined the information in this <i>Proof of Claim</i> 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.	
3571.	Executed on date 9 10 2025	
	Delnaf Yomes	
	, 0	
	Print the name of the person who is completing and signing this claim:	
	Name Delmo ULber Gumez First name Middle name Last name	2
	Title Former Employee	
	Company  Identify the corporate servicer as the company if the authorized agent is a servicer.	
	Address HO9 DUNSH DY	
	arand Prairie TX 75050	7
	Contact phone (214) 284 9371 State ZIP Code Memory	<u>anzures@yah</u> oo.