

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

Debtor 1 Tricolor Holdings, LLC  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court Northern District of Texas  
Case number: 25-33487

**FILED**  
U.S. Bankruptcy Court  
Northern District of Texas  
10/1/2025  
Stephen J. Manz, Clerk

**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.

**Part 1: Identify the Claim**

<b>1. Who is the current creditor?</b>	<u>EDUARDO JOSE RIVERO ACOSTA</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>Eduardo Rivero</u>	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> <u>EDUARDO JOSE RIVERO ACOSTA</u> Name 31347 Kenswick Grove Lane 31347 Kenswick Grove Lane Fulshear, TX 77441 Contact phone <u>8326064855</u> Contact email <u>eduardojriveroa@gmail.com</u> Uniform claim identifier (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> _____ Name _____ Contact phone _____ Contact email _____
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>6. Do you have any number you use to identify the debtor?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____						
<b>7. How much is the claim?</b>	\$ 14569.00 <div style="float: right; text-align: right;"> <b>Does this amount include interest or other charges?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).         </div>						
<b>8. What is the basis of the claim?</b>	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.  Unpaid commissions and bonuses for vehicles sold between 08/10/2025 and 08/23/2025, plus one-half of my salary _____						
<b>9. Is all or part of the claim secured?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____  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.)  <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Value of property:</b></td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td><b>Amount of the claim that is secured:</b></td> <td>\$ _____</td> </tr> <tr> <td><b>Amount of the claim that is unsecured:</b></td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<b>Value of property:</b>	\$ _____	<b>Amount of the claim that is secured:</b>	\$ _____	<b>Amount of the claim that is unsecured:</b>	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
<b>Value of property:</b>	\$ _____						
<b>Amount of the claim that is secured:</b>	\$ _____						
<b>Amount of the claim that is unsecured:</b>	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)						
<b>10. Is this claim based on a lease?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____						
<b>11. Is this claim subject to a right of setoff?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____						

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$3,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$17,150*) 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).	\$ 14569.00
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies	\$ _____
* Amounts are subject to adjustment on 4/01/28 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)(3) 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 10/1/2025  
MM / DD / YYYY

/s/ EDUARDO JOSE RIVERO ACOSTA

Signature

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

Name EDUARDO JOSE RIVERO ACOSTA

Title Individual Creditor

Company \_\_\_\_\_

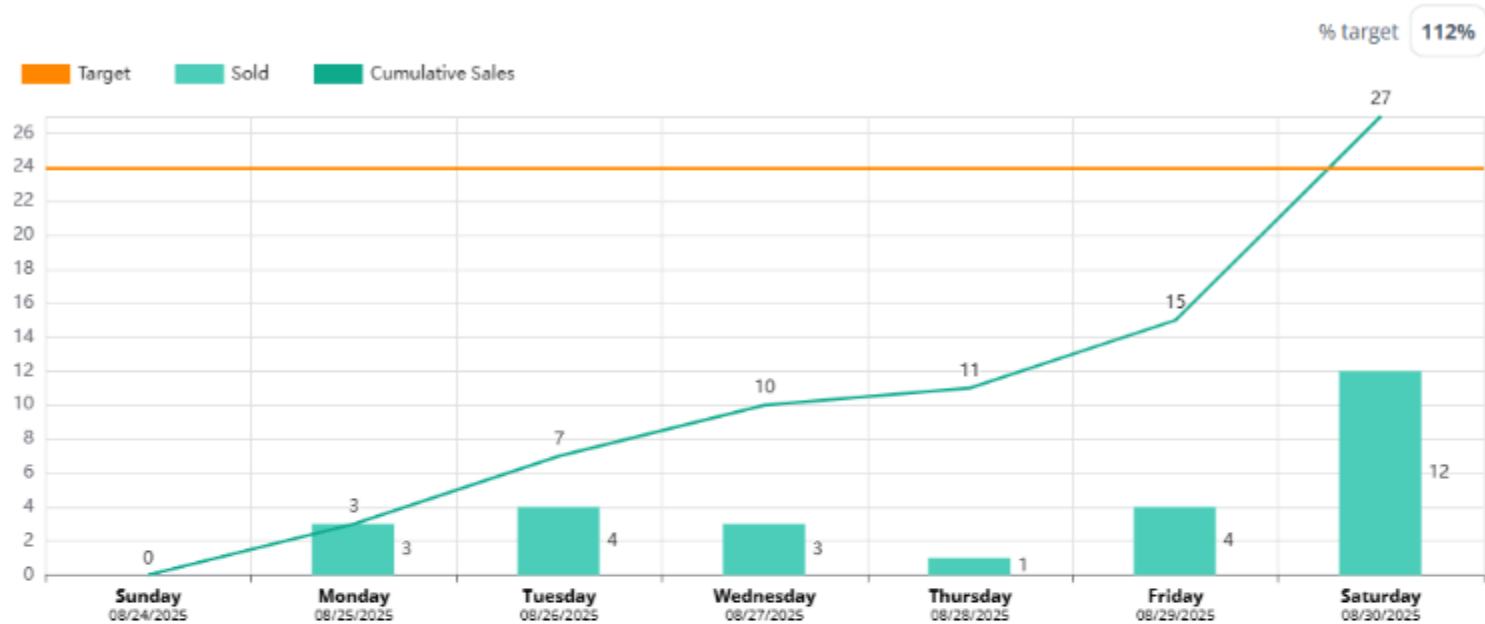
Address 31347 Kenswick Grove Lane

Number Street Fulshear, TX 77441

City State ZIP Code \_\_\_\_\_

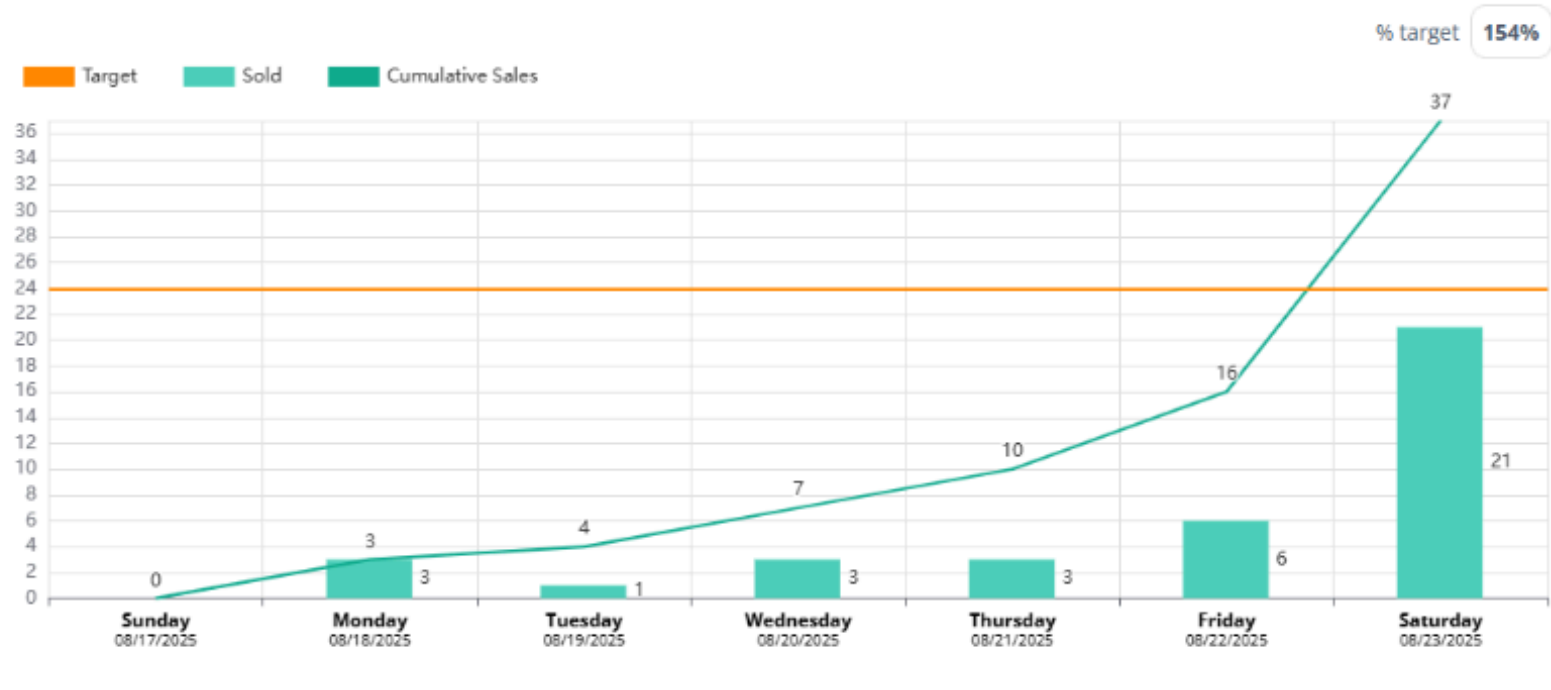
Contact phone 8326064855

Email eduardojriveroa@gmail.com



Other Adjustments

	Amount
Down Commission	\$1,168.80
Monthly Bonus Catchup	\$0.00
Total Other Adjustments	\$1,168.80

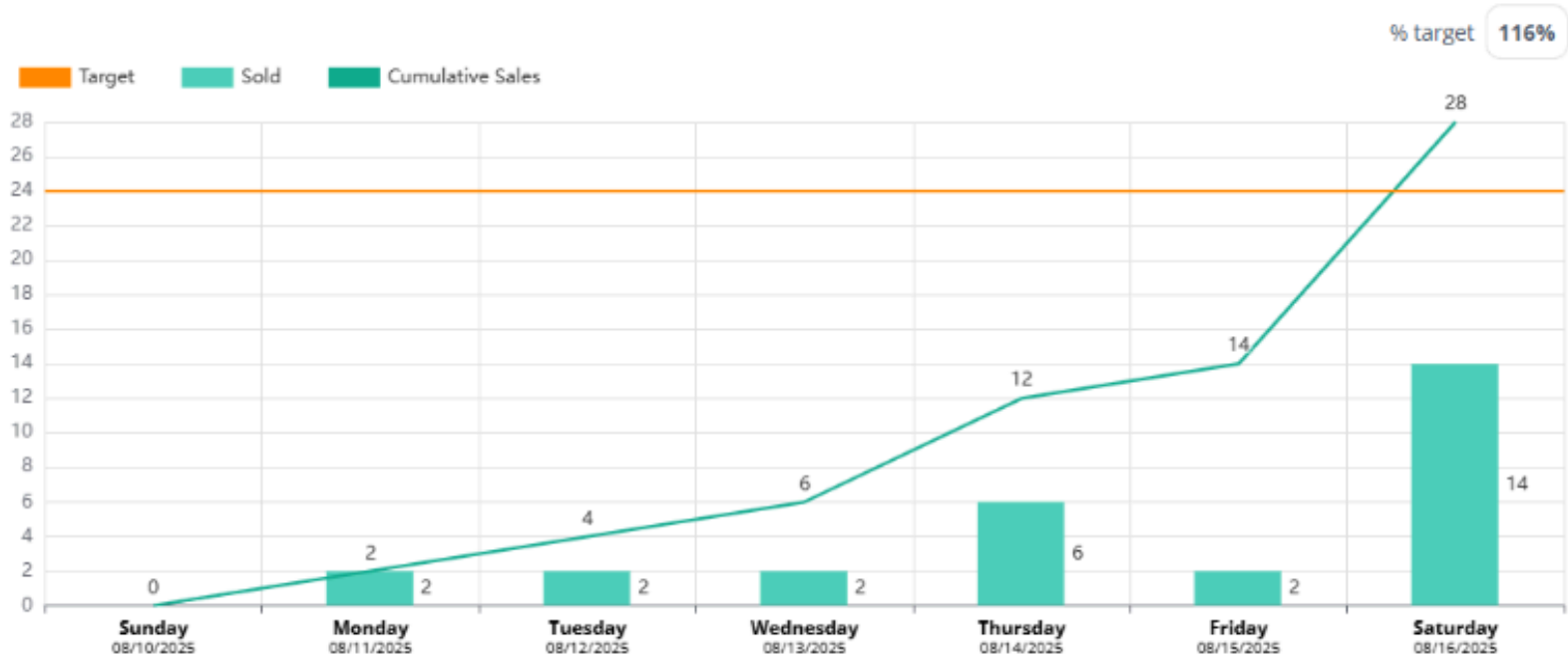


Other Adjustments

	Amount
Down Commission	\$1,660.98
Monthly Bonus Catchup	\$0.00
Total Other Adjustments	\$1,660.98

Net Bonus Pay **\$4,985.76**

Sales



Other Adjustments

	Amount
Down Commission	\$1,221.50
Monthly Bonus Catchup	\$0.00
Total Other Adjustments	\$1,221.50

Net Bonus Pay **\$3,761.66**

# Payroll

SEMI-MONTHLY PAYROLL - DEADLINE REMINDER  
for the pay-period of: **8/16/2025 – 8/31/2025**

SALESPERSONS COMMISSIONS DUE  
For the month of: **August**

GENERAL & ASSISTANT MANAGER COMMISSIONS DUE  
For weeks: **# 33 & 34**

Due on: **Monday, September 8, 2025**  
**@ 12:00 PM CT. | 11:00 AM MT. | 10:00 AM PT.**



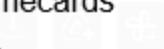
**Dear all:**

Re: **9/15/2025** Pay date

Please also take a moment to clear out your team's timecard exceptions, update all missing punches, approve timecards, and approve/deny any pending time off requests for the pay-period shown above.

Please keep in mind that employees should not request back dated time off requests. Please have the employee complete a missed punch form should you need to enter any missed punches/hours if the deadline has passed.

It is encouraged to appoint an alternate supervisor that can also approve timecards for your team in the event you may be out of the office during any deadline.



Please contact us at [payroll1@tricolor.com](mailto:payroll1@tricolor.com) if you have any issues accessing timesheets, need a missed punch form, or if you should have any other questions.