

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
10/7/2025
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

1. Who is the current creditor?	<u>Hemry Pagotty</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
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>Hemry Pagotty</u> Name <u>5057 w 31st pl</u> <u>cicero, IL 60804</u> Contact phone <u>6306412920</u> Contact email <u>ronnylamente musical@gmail.com</u> Uniform claim identifier (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ 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?	<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: _____										
7. How much is the claim?	\$ 12375.00 <div style="float: right; text-align: right;"> Does this amount include interest or other charges? <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>										
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. unpaid wagger and sales comissions										
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <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: _____ 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.) <table style="width: 100%;"> <tr> <td style="width: 50%;">Value of property:</td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td>Amount of the claim that is secured:</td> <td>\$ _____</td> </tr> <tr> <td>Amount of the claim that is unsecured:</td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;">Amount necessary to cure any default as of the date of the petition:</td> <td style="width: 40%;">\$ _____</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;">Annual Interest Rate (when case was filed)</td> <td style="width: 40%;">_____ %</td> </tr> </table> <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	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)	_____ %
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)	_____ %										
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____										
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____										

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	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.	<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).	\$ 12375.00
	<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 10/7/2025
MM / DD / YYYY

/s/ Hemry

Signature

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

Name	Hemry		
	First name	Middle name	Last name
Title	Sales associate		
Company	tricolor auto		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	5057 w 31st pl		
	Number Street cicero, IL 60804		
Contact phone	City State ZIP Code		Email
	6306412920		ronnylamentemusical@gmail.com

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Mail - Vivian Wagner - Outlook

tricolorauto.net/Scripts/40trc2r101n2topub0/files/Main.aspx?redirect=trileadsDetails.aspx?leadid=8262534&ActiveTab=tabAppointment

Managed bookmarks

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Sales

Sales Commission

Salesperson Commission Details (vivian.wagner - 9/3/2025)

Commissions Approved by vivian.wagner on 9/3/2025 5:17 PM

Unit Num	Contract	Customer	Lot	Date Sold	Split Sale	House Deal	Down Pay	Trade ACV	Pick Up	Pick Paid	Commission
1.0	P180656	HUMBERTO M COLMENARES TOR	IL02	08/02/2025	No	No	2,710.00	0.00	0.00		450.00
2.0	P180270	FRANCISCO GILES VEGA	IL02	08/04/2025	No	No	6,000.00	0.00	0.00		450.00
3.0	R180499	MARIA CONCEPCION RODRIGUE	IL02	08/04/2025	No	No	3,000.00	0.00	0.00		450.00
4.0	P160890	YVESSENIA A DELL	IL02	08/09/2025	No	No	1,800.00	0.00	0.00		450.00
5.0	R186052	REFUGIO GARCIA MORENO	IL02	08/09/2025	No	No	1,500.00	0.00	0.00		450.00
5.5	R197891	JOSE L SANCIA REQUENA	IL02	08/11/2025	Yes	No	900.00	0.00	0.00		225.00
6.0	P180659	MIGUEL MACEDONIO PAZ SANC	IL02	08/16/2025	Yes	No	1,750.00	0.00	0.00		225.00
7.0	P183241	SAUL CRUZ	IL02	08/21/2025	No	No	3,200.00	0.00	0.00		450.00
8.0	R189734	NEIDELY RIVERO GARCIA	IL02	08/23/2025	No	No	2,400.00	0.00	0.00		450.00
8.5	R178202	CARLOS ROBERTO BANEZAS MU	IL02	08/25/2025	Yes	No	1,650.00	0.00	0.00		225.00
9.0	P183385	MIGUEL A GONZALEZ	IL02	08/27/2025	Yes	No	1,750.00	0.00	0.00		225.00
10.0	P190301	KAREN VANEGAS MIER	IL02	08/30/2025	No	No	6,000.00	0.00	0.00		450.00
10.5	P191222	RODOLFO GUALINA TIJOL	IL02	08/30/2025	Yes	No	1,350.00	0.00	0.00		225.00
11.5	R188760	NANUELA ALVARADO MEDINA	IL02	08/30/2025	No	No	2,250.00	0.00	0.00		450.00

Name:

vivian.wagner

Referral Bonus:

Role:

Customer Specialist

CellPhone Allowance:

9.00

Level:

2

Closed Deal Commission:

Lot:

IL02

Draw Amount:

Commission:

5,175.00

Total Commission Earned:

5,175.00

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auto

Compliance Overview

Henry Giovanni Pagotby

98%

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No Announcements

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Name

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You have no items that require your attention at this time.

Your in-process items 2 item(s)

Annual MVR Consent Form

with Julio Gandara

past due 03/17/25

Employee Referral Form / Programa de Referencia de Empleados

with Carolina Coronel

sent 07/30/25

Go To Inbox

Quick Links

Employee Handbook

Instruction Guides

Human Resource Forms

Payroll Forms

401(k) Information

Go to

CLICK HERE: Employee Handbook - English

CLICK HERE: Manual del Empleado - Spanish Employee Handbook

CLICK HERE: Employee's Guide to the FMLA - English

CLICK HERE: Employee's Guide to the FMLA - Spanish

Employee Handbook

Time-Off Tracker

Summary

Type	Pending	Approved	Taken
Vacation	-	-	-
Sick	-	-	-
Paid Time Off	-	-	-
Floating Holiday	-	-	-
Unpaid Time Off	-	-	-
Military Duty	-	-	-
Jury Duty	-	-	-
Tardiness	-	-	-
Bereavement	-	-	-
Certification Training	-	-	-

03/17/2025 - 03/16/2026

Options: ☒ Peers ☐ Inbox Items

7/31/2025

Jul 2025Aug 2025Sep 2025

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Henry Pagotly
Friday September 5, 2025

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Sales

Sales Commission

Salesperson Commission Details (Henry Pagotly - 8/31/2025)

Commissions Approved by Henry Pagotly on 09/03/2025 5:08 PM

Unit Num	Contract	Customer	Lot	Date Sold	Split Sale	House Deal	Down Pay	Trade ACP	Pick Up	Pick Paid	Commission
0.5	R184567	BAPIRO ROMAN	1L02	08/02/2025	Yes	No	1,400.00	0.00	0.00		320.00
1.5	R185923	DANTELO DE JESUS LOPEZ	1L02	08/02/2025	No	No	3,350.00	0.00	0.00		640.00
2.5	R182057	ELFATAR DAVID COJMAN NATU	1L02	08/04/2025	No	No	1,300.00	1,200.00	0.00		640.00
3.0	R166152	TREVOR BURNETT	1L02	08/05/2025	Yes	No	1,750.00	0.00	0.00		320.00
4.0	R185552	MARIA V RAMIREZ	1L02	08/06/2025	No	No	5,000.00	0.00	0.00		640.00
4.5	P169166	CARLOS NAVA TORRES	1L02	08/11/2025	Yes	No	1,250.00	0.00	0.00		320.00
5.0	R184070	ODELOUIS AGUIRRE DIAZ	1L02	08/11/2025	Yes	No	400.00	375.00	0.00		320.00
5.5	R187891	JOSE L SANDOJA REQUENA	1L02	08/11/2025	Yes	No	900.00	0.00	0.00		320.00
6.0	P164456	NELSON FERNANDEZ COLUMENA	1L02	08/12/2025	Yes	No	900.00	0.00	0.00		320.00
7.0	R187248	BREYNER ANDRE FERNANDEZ M	1L02	08/14/2025	No	No	2,000.00	0.00	0.00		640.00
8.0	R178232	JOSE JOAQUIN URDANETA SOC	1L02	08/15/2025	No	No	2,500.00	0.00	0.00		640.00
8.5	P180559	MIGUEL MACEDONIO PAZ SANC	1L02	08/16/2025	Yes	No	1,750.00	0.00	0.00		320.00
9.5	R187367	TATIANA FELICIANO	1L02	08/16/2025	No	No	1,800.00	0.00	0.00		640.00
10.5	R186622	BERTIN VASQUEZ	1L02	08/18/2025	No	No	1,500.00	0.00	0.00		640.00
11.5	R188475	JOSE M GARCIA RODRIGUEZ	1L02	08/22/2025	No	No	1,500.00	0.00	0.00		640.00

Name:

Henry Pagotly

Referral Bonus:

Role:

Senior Customer Specialist

CellPhone Allowance:

75.00

Level:

0

Closed Deal Commission:

Lot:

1L02

Draw Amount:

Commission:

11,200.00

Total Commission Earned

11,275.00

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9/5/2025

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Henry Pagotby

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Sales

Sales Commission

Salesperson Commission Details (Henry Pagotby - 9/5/2025)

Unit Num	Contract	Customer	Lot	Date Sold	Split Sale	House Deal	Drawn Pay	Trade ACV	Pick Up	Pick Paid	Commission
1.9	R189512	WALTER R ZURIGA	IL02	09/03/2025	No	No	2,560.00	0.00	0.00		\$50.00
2.3	R190616	JUAN P MORA	IL02	09/04/2025	No	No	2,260.00	0.00	0.00		\$50.00
Total:							4,760.00	0.00	-		1,100.00

Names:

Henry Pagotby

Referral Bonus:

Role:

Senior Customer Specialist

CellPhone Allowance:

0.00

Level:

0

Closed Deal Commission:

Lot:

IL02

Draw Amount:

Commission:

1,100.00

Total Commission Earned

1,100.00

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9/5/2025 3:38 PM