

Fill in this information to identify the case:

Debtor 1 TriColor Auto LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Texas

Case number 25-33487

FILED
DEC 22 2025
 CLERK, U.S. BANKRUPTCY COURT
 NORTHERN DISTRICT OF TEXAS

Official Form 410
Proof of Claim

12/24

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? City of Houston
 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?
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p>Where should notices to the creditor be sent?</p> <p><u>City of Houston - Attn: Effie Green</u> Name</p> <p><u>4200 Leeland</u> Number Street</p> <p><u>Houston TX 77023</u> City State ZIP Code</p> <p>Contact phone <u>346-201-7342</u></p> <p>Contact email _____</p> <p>Uniform claim identifier (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>City of Houston</u> Name</p> <p><u>4200 Leeland</u> Number Street</p> <p><u>Houston TX 77023</u> City State ZIP Code</p> <p>Contact phone <u>346-201-7342</u></p> <p>Contact email _____</p>
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4. Does this claim amend one already filed?
 No
 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?
 No
 Yes. Who made the earlier filing? _____

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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: 1 1 4 3

7. How much is the claim? \$ 508.45 . 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.

water and sewer services

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: _____

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12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

Up to \$3,350* 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 \$15,150*) 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).

\$ _____

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 4/01/25 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:

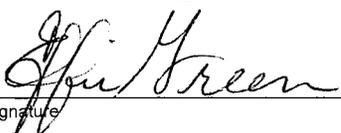
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 12/10/2025
MM / DD / YYYY


Signature

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

Name Effie Green
First name Middle name Last name

Title Customer Service Representative III

Company City of Houston - Houston Public Works
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 4200 Leeland
Number Street

Houston TX 77022
City State ZIP Code

Contact phone 346-201-7342 Email _____

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CITY OF HOUSTON

Houston Public Works

Customer Account Services
4200 Leeland
Billing & Service Inquiries
(713) 371-1400

WATER / WASTEWATER BILL

ACCOUNT NUMBER		SERVICE ADDRESS		RATE/CLASS	
0341-2265-1143		6730 GULF FWY P1-2		COMMERCIAL	
PREVIOUS READING		CURRENT READING		GALLONS	READ DATE
PAYMENTS RECEIVED		ADJUSTMENTS		CURRENT CHARGES	
PREVIOUSLY BILLED AMOUNT		TOTAL ADJUSTMENTS		BILLING DATE	9-10-2025
				PAST DUE AMOUNT	
TOTAL PAYMENTS		TOTAL CURRENT CHARGES		TOTAL AMOUNT DUE	\$508.45
				DUE DATE	UPON RECEIPT

The upper portion contains specific details on water/wastewater cost and usage. The bottom portion is the section you must return with your payment. If you have any questions, please call Customer Account Services at (713) 371-1400.

REQUESTED BILL

*Please Detach And Return This Portion With Payment
Write Account Number On All Checks*

Payable to: CITY OF HOUSTON
Houston Public Works
P.O. Box 1560
Houston, TX 77251

TRICOLOR AUTO LLC 25-33487-MVL-7
6730 GULF FWY P1-2
HOUSTON, TX 77087-2518

***TOTAL AMOUNT DUE: \$508.45**

AMOUNT PAID _____

BILLING DATE 9-10-2025

DUE DATE UPON RECEIPT