

Fill in this information to identify the case:

Debtor 1 Tricolor Holdings, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Texas 

Case number 25-33487

- Date Stamped Copy Returned
- No self addressed stamped envelope
- No copy to return

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? Gabriel Davon Grissett
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)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Gabriel D Grissett</u> Name	_____ Name
<u>401 Richland Bend RD</u> Number Street	_____ Number Street
<u>Milford TX 76670</u> City State ZIP Code	_____ City State ZIP Code
Contact phone <u>469-766-1460</u>	Contact phone _____
Contact email <u>ggrissett74@gmail.com</u>	Contact email _____

Uniform claim identifier (if you use one):

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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253348726010600000000001

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: _____

7. How much is the claim? \$ 24,214.65 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.
Unpaid wages, accrued but unused paid time off (PTO), WARN Act

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.)

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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: _____

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

No

Yes. Check one:

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 \$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). \$ _____

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). \$ _____

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 4/01/28 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 12/29/2025
MM / DD / YYYY



Signature

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

Name Gabriel Davon Grissett
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 401 Richland Bend RD
Number Street
Milford TX 76670
City State ZIP Code

Contact phone 469-766-1460 Email ggrissett74@gmail.com

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Title: Employee Claim for Unpaid Wages, Accrued PTO, and WARN Act Damages.

Debtor: Tricolor Holdings, LLC
Case NO: 25-33487

1. **Claimant Information**

My name is **Gabriel D. Grissett** ("Claimant"). I was employed by Tricolor Holdings, LLC and/or its affiliated debtor entities (collectively, the "Debtors") as a(n) Purchasing Manger [position title], from on or about 10/5/2020 to on or about 9/5/2025 (the "Termination Date").

My last work location was:
Address: 3800 Interstate 45 #100
City/State/ZIP: Wilmer, TX 75172

2. **Nature of Claim**

This claim arises from:

- (a) unpaid wages;
- (b) accrued but unused paid time off ("PTO"); and
- (c) damages under the Worker Adjustment and Retraining Notification Act, 29 U.S.C. 2101 et seq. (the "WARN Act"), due to the Debtors' termination of my employment without providing at least sixty (60) days' prior written notice.

3. **WARN Act Claim**

- a. On or about 9/5/2025, the Debtors terminated my employment as part of a plant closing and/or mass layoff within the meaning of the WARN Act.
- b. The Debtors did not provide me with written notice of termination at least sixty (60) days in advance of my Termination Date, as required by the WARN Act, 29 U.S.C. 2101-2109.
- c. As a result of the Debtors' failure to provide the required WARN Act notice, I assert a claim for back pay and the value of benefits for a period of up to sixty (60) days following my Termination Date (the "WARN Act Damages").
- d. My WARN Act Damages are estimated as follows (subject to revision upon receipt of additional information):
 - Back pay for 60 days at a rate of \ \$494.00 per [day/40 unpaid available days] = \ \$19,760.

4. **Accrued but Unused PTO**

- a. As of my Termination Date, I had accrued but unused PTO in the amount of 72.14 hours.

b. Under the Debtors' policies, practices, and/or applicable law, I was entitled to be paid the value of my accrued but unused PTO upon termination.

c. The value of my accrued but unused PTO is \ \$4,454.65 (calculated as 72.14 hours × \ \$61.75 hourly rate), which remains unpaid (the "PTO Claim").

5. ****Total Claim Amount and Priority****

a. The total amount of my claim is:

- WARN Act Damages: \ \$19,760
- Accrued but Unused PTO: \ \$4,454.65
- **Total Claim:**** \ \$24,214.65

b. To the extent applicable under 11 U.S.C. 507(a)(4)-(5) or other provisions of the Bankruptcy Code, I assert priority status for portions of my claim relating to wages, salaries, commissions, vacation, severance, and contributions to employee benefit plans, up to the statutory maximum, with any excess amounts asserted as general unsecured claims.

6. ****Reservation of Rights****

a. I reserve all rights to:

- Amend or supplement this claim;
- Assert additional facts or legal grounds;
- Recalculate the amounts claimed based on additional records, information from the Debtors, or orders of the Bankruptcy Court.

b. Nothing in this claim is intended to waive any rights, claims, or causes of action that I may have against the Debtors, their officers, directors, or any other parties, including but not limited to claims under federal or state labor laws, the WARN Act, or other applicable law.

7. ****Supporting Documentation****

Attached to this claim, to the extent available, are copies of:

- Pay stubs or earnings statements;
- Employment offer letter, contract, or employee handbook excerpts concerning PTO or severance;
- Any written notice of termination; and
- Any other documents supporting the calculation of Unpaid Wages, PTO Claim, and WARN Act Damages.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge, information, and belief.

Date: 12/29/2025

Signature:

Name: Gabriel D. Grissett

Address: 401 Richland Bend RD Milford, TX 76670

Phone: 469-766-1460

Email: ggrissett74@gmail.com

CO. FILE DEPT. CLOCK VCHR. NO. 576
 LTD 100648 C19007 XN50K 0000370210

Earnings Statement



TRICOLOR AUTO GROUP, LLC
 1111 WEST MOCKING BIRD LN, STE #1500
 DALLAS TX 75247

Period Beginning: 09/01/2025
 Period Ending: 09/15/2025
 Pay Date: 09/09/2025

GABRIEL D GRISSETT
PO BOX 7
MILFORD TX 76670

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table,\$50 Extra
 Withholding

Earnings	rate	salary/hours	this period	year to date
Reg			1,624.11	1,624.11
Regular				78,298.35
Gross Pay			\$1,624.11	79,922.46

Other Benefits and Information	this period	total to date
Safe H	64.96	3,196.91

Deductions	Statutory		
	Federal Income Tax	-79.85	9,643.14
	Social Security Tax	-63.30	4,339.38
	Medicare Tax	-14.81	1,014.86
	Other		
	Medical	-528.04*	8,740.28
	Ts Dental	-64.08*	1,004.16
	Ts Vision	-11.06*	188.02
	401K Mep	-97.45*	3,822.20
	Net Pay	\$765.52	
	Checking	-765.52	51,170.42
	Net Check	\$0.00	

Important Notes
 ADP TotalSource, Inc., A Professional Employer Organization
 10200 Sunset Drive, Miami, FL 33173
 1-844-448-0325

BASIS OF PAY: SALARY

Additional Tax Withholding Information
 Exemptions/Allowances:
 TX: No State Income Tax

* Excluded from federal taxable wages
 Your federal taxable wages this period are \$923.48

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ADP TotalSource
 A Professional Employer Organization
 5800 Windward Parkway
 Alpharetta, GA 30005

Advice number: 00000370210
 Pay date: 09/09/2025

Deposited to the account of	account number	transit ABA	amount
GABRIEL D GRISSETT	XXXXX	XXXX XXXX	\$765.52

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



TRICOLOR AUTO GROUP, LLC
 1111 WEST MOCKING BIRD LN, STE #1500
 DALLAS TX 75247

Period Beginning: 08/16/2025
 Period Ending: 08/31/2025
 Pay Date: 08/29/2025

GABRIEL D GRISSETT
PO BOX 7
MILFORD TX 76670

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table,\$50 Extra Withholding

<u>Earnings</u>	rate	salary/hours	this period	year to date
Regular	4940.00		4,940.00	78,298.35
Gross Pay			\$4,940.00	78,298.35
Deductions				
<u>Statutory</u>				
Federal Income Tax			-589.49	9,563.29
Social Security Tax			-268.88	4,276.08
Medicare Tax			-62.88	1,000.05
<u>Other</u>				
Medical			-528.04*	8,212.24
Ts Dental			-64.08*	940.08
Ts Vision			-11.06*	176.96
401K Mep			-296.40*	3,724.75
Net Pay			\$3,119.17	
Checking			-3,119.17	50,404.90
Net Check			\$0.00	

<u>Other Benefits and Information</u>	this period	total to date
Safe H	197.60	3,131.95
Sick Hours Bal	42.00	
Vac Hours Bal	30.14	

Important Notes

ADP TotalSource, Inc., A Professional Employer Organization
 10200 Sunset Drive, Miami, FL 33173
 1-844-448-0325

BASIS OF PAY: SALARY

Additional Tax Withholding Information

Exemptions/Allowances:
 TX: No State Income Tax

* Excluded from federal taxable wages

 Your federal taxable wages this period are
 \$4,040.42

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ADP TotalSource
 A Professional Employer Organization
 5800 Windward Parkway
 Alpharetta, GA 30005

Advice number: 0000350212
 Pay date: 08/29/2025

Deposited to the account of	account number	transit	ABA	amount
GABRIEL D GRISSETT	XXXX [REDACTED]	XXXX	XXXX	\$3,119.17

THIS IS NOT A CHECK

NON-NEGOTIABLE

Official Pay Modification Document**Attn:** HR department; Gabriel Grissett**Name:** Gabriel Grissett 4-28-22**Position:** Senior Buyer**Manager or Supervisor:** Carlos Chaves**Hire date:** 10/5/2020**Today's date:** 4/26/2022

Hello Gabriel,

Thank you for all your dedication. We would like to increase your annual salary to \$97,000/year salaried, just as we discussed.

Plus, an annual bonus of 5% of your annual salary paid out on a quarterly basis, based on company annual objectives.

This bonus is subject to payroll deductions and required taxes and withholdings.

This increase will be applied starting 5/1/2022

Thank you

Troy Sterk
Chief Supply Chain Officer

**This document will be added to your preexisting offer letter on file with HR.*



September 5, 2025

We are reaching out to you today with some extremely difficult news. Some recent developments at Tricolor Holdings, LLC (the "Company") have resulted in significant and immediate financial challenges and have led us to make the difficult decision to temporarily suspend reconditioning and vehicle service, retail sales, and related loan origination operations.

In connection with this decision, the Company is implementing a temporary furlough for many positions, including yours. We are placing you on a temporary, unpaid leave of absence beginning on Saturday, September 6, 2025. The furlough is expected to last 30 days, during which time the Company will be assessing its finances and working with its lenders to determine the best path forward. Please be ready to return to work on October 6, 2025.

While you are on this leave of absence, you are instructed to not perform any work for the Company (including without limitation accessing, reading, or responding to your work email), and the Company must suspend your access to any work email accounts, shared servers and/or phone lines and ask you to return any company-issued cell phones and/or laptops. To the extent applicable, please keep your badge, although it will be deactivated during the furlough.

During the furlough period, employees currently enrolled in the Company's health insurance plans will retain all of their health care coverage (medical, dental and vision). Again, this is not a termination of your employment.

You may be eligible for unemployment benefits during the furlough. You can find information on eligibility and applying for unemployment benefits at the following websites:

Arizona: <https://des.az.gov/>

California: <https://edd.ca.gov/>

Illinois: <https://ides.illinois.gov/>

Nevada: <https://detr.nv.gov/>

New Mexico: <https://www.dws.state.nm.us/en-us/>

Texas: <https://www.twc.texas.gov/>

Please make sure your manager has your current contact information. If you decide to resign from your position during the furlough, please contact your manager.

Sincerely,

Daniel Chu

A handwritten signature in black ink, appearing to read "Daniel Chu".

Chairman & CEO