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 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.

	and it identity the Ci	aim	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this classifier 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? DUGAS ABSOLD, CUSA PARCONAME 3637 TINBOLGEAD PD, ART 9115 Number Street DRUCS TY T5287 City State ZIP Code Contact phone 214 279 9807 Contact email DUGASCRS4CGNAL COM Uniform claim identifier for electronic payments in chapter 13 (if you us	Number Street City State ZIP Code Contact phone Contact email
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on 09/18/2015
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

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?	S Does this amount include interest or other charges? One was a substitute of the charges of the charges of the 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.
9. Is all or part of the claim secured?	No Yes. The claim is secured by a lien on property. Nature of property:
	Annual Interest Rate (when case was filed)% □ Fixed □ Variable
lease?	No Yes. Amount necessary to cure any default as of the date of the petition. \$
right of setoff?	□ No □ Yes. Identify the property:

12. Is all or part of the claim	□ No													
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Chec	k all that apply:				Amount entitled to priority								
A claim may be partly priority and partly	Domes 11 U.S	stic support obligations (inclu .C. § 507(a)(1)(A) or (a)(1)(l	i support) un	under \$										
nonpriority. For example, in some categories, the law limits the amount	Up to 9 person	\$												
entitled to priority.	bankru	s, salaries, or commissions (ptcy petition is filed or the d .C. § 507(a)(4).	days before the searlier.	\$ 5,682.90										
	☐ Taxes	or penalties owed to govern	mental units. 11 U.S.C	. § 507(a)(8)).	\$								
	☐ Contrib	outions to an employee bene	fit plan. 11 U.S.C. § 5(07(a)(5).		\$								
	Other.	Specify subsection of 11 U.:	- S.C. § 507(a)() that a	applies.		\$								
		are subject to adjustment on 4/0			ses begun on or afte	er the date of adjustment.								
Part 3: Sign Below	######################################													
The person completing	Check the appr	onriate hov:												
this proof of claim must														
sign and date it. FRBP 9011(b).	I am the creditor. I am the creditor's attorney or authorized agent.													
f you file this claim		editor's attorney or authorize istee, or the debtor, or their	•	kruptov Bulo	2004									
electronically, FRBP														
5005(a)(2) authorizes courts to establish local rules	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.													
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.													
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.													
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under	penalty of perjury that the fo	regoing is true and cor	rect.										
3571.	Executed on da	te 09/18/2005												
		Y												
	Signature	7												
	Print the name	of the person who is com	oleting and signing th	nis claim:										
	Name	Douglas	KLEERI	0	COR	PATIES								
	Ivaille	First name	Middle name		Last name									
	Title													
	Company													
		Identify the corporate service	r as the company if the au	uthorized agen	t is a servicer.									
	Address	3637 tins	enguan Ri), A	PT 9115									
		Number Street		TX	7528	7								
		City		State	ZIP Code									
		214 229 980	7		Marilan	034860AL.WI								

Email

Case 25-38490-mont7 c6taim 3-1 No. Filed 09/18/25

7F2 111593 Y07010 XN50K 0000370023

DALLAS TX 75247

FLEXI COMPRAS AUTOS, LLC

1111 WEST MOCKING BIRD LN, STE #1500

Desc Main Document Page 4 of 9 **Earnings Statement**

Period Beginning: Period Ending:

08/16/2025

Pay Date:

08/31/2025

09/09/2025

Filing Status: Single/Married filing separately Exemptions/Allowances: Federal: Standard Withholding Table

DOUGLAS A CUBA RAMOS 3637 TIMBERGLEN ROAD **APT 9115** DALLAS TX 75287

Earnings Reg	rate salary/hours	this period	year to date 624.66			
Regular		024.00	30,328.67	Your federal taxal	ble wages this peri	od are \$563.32
Bonus			10.00	Other Benefits and	1	
Mgr Commision			22,273.26	Information	this period	total to date
Spiffs			1,700.00	Safe H	24.99	2,197.46
	Gross Pay	\$624.66	54,936.59		250	2,107.40
				Important Notes		
Deductions	Statutory			ADP TotalSource, Inc.,A	Professional Employer	Organization
	Social Security Tax	-34 . 92	3,343.70	10200 Sunset Drive, Mia	ımi, FL 33173	
	Medicare Tax	-8 . 16	781.99	1-844-448-0325		
	Federal Income Tax		6,530.82			
	Other			BASIS OF PAY: SALARY		
	Hyatt Legal	-7 .00	119.00	Additional Tax W	ithholding Infor	mation
	Medical	-45 .69*	741.20	Exemptions/Allowances:		
	Mep 401K Loan 1	-65 . 45	1,112.65	TX: No Sta	te Income Tax	
	Met Accident In	-5 . 93	100.81			
	Met Critical II	-5 . 35	90.95			
	Met Hospital In	-10 .44	177.48			
	Roth 401K Mep	-24 .99	2,197.46			
	Ts Dental	-12 .42*	209.82			
	Ts Vision	-3 .23*	54.91			
	Net Pay	\$401.08				
	Checking	-401 . 08	39,475.80			

^{*} Excluded from federal taxable wages

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5800 Windward Parkway Alpharetta, GA 30005

Advice number:

00000370023 09/09/2025

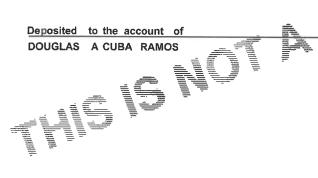
account number

transit ABA

amount \$401.08

xxxxxxxx1832

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NON-NEGOTIABLE

Case 25-38490-mw17 © taim 8-10 Fited 09/18/25 7F2 111593 Y07010 XN50K 0000330022 1

FLEXI COMPRAS AUTOS, LLC 1111 WEST MOCKING BIRD LN, STE #1500 DALLAS TX 75247

Filing Status: Single/Married filing separately Exemptions/Allowances:

Federal: Standard Withholding Table

Desc Main Document Pa **Earnings Statement** Page 5 of 9

Period Beginning:

07/16/2025

Period Ending:

07/31/2025

Pay Date: 08/15/2025

> DOUGLAS A CUBA RAMOS 3637 TIMBERGLEN ROAD **APT 9115** DALLAS TX 75287

Earnin -	make a law the		
Earnings	rate salary/hours	this period	year to date
Regular	1900.00	1,900.00	28,428.67
Mgr Commision		1,731.25	18,127.06
Bonus			10.00
Spiffs	900000000000000000000000000000000000000	000000000000000000000000000000000000000	800.00
	Gross Pay	\$3,631.25	47,365.73
Deductions	Statutory		
	Federal Income Tax	-435 . 98	5,326.49
	Social Security Tax	-221 .33	2,881.91
	Medicare Tax	-51 .77	674.00
	Other		
	Hyatt Legal	-7 .00	105.00
	Medical	-45 .69*	649.82
	Mep 401K Loan 1	-65 .45	981.75
	Met Accident In	-5 . 93	88.95
	Met Critical II	-5 . 35	80.25
	Met Hospital In	-10 .44	156.60
	Roth 401K Mep	-145 . 25	1,894.62
	Ts Dental	-12 .42*	184.98
	Ts Vision	-3 .23*	48.45
	Net Pay	\$2,621.41	
	Checking	-2 , 621 . 41	34,292.91
	Net Check	\$0.00	

Your federal taxable wages this period are \$3,569.91

Other	Benefits	and
-------	----------	-----

Information	this period	total to date
Safe H	145.25	1,894.62
Sick Hours Bal	3.70	
Vac Hours Bal	101.64	

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: No State Income Tax

* Excluded from federal taxable wages

Advice number:

00000330022 08/15/2025

A Professional Employer Organization

TotalSource

5800 Windward Parkway Alpharetta, GA 30005

account number xxxxxxxx1832

transit ABA

amount

XXXX XXXX

\$2,621.41

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NON-NEGOTIABLE

Case 25-33490-mv/7 cGlaim 3-1 No. Filed 09/18/25

7F2 111593 Y07010 XN50K 0000350023 1

DALLAS TX 75247

FLEXI COMPRAS AUTOS, LLC

1111 WEST MOCKING BIRD LN, STE #1500

Desc Main Document **Earnings Statement**

Page 6 of 9

Period Beginning: Period Ending:

08/01/2025 08/15/2025

Pay Date:

08/29/2025

Filing Status: Single/Married filing separately Exemptions/Allowances:

Federal: Standard Withholding Table

DOUGLAS A CUBA RAMOS 3637 TIMBERGLEN ROAD APT 9115 DALLAS TX 75287

Earnings	rate salary/hours	this period	year to date
Regular	1900.00	1,900.00	30,328.67
Mgr Commision		4,146.20	22,273.26
Spiffs		900.00	1,700.00
Bonus			10.00
	Gross Pay	\$6,946.20	54,311.93
Deductions	Statutory		
	Federal Income Tax	-1,204.33	6,530.82
	Social Security Tax	-426 .87	3,308.78
	Medicare Tax	-99 .83	773.83
	Other		
	Hyatt Legal	-7 .00	112.00
	Medical	-45 .69*	695.51
	Mep 401K Loan 1	-65 .45	1,047.20
	Met Accident In	-5 . 93	94.88
	Met Critical II	-5 . 35	85.60
	Met Hospital In	-10 .44	167.04
	Roth 401K Mep	-277 . 85	2,172.47
	Ts Dental	-12 . 42*	197.40
	Ts Vision	-3 . 23*	51.68
	Net Pay	\$4,781.81	
	Checking	-4 ,781.81	39,074.72
	Net Check	\$0.00	

Your federal	taxable	wages	this	period	are
\$6,884.86		-			

Other Benefits and		
Information	this period	total to date
Safe H	277.85	2,172.47
Sick Hours Bal	5.55	
Vac Hours Bal	104.72	
Important Notes		
ADP TotalSource, Inc.,A P	rofessional Employer	Organization
10200 Sunset Drive, Miami	, FL 33173	
1-844-448-0325		
BASIS OF PAY: SALARY		
Additional Tax Wit	hholding Inform	nation
Exemptions/Allowances:		
TX: No State	Income Tax	

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

Advice number:

00000350023 08/29/2025

account number

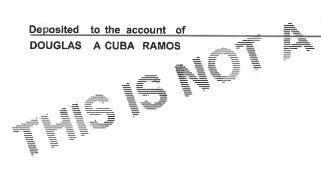
transit ABA

amount \$4,781.81

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XXXX XXXX



NON-NEGOTIABLE

^{*} Excluded from federal taxable wages

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