

Fill in this information to identify the case:

Debtor 1 FLEXI COMPRAS AUTOS, LLC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: **Northern District of Texas**

Case number 25-33490

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?	COOKE COUNTY APPRAISAL DISTRICT 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)	<b>Where should notices to the creditor be sent?</b>  Jeanmarie Baer Name P. O. BOX 8188 Number Street WICHITA FALLS TX 76307 City State ZIP Code  Contact phone (940) 723-4323 Contact email jbaer@pbfcmm.com	<b>Where should payments to the creditor be sent? (if different)</b>  COOKE COUNTY APPRAISAL DISTRICT Name 201 NORTH DIXON Number Street GAINESVILLE TX 76240 City State ZIP Code  Contact phone _____ Contact email _____
Uniform claim identifier (if you use one): None _____		
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.	<b>Do you have any number you use to identify the debtor?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ ____ ____ ____ Please see attached statement.
7.	<b>How much is the claim?</b> \$1,332.41	<b>Does this amount include interest or other charges?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	<b>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 health care information.  Ad Valorem Property Taxes	
9.	<b>Is all or part of the claim secured?</b> <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Other. Describe: <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           The debt is incurred January 1st of each year pursuant to Sections 32.01, 32.05, and 32.07 of the Texas Property Tax Code and is automatically perfected as a matter of law.         </div> <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.)  <b>Value of property:</b> Fully Secured <b>Amount of the claim that is secured:</b> \$1,332.41  <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>Amount necessary to cure any default as of the date of the petition:</b> _____  <b>Annual Interest Rate</b> (when case was filed) <u>12</u> % <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10.	<b>Is this claim based on a lease?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
11.	<b>Is this claim subject to a right of setoff?</b> <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)?**☒ 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).

\$0.00

☐ 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.

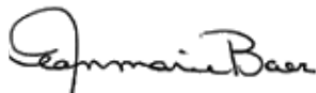
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 9/19/2025  
MM / DD / YYYY



Signature

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

Name	<u>Jeanmarie Baer</u>		
	First name	Middle name	Last name
Title	<u>Attorney for Claimant</u>		
Company	<u>Perdue, Brandon, Fielder, Collins &amp; Mott, L.L.P.</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>P. O. BOX 8188</u>		
	Number	Street	
	<u>WICHITA FALLS</u>	TX	<u>76307</u>
	City	State	ZIP Code
Contact phone	<u>(940) 723-4323</u>	Email	<u>jbaer@pbfc.com</u>

# Tax Statement

## COOKE COUNTY APPRAISAL DISTRICT

201 NORTH DIXON  
 GAINESVILLE, TX 76240  
 Telephone: (940) 665-7651

FLEXI COMPRAS  
 4255 LYNDON B JOHNSON FRWY  
 P/R 6-11-18  
 DALLAS, TX 99999

Taxpayer ID: 15058

BA=Y

IF YOU ARE 65 YEARS OF AGE OR OLDER OR ARE DISABLED AND YOU OCCUPY THE PROPERTY DESCRIBED IN THIS DOCUMENT AS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE APPRAISAL DISTRICT REGARDING ANY ENTITLEMENT YOU MAY HAVE TO A POSTPONEMENT IN THE PAYMENT OF THESE TAXES.

	Tax Year	Tax Due	P and I	Total Due
COOKE COUNTY				
Legal: LEASED EQUIPMENT LOCATED IN GISD/CITY				
GEO Code: 133874 Client Property Code:				
	2015	\$50.57	\$82.02	\$132.59
	2016	\$45.33	\$67.27	\$112.60
COOKE COUNTY TOTAL -->				\$245.19
GAINESVILLE HOSPITAL DISTRICT				
Legal: LEASED EQUIPMENT LOCATED IN GISD/CITY				
GEO Code: 133874 Client Property Code:				
	2015	\$11.61	\$18.83	\$30.44
	2016	\$10.16	\$15.08	\$25.24
GAINESVILLE HOSPITAL DISTRICT TOTAL -->				\$55.68
NORTH CENTRAL TEXAS COLLEGE DISTRICT				
Legal: LEASED EQUIPMENT LOCATED IN GISD/CITY				
GEO Code: 133874 Client Property Code:				
	2015	\$12.28	\$19.92	\$32.20
	2016	\$11.05	\$16.40	\$27.45
NORTH CENTRAL TEXAS COLLEGE DISTRICT TOTAL -->				\$59.65
CITY OF GAINESVILLE				
Legal: LEASED EQUIPMENT LOCATED IN GISD/CITY				
GEO Code: 133874 Client Property Code:				
	2015	\$70.61	\$114.53	\$185.14
	2016	\$63.93	\$94.87	\$158.80
CITY OF GAINESVILLE TOTAL -->				\$343.94
GAINESVILLE INDEPENDENT SCHOOL DISTRICT				
Legal: LEASED EQUIPMENT LOCATED IN GISD/CITY				
GEO Code: 133874 Client Property Code:				
	2015	\$129.53	\$210.10	\$339.63
	2016	\$116.07	\$172.25	\$288.32
GAINESVILLE INDEPENDENT SCHOOL DISTRICT TOTAL -->				\$627.95
<b>Total If Paid By 9/30/2025</b>				<b>\$1,332.41</b>