

**Fill in this information to identify the case:**

Debtor 1 Tricolor Auto Group, LLC  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court Northern District of Texas  
Case number: 25-33496

**FILED**  
U.S. Bankruptcy Court  
Northern District of Texas  
9/22/2025  
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**

<b>1. Who is the current creditor?</b>	<u>ELVIA MONICA CORTES</u> Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> <u>ELVIA MONICA CORTES</u> Name <u>14925 QUINTAN GATES CT</u> <u>EL PASO, TX 79938</u>  Contact phone <u>9154222870</u> Contact email <u>monita1388@gmail.com</u>  Uniform claim identifier (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b> _____ Name _____ Contact phone _____ Contact email _____
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>6. Do you have any number you use to identify the debtor?</b>	<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: _____										
<b>7. How much is the claim?</b>	\$ 11804.19 <div style="float: right; text-align: right;"> <b>Does this amount include interest or other charges?</b>  <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>										
<b>8. 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 healthcare information.  unpaid wages										
<b>9. Is all or part of the claim secured?</b>	<input checked="" type="checkbox"/> No <input 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 type="checkbox"/> Other. Describe: _____  <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.)  <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Value of property:</b></td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td><b>Amount of the claim that is secured:</b></td> <td>\$ _____</td> </tr> <tr> <td><b>Amount of the claim that is unsecured:</b></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%;"><b>Amount necessary to cure any default as of the date of the petition:</b></td> <td style="width: 40%;">\$ _____</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;"><b>Annual Interest Rate</b> (when case was filed)</td> <td style="width: 40%;">_____ %</td> </tr> </table> <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<b>Value of property:</b>	\$ _____	<b>Amount of the claim that is secured:</b>	\$ _____	<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)	_____ %
<b>Value of property:</b>	\$ _____										
<b>Amount of the claim that is secured:</b>	\$ _____										
<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)	_____ %										
<b>10. 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. \$ _____										
<b>11. Is this claim subject to a right of setoff?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____										

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
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).	\$ 11804.19
	<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 9/22/2025  
MM / DD / YYYY

/s/ ELVIA MONICA CORTES

Signature

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

Name ELVIA MONICA CORTES

Title EMPLOYEE

Company \_\_\_\_\_

Address 14925 QUINTAN GATES CT

14925 QUINTAN GATES CT  
Number Street  
EL PASO, TX 79938

City State ZIP Code

Contact phone 9154222870 Email monita1388@gmail.com

## COMMISSIONS & HOURS NOT PAID

<u>WEEK</u>	<u>SALES</u>	<u>80% - 100%+</u>	<u>COMMISSION</u>
JULY 27-AUG2			
31	9	74%	0
AUG3-AUG9			
32	13	86%	\$1600.50
AUG10-AUG16			
33	16	106%	\$1848.50
AUG17-AUG23			
34	19	126%	\$2390.00
AUG24-AUG30			
35	19	126%	\$4390.35
AUG31-SEPT6			
36	8	70% (SALARY 40 HOURS)	\$950.00

VACATION HOURS = 120 X /HOUR = \$2850.00

PAID ON 9-9-25 = \$624.66

**BALANCE OWED TO ME = \$11804.19**

WEEK 34,35,36, AND VACATION HOURS IS WHAT IS STILL OWED TO ME.

ANY QUESTIONS PLEASE FEEL FREE TO CALL ME AT 915-422-4870.

Thank you.

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Thank you.



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', written over a horizontal line.

Chairman & CEO