

Fill in this information to identify the case:

Debtor 1 TRICOLOR AUTO GROUP, LLC
 Debtor 2 NORTH D
 (Spouse, if filing)
 United States Bankruptcy Court for the: Northern District of Texas
 (State)
 Case number 3:25-bk-33496

FILED

OCT 01 2025

CLERK, U.S. BANKRUPTCY COURT
 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.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Diana Yeraldine Miranda Torres</u> 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)	Where should notices to the creditor be sent? <u>Diana Yeraldine Miranda Torres</u> Name <u>855 Keystone Ct</u> Number Street <u>Ferris</u> <u>Texas</u> <u>75125</u> City State ZIP Code Contact phone <u>2145547551</u> Contact email <u>diana1991@gmail.com</u>	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
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? _____	



2533496251007000000000036

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? \$ 7,500 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 for weeks 33, 34, 35, one additional week held as deposit, and Accrued Vacation.

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: _____

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

☒ No☐ Yes. Check all that apply:

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).

Amount entitled to priority

\$ _____

☐ Up to \$2,775* 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 \$12,475*) 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 4/01/16 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)(2) 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 10 01 2025
MM / DD / YYYY

Signature

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

Name

Diana
First nameYeraldine
Middle nameMiranda Toire
Last name

Title

Assistant manager

Company

Tricolor Auto Group LLC or Tricolor Holdings, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer. DM

Address

6021 Connection Drive
Number StreetIrving
CityTexas 75039
State ZIP Code

Contact phone

2145547551

Email diana1991co@gmail.com

Assistant manager

Sales Details StepDown Details

Salesperson	Calls	CW	To-Do	TDW	Sold	SW	NotFunded	NoStips	SD	Level3	Target	Target Req	Target%	SIDCatchUp	Bonus	Deduct %	KPI Deduct	Down Comm	M Catchup	Total Bonus
A11 - Asst Mgr		10.0		7.5	14.0	2.5	0	8	0	1	12	80	116	36.00	700.00	20.0	73.60	1013.40	0.00	1113.80
-Gabriela Ramones	145	0.0	98.33	0.0	0.5	0.0	0	0	0	0					0.00	0.0	0.00	0.00		
-Grisy Pena	168	2.5	57.14	2.5	4.0	0.0	0	2	0	0					0.00	5.0	0.00	0.00		
-Jorge Zambrano	142	2.5	85.00	2.5	4.0	0.0	0	4	0	1					0.00	5.0	0.00	0.00		
-Jose Garcia	118	2.5	97.59	0.0	2.5	2.5	0	2	0	1					0.00	5.0	0.00	0.00		
-Wilmay Abreu	164	2.5	70.97	2.5	3.0	0.0	0	2	0	0					0.00	5.0	0.00	0.00		

Sales Manager Bonus Dashboard

Sales Details Step Down Details

Salesperson	Calls	CW	to Do	TDW	Sold	SW	Not Funded	MoShips	SD	Level 3	Target	Target Req	Target%	SDC (clclUp)	Bonus	Deduct %	KPI Deduct	Down Comm	M Catchup	Total Bonus
A11 - Asst Mgr		7.5		2.5	14.0	0.0	0	1	0	3	12	80	116	36.00	700.00	10.0	36.80	575.92	0.00	1075.12
-Greisy Pena	189	2.5	100.00	0.0	3.0	0.0	0	1	0	1					0.00	2.5	0.00			0.00
-Jorge Zambrano	193	2.5	91.73	0.0	4.0	0.0	0	0	0	3					0.00	2.5	0.00			0.00
-Jose Garcia	128	2.5	98.21	0.0	3.5	0.0	0	0	0	2					0.00	2.5	0.00			0.00
-Wimmary Abreu	214	0.0	71.43	2.5	3.5	0.0	0	0	0	0					0.00	2.5	0.00			0.00

Sales Manager Bonus Dashboard

Sales Details Step-Down Details

Week 18 for 3A

4 Aug 24

Aug 30 2025

Salesperson	Calls	CW	To-Do	TDW	Sold	SW	NotFunded	NoStips	SD	Level3	Target	Target Req	Target%	SDCatchUp	Bonus	Deduct %	KPI Deduct	Down Comm	M Catchup	Total Bonus
All Asst Mgr		5.0		5.0	12.0	2.5	0	2	0	1	12	80	100	356.00	600.00	12.5	59.75	762.40	1000.00	2058.00
-Greisy Pena	208	0.0	96.43	0.0	2.0	2.5	0	1	0	0					0.00	2.5	0.00	0.00		0.00
-Jorge Zambrano	220	0.0	92.82	0.0	4.0	0.0	0	1	0	1					0.00	0.0	0.00	0.00		0.00
-Jose Garcia	173	2.5	79.41	2.5	3.0	0.0	0	0	0	1					0.00	5.0	0.00	0.00		0.00
-Wilmary Abreu	170	2.5	74.07	2.5	3.0	0.0	0	1	0	0					0.00	5.0	0.00	0.00		0.00



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

Period Beginning: 08/01/2025
Period Ending: 08/15/2025
Pay Date: 08/29/2025

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

DIANA MIRANDA TORRES
855 KEYSTONE COURT
FERRIS TX 75125

Earnings	rate	salary/hours	this period	year to date
Regular	1900.00		1,900.00	14,440.00
Mgrcommision			1,380.39	12,891.30
Spiffs			900.00	1,350.00
Bonus				245.00
Commission				11,160.02
DRAW				7,927.66
Floatingholiday				88.00
Holiday				352.00
Referral Bonus				3,000.00
SICK				176.00
Vacation				792.00
Gross Pay			\$4,180.39	52,421.98

*** Excluded from federal taxable wages**

Your federal taxable wages this period are
\$4,027.78

Other Benefits and Information

	this period	total to date
Safe H	83.61	1,048.44
Sick Hours Bal	2.00	
Vac Hours Bal	38.96	

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

Deductions	Statutory		
	Federal Income Tax	-536.71	6,602.20
	Social Security Tax	-254.91	3,185.80
	Medicare Tax	-59.62	745.07
	Other		
	Medical	-45.69*	695.51
	Ts Dental	-20.08*	290.92
	Ts Vision	-3.23*	51.68
	401K Mep	-83.61*	1,048.44
	Cell Phone		-75.00
Net Pay	\$3,176.54		
Checking	-3,176.54		39,877.36
Net Check	\$0.00		

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

Advice number: 00000350052
Pay date: 08/29/2025

Deposited to the account of	account number	transit ABA	amount
DIANA MIRANDA TORRES	xxxxxxx2752	xxxx xxxx	\$3,176.54

NON-NEGOTIABLE

THIS IS NOT A CHECK

Texas
DRIVER LICENSE
Director: *Edward C. Miller*

LIMITED TERM

DRIVER LICENSE

4d. DL: **46862314** 9. Class: **C**
4b. Exp: **03/17/2029**
3. DOB: **06/28/1991** 4a. Iss: **04/23/2024**
1. **MIRANDA TORRES**
2. **BIANA Y**
8. **855 KEYSTONE CT**
FERRIS, TX 75125
12. Rest: **NONE** 13. End: **NONE**
16. Hgt: **5'-02"** 15. Sex: **F** 18. Eyes: **BRO**
5. DD: **06622400140213925685**

