Fill in this information to identify the case:						
Debtor 1	TRICOLOR AUTO GROUP, LLC.					
Debtor 2 (Spouse, if filing)						
United States Bankruptcy Court for the: Northern District of Texas						
Case number	25-33496					

## 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.

P	art 1: Identify the C	laim							
		CITY OF HOUSTON							
	creditor?	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	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)				
	creditor be sent?	Melissa E. Valdez			CITY OF HOUSTON				
	Federal Rule of Bankruptcy Procedure	Name			Name				
	(FRBP) 2002(g)	1235 North Loop West Suite 600			1235 NORTH LOOP WEST, SUITE 600				
		Number Street			Number Street				
		Houston	TX	77008	HOUSTON	TX	77008		
		City  Contact phone (713) 86	State 62-1860	ZIP Code	City  Contact phone	State	ZIP Code		
		Contact email mvaldez	z@pbfcm.com		Contact email		-		
		Uniform claim identifier (							
4.	Does this claim amend one already filed?	No □ Yes. Claim number	r on court claims re	gistry (if known)		Filed on	/ YYYY		
5.	Do you know if anyone else has filed a proof of claim for this claim?	No  □ Yes. Who made the	e 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:  Please see attached statement.							
7.	How much is the claim?	\$13,9	221.35	☐ No	—				
				<b>⊠</b> Yes.	Attach statement item charges required by E	nizing interest, fees, expenses, or other Bankruptcy Rule 3001(c)(2)(A).			
8.	What is the basis of the	Example	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.						
	claim?	Attach re	edacted copies of any docu	ıments supportir	ng the claim required b	by Bankruptcy Rule 3001(c).			
		Limit disclosing information that is entitled to privacy, such as health care information.							
		Ad Valo	orem Property Taxes						
9.	Is all or part of the claim	☐ No							
	secured?	🛚 Yes.	The claim is secured by a	a lien on propert	y.				
			Nature of property:						
					y the debtor's principa m 410-A) with this <i>Pro</i>	ll residence, file a Mortgage Proof of Claim oof of Claim.			
			Other. Describe:	Personal Pr					
			Dania for manfactions	32.05, and		t of each year pursuant to Sections 32.01, Property Tax Code and is automatically			
			Basis for perfection: Attach redacted copies o example, a mortgage, lie been filed or recorded.)	ce of perfection of a security interest (for ent, or other document that shows the lien has					
			Value of property:		Fully Secured				
			Amount of the claim tha	at is secured:	\$13,921.35				
			Amount of the claim tha	at is unsecured	:	(The sum of the secured and unsecured amounts should match the amount in line 7			
			Amount necessary to c	petition:					
			Annual Interest Rate (w  Fixed Variable	hen case was fi	led) 12 %				
10	. Is this claim based on a lease?	<b>⊠</b> No							
		<b>□</b> Yes.	Yes. Amount necessary to cure any default as of the date of the petition. \$						
11	1. Is this claim subject to a 🔲 No								
	right of setoff?	☐ Yes.	Identify the property:						

12. Is all or part of the claim entitled to priority under	<b>⊠</b> No							
11 U.S.C. § 507(a)?	Yes. Check	Amount entitled to priority						
A claim may be partly priority and partly	Domest 11 U.S.	\$						
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$3 persona	services for \$						
	☐ Wages, bankrup 11 U.S.							
	☐ Taxes o	or penalties owed to government	mental units. 11 U.S.C. § 507(a)(8).		\$0.00			
	☐ Contribu	utions to an employee benefit pl	an. 11 U.S.C. § 507(a	a)(5).	\$			
	Other. S	Specify subsection of 11 U.S.C.	§ 507(a)() that app	lies.	\$			
	* Amounts a	are subject to adjustment on 4/01/28	and every 3 years after	that for cases I	pegun on or after the date of adjustment.			
Part 3: Sign Below								
Sign Below								
The person completing this proof of claim must	Check the appro	ppriate box:						
sign and date it.	☐ I am the cre	editor.						
FRBP 9011(b).		I am the creditor's attorney or authorized agent.						
If you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.							
5005(a)(3) authorizes courts	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.							
to establish local rules 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	amount of the claim, the creditor gave the deptor credit for any payments received toward the dept.							
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 foregoing is true and correct.							
3571.	Executed on date 10/17/2025							
	,	MM / DD / YYYY						
		M						
	Signature							
	Print the name	claim:						
	Name	Melissa E. Valdez First name	Middle name		Last name			
	Title	Attorney for Claimant						
	a servicer.							
		,						
	Address	1235 North Loop West Number Street		Suite 600	)			
		Houston		TX	77008			
		City		State	ZIP Code			
	Contact phone	(713) 862-1860	_	Email	mvaldez@pbfcm.com			

## **Tax Statement**

## **ANNETTE RAMIREZ**

HARRIS COUNTY TAX ASSESSOR-COLLECTOR 1235 NORTH LOOP WEST, SUITE 600 HOUSTON, TX 77008 Telephone: (713) 274-8000

TRICOLOR AUTO GROUP TRICOLOR AUTO GROUP LLC 1111 W MOCKINGBIRD LN STE 1500 DALLAS, TX 75247-

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			
CITY OF HOUSTON							
Legal: BUSINESS PERSONAL PROPERTY	CMP F&F	M&E					
GEO Code: 2225069600000 Client Property Co	ode: 2250696						
	2025	\$36.86	\$0.00	\$36.86	est		
Legal: INVENTORY							
9326 NORTH FWY HOUSTON, TX 77037	9326 NORTH FWY HOUSTON, TX 77037						
GEO Code: 2279399 Client Property Code: 227	79399						
	2025	\$13,884.49	\$0.00	\$13,884.49	est		
	CITY OF HOUSTON TOTAL> \$13,4						
Total If Paid By 9/30/2025 \$13,921							

Taxpayer ID: 422591