

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-SWE

Official Form 410

1ST AMENDED

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?	CARROLLTON-FARMERS BRANCH INDEPENDENT SCHOOL 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)	Where should notices to the creditor be sent? LINDA D. REECE Name <u>C/O PERDUE BRANDON FIELDER ET AL</u> <u>1919 S. SHILOH ROAD, SUITE 640, LB 40</u> Number Street <u>GARLAND TX 75042</u> City State ZIP Code Contact phone <u>(972) 278-8282</u> Contact email <u>LReece@pbfc.com</u>	Where should payments to the creditor be sent? (if different) CARROLLTON-FARMERS BRANCH INDEPENDENT SCHOOL DISTRICT Name <u>C/O PERDUE BRANDON FIELDER ET AL</u> <u>1919 S. SHILOH ROAD, SUITE 640, LB 40</u> Number Street <u>Garland TX 75042</u> 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>3</u> Filed on <u>9/15/2025</u> 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.	Do you have any number you use to identify the debtor?	<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.	How much is the claim? \$14,057.95	Does this amount include interest or other charges? <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.	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. Ad Valorem Property Taxes		
9.	Is all or part of the claim secured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <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: _____ 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: Fully Secured Amount of the claim that is secured: \$0.0 Amount of the claim that is unsecured: \$14,057.95 (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) <u>12</u> % <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable		
10.	Is this claim based on a lease? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____		
11.	Is this claim subject to a right of setoff? <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).

\$14,057.95

☐ 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 12/4/2025
MM / DD / YYYY



Signature

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

Name LINDA D. REECE

First name

Middle name

Last name

Title Attorney for Claimant

Company Perdue, Brandon, Fielder, Collins & Mott, L.L.P.

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1919 S. SHILOH ROAD, SUITE 640, LB 40

Number

Street

GARLAND

City

TX

State

75042

ZIP Code

Contact phone (972) 278-8282

Email

LReece@pbfc.com

Tax Statement

CARROLLTON-FARMERS BRANCH INDEPENDENT SCHOOL DISTRICT

P.O. BOX 110611
CARROLLTON, TX 75011

TRICOLOR AUTO GROUP LLC
4 FL00R
6021 CONNECTION DR
IRVING, TX 75039

Taxpayer ID: 93879

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
CARROLLTON-FARMERS BRANCH INDEPENDENT SCHOOL DISTRICT				
Legal: PERSONAL PROPERTY TRICOLOR AUTO GROUP LLC				
GEO Code: 99210514170000000		Client Property Code: 0000245442		
2025		\$14,057.95	\$0.00	\$14,057.95
CARROLLTON-FARMERS BRANCH INDEPENDENT SCHOOL DISTRICT TOTAL -->				\$14,057.95
Total If Paid By 9/30/2025				\$14,057.95