

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?	CASTLEBERRY 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? Elizabeth Banda Calvo Name <u>C/O PERDUE BRANDON FIELDER ET AL</u> <u>500 EAST BORDER ST, SUITE 640</u> Number Street <u>ARLINGTON TX 76010</u> City State ZIP Code Contact phone <u>(817) 461-3344</u> Contact email <u>ebcalvo@pbfc.com</u>	Where should payments to the creditor be sent? (if different) CASTLEBERRY INDEPENDENT SCHOOL DISTRICT Name <u>C/O PERDUE BRANDON FIELDER ET AL</u> <u>500 EAST BORDER, SUITE 640</u> Number Street <u>ARLINGTON TX 76010</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>21</u>	Filed on <u>9/19/2025</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?	\$123.84 <div style="float: right;"> 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). </div>
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. <u>Ad Valorem Property Taxes</u>
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Other. Describe: <u>Personal Property</u> <u>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.</u> Basis for perfection: <u>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.)</u> <div style="display: flex; justify-content: space-between;"> <div> Value of property: Amount of the claim that is secured: </div> <div> Fully Secured \$123.84 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Amount of the claim that is unsecured: </div> <div> (The sum of the secured and unsecured amounts should match the amount in line 7.) </div> </div> <div style="margin-top: 10px;"> Amount necessary to cure any default as of the date of the petition: _____ </div> <div style="margin-top: 10px;"> Annual Interest Rate (when case was filed) <u>12</u> % <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Variable </div>
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:

☐ 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).

☐ 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$0.00

\$ _____

\$ _____

* 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.

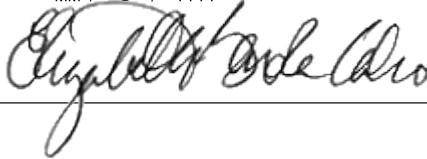
I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

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 Elizabeth Banda Calvo

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 500 EAST BORDER ST, SUITE 640

Number

Street

ARLINGTON

City

TX

State

76010

ZIP Code

Contact phone (817) 461-3344

Email

ebcalvo@pbfc.com

Tax Statement

CASTLEBERRY INDEPENDENT SCHOOL DISTRICT

500 EAST BORDER, SUITE 640
ARLINGTON, TX 76010

TRICOLOR AUTO GROUP LLC
TAX DEPT
6021 CONNECTION DR 4TH FLOOR
IRVING, TX 75039

Taxpayer ID: 143152

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
CASTLEBERRY INDEPENDENT SCHOOL DISTRICT				
Legal: PERSONAL PROPERTY TANGIBLE COMMERCIAL				
2135 JACKSBORO HWY				
GEO Code: 15078817 Client Property Code:				
	2025	\$123.84	\$0.00	\$123.84
CASTLEBERRY INDEPENDENT SCHOOL DISTRICT TOTAL -->				\$123.84
Total If Paid By 9/30/2025				\$123.84