## SUPPLEMENT TO MODIFIED OFFICIAL FORM 410 ("PROOF OF CLAIM FORM")

# **CLAIM SUMMARY REQUEST FORM**

If you are a current or former employee of Zachry or one of its affiliates, you do <u>not</u> need to complete this form.

For all claimants who are vendors and customers of the Debtors, although completion of this form is <u>not mandatory</u>, the Debtors <u>strongly recommend</u> that any party asserting a claim fill out this form in full and submit it with the Proof of Claim Form. Filling out this supplement in full will allow the Debtors to understand the facts supporting the claim and reconcile the claim against the Debtors' books and records. The Bankruptcy Court encourages claimants to complete this form. You <u>must</u> submit a Form 410 Proof of Claim, this form alone does not constitute the filing of a Proof of Claim in the Chapter 11 case of Zachry Holding Inc., et al., Case No. 24-90377. For more information, please visit <a href="https://www.veritaglobal.net/zhi">https://www.veritaglobal.net/zhi</a>.

I. Nam	ie oi ciaim	ant as sta	ted on Proof of Clair	m rorm:	

2. Claim Summary. List of Project / Job Name(s), Job Location(s), and Purchase Order(s) and description of the claim (you may attach a separate summary that contains the same information):

#	Project Name(s)	Amount of Claim	
1	Zachry Construction Company SSU Highway 35	2833.31	
	Gregory 14 78357		RECEIVED
2			OCT 0 1 2024
3			VERITA GLOBAL

#	Job Name(s)	Job Location(s)	Purchase Order(s)	Amount of Claim
1				
2				
3				

Additional claim summary page available at end of this document



- 3. Documentation. Documentation supporting the claim should be attached hereto. Documentation should include both evidence of the nature of the claim asserted as well as evidence of the date or dates on which the claim arose.
- 4. Claims Against Multiple Debtor Entities. Each Proof of Claim and Claim Summary must state a claim against only one Debtor and clearly indicate the Debtor against which the claim is asserted.

			1.0	
5.	Sign	and	Date	Form.

Date: 9-13-2024

Signature: \_\_\_

\_\_\_\_\_\_

16 1 Miller

Address:

12552 C

1d Galvesto, Rd A 160

Phone:

832-325-3932

Email: richard miclere Dalimaky roup. com

If you are a vendor or customer claimant, the Debtors strongly recommend that you please complete the Proof of Claim Form and this Supplement. Attach the Supplement to the Electronic Proof of Claim Form (ePOC) as supporting documentation (ePOC Step 10) or include the Supplement in the envelope with the Proof of Claim mailed to Verita at the address below. Forms will not be accepted by Electronic Mail or Facsimile.

#### Submit Electronic Proof of Claim (ePOC):

Please visit <a href="https://www.veritaglobal.net/zhi">https://www.veritaglobal.net/zhi</a> to submit an ePOC. See ePOC Step 10 - Supporting Documentation to load this Supplement form.

### **Mailing Address:**

Zachry Claims Processing Center c/o KCC dba Verita 222 N. Pacific Coast Hwy., Ste. 300 El Segundo, CA 90245

#### Invoice F5946

ALIMAK SERVICE		_	Customer Order		Invoice Date	Page	
		-		555468 C 55468 C	233300	03-20-24	1
Bill To: 116364 Zachry Industrial Inc 111479@zachrygroup.com PO Box 606 Gregory, TX 78359 United States Sales Rep: AM After Market			Ship To: 116364*1 ZACHRY CONSTUCTION COMPANY 554 Highway 35 Gregory, TX 78359 United States				
Ln No	Item/Part Number	Sell UM	Order Qty	Price UM	Shipped Qty	Unit Price	Extended Price
1	LBR-C Labor Contract	Customer HR		1 HR	1	0.000	0.00
Additional Charges HOURS STRAIGHT TIME MILEAGE EXPENSE PER DIEM EXPENSE HOURS TRAVEL TIME							1152.00 366.52 96.00 1015.00
	Sales Taxes Texas - Sta TX - Pasade	te 6.25% na City 1.5%	<del>}</del>		·		164.35 39.44

Payment Terms Net 45 Days

Please Remit Payment to: Alimak Group USA Inc.

Dept 0226

P O Box 120226 Dallas, TX 75312-0226

> Due 05-04-24 \$2,833.31

A late fee of 1.5% (18% annual) shall be charged per month on all invoices not paid by the due date.

Alimak Group USA 12552 Old Galveston Rd STE A- Webster, TX 77598 Phone: 713-640-8500 Fax: 713-640-8519