Fill in this information to identify the case:

Debtor 1 **GUIDEPOST A LLC**

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: **Northern District of TX**

Case number **25-80122** - Chapter **11**

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.**

## Part 1: Identify the Claim

| | |
|---|---|
| **1. Who is the current creditor?** | **Bexar County**<br>Name of the current creditor (the person or entity to be paid for this claim)<br><br>Other names the creditor used with the debtor _____ |
| **2. Has this claim been acquired from someone else?** | ☒ No<br>☐ Yes From whom? _____ |
| **3. Where should notices and payments to the creditor be sent?**<br><br>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | Where should notices to the creditor be sent?<br><br>LINEBARGER GOGGAN BLAIR & SAMPSON, LLP<br>112 E. PECAN STREET, SUITE 2200<br>SAN ANTONIO, TX 78205<br>(210) 225-6763<br><br>sanantonio.bankruptcy@lgbs.com<br><br>Where should payments to the creditor be sent? (If different)<br><br>BEXAR COUNTY TAX ASSESSOR COLLECTOR<br>233 N PECOS LA TRINIDAD<br>SAN ANTONIO, TX 78207<br><br>Uniform claim identifier for electronic payments in chapter 13 (if you use one):<br>_____ |
| **4. Does this claim amend one already filed?** | ☒ No<br>☐ Yes Claim number on court claims registry (if known) Filed On: _____ |
| **5. Do you know if anyone else has filed a proof of claim for this claim?** | ☒ No<br>☐ 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** | ☐ No |





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