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NOV 23 2020

LEGAL SERVICES

Filed: USBC - Southern District of Texas
Gulfport Energy Corporation, et al (B10)
20-35562 (DRJ)



GEC

04/19

Fill in this information to identify the case:

Debtor 1 GULFPORT ENERGY CORPORATION

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of TX

Case number 20-35562 Chapter 11

Official Form 410

Proof of Claim

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?	<u>HARRIS COUNTY, ET AL</u> 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? LINEBARGER GOGGAN BLAIR & SAMPSON, LLP PO BOX 3064 HOUSTON, TX 77253-3064 (713) 844-3400 houston_bankruptcy@publicans.com	Where should payments to the creditor be sent? (If different) HARRIS COUNTY, ET AL PO BOX 3547 HOUSTON, TX 77253-3547 Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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: _____ SEE ATTACHED EXHIBITS
7. How much is the claim?	\$ <u>\$132.87</u> 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. <p style="text-align: center;">AD VALOREM TAXES</p>
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 claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this Proof of Claim. <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other. Describe: <u>SEE ATTACHED EXHIBITS</u> Basis for perfection: <u>Secured by Tax Lien §§ 32.01 and 32.05 of the Texas Property Tax Code. Secured claim to extent of collateral value. Unsecured Priority claim [11 U.S.C. 507 (a)(8)] to extent of any shortfall in collateral value and for personal liability.</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.) Value of property: \$ <u>SEE ATTACHED EXHIBITS</u> Amount of the claim that is secured: \$ <u>\$132.87</u> Amount of the claim that is unsecured: \$ _____ (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: \$ <u>\$132.87</u> 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)? A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Check all that apply: <div style="float: right; text-align: right;"> Amount entitled to priority </div> <div style="clear: both;"></div> <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____ <input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____ <input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before

	the bankruptcy petition is filed or the debtor's business ends, whichever is earlier.	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(b).</p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p>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.</p>	<p><i>Check the appropriate box</i></p> <p><input type="checkbox"/> I am the creditor.</p> <p><input checked="" type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.</p> <p>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.</p> <p>I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date 11/17/2020</p> <p>/s/Tara L. Grundemeier</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name : Tara L. Grundemeier</p> <p>Title : Attorney TXBN 24036691</p> <p>Company : LINEBARGER GOGGAN BLAIR & SAMPSON, LLP</p> <p>Address : PO BOX 3064 HOUSTON, TX 77253-3064 (713) 844-3400</p> <p style="text-align: right;">houston_bankruptcy@publicans.com</p>
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DELINQUENT TAX STATEMENT SUMMARY



ANN HARRIS BENNETT
HARRIS COUNTY TAX ASSESSOR-COLLECTOR
1001 PRESTON, SUITE 100
HOUSTON, TEXAS 77002

Certified Owner:

GULFPORT ENERGY
3001 QUAIL SPRINGS PKWY
OKLAHOMA CITY, OK 73134-2640

Legal Description:

Stored Products (WHSE)
INV
AT FOSSIL EXHIBITS INTERNATIONAL LLC

Account No: **222-382-180-0000**

2020 Value: \$13,285
APPR. DIST#: 2238218

Legal Acres: .0000

Parcel Address: 500 NORTH PARK CENTRAL DR

As of Date: 11/17/2020

Print Date: 11/17/2020 Printed By: LBMGONZAL

Year	Tax Units	Base Tax Due	IF PAID BY END OF MONTH NOVEMBER 2020		IF PAID BY END OF MONTH DECEMBER 2020		IF PAID BY END OF MONTH JANUARY 2021	
			Penalties & Interest	Total	Penalties & Interest	Total	Penalties & Interest	Total
2020	40 41 42 43 44 45 639 671 1105 1201	\$132.87	\$0.00	\$132.87	\$0.00	\$132.87	\$0.00	\$132.87

TOTAL AMOUNT DUE: \$132.87 \$0.00 \$132.87 \$0.00 \$132.87 \$0.00 \$132.87

Tax Unit Codes:

40 Harris County 41 Harris County Flood Control Dist 42 Port of Houston Authority 43 Harris County Hospital District
44 Harris County Dept. of Education 45 Lone Star College System 639 Emergency Service Dist #24 (Fire)
671 Emergency Service Dist #1 (E.M.S.) 1105 Rendition Penalty - 1105 1201 Rendition Penalty

IF YOU ARE 65 YEARS OF AGE OR OLDER OR ARE DISABLED AND THE PROPERTY DESCRIBED IN THIS DOCUMENT IS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE APPRAISAL DISTRICT REGARDING ANY ENTITLEMENT YOU MAY HAVE TO A POSTPONEMENT IN THE PAYMENT OF THESE TAXES.

IF THE PROPERTY DESCRIBED IN THIS DOCUMENT IS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE HARRIS COUNTY TAX ASSESSOR-COLLECTOR'S OFFICE REGARDING A RIGHT YOU MAY HAVE TO ENTER INTO AN INSTALLMENT AGREEMENT DIRECTLY WITH THE HARRIS COUNTY TAX ASSESSOR-COLLECTOR'S OFFICE FOR THE PAYMENT OF THESE TAXES.

Detach at the perforation and return this coupon with your payment. Keep top part for your records.

33.v1.61 Page 1 of 1

Print Date: 11/17/2020

PLEASE NOTE YOUR ACCOUNT NUMBER ON YOUR

ANN HARRIS BENNETT
HARRIS COUNTY TAX ASSESSOR-COLLECTOR
P.O. BOX 4622
HOUSTON, TEXAS 77210-4622

APPR. DIST#: 2238218

PAYMENT COUPON



222-382-180-0000
GULFPORT ENERGY
3001 QUAIL SPRINGS PKWY
OKLAHOMA CITY, OK 73134-2640

If Paid By	Amount Due
NOV 2020	\$132.87
DEC 2020	\$132.87
JAN 2021	\$132.87
Amount Paid: \$	

22238218000000 2020 000013287 000013287 000013287 000000000



20-35562 CERTIFIED

LINEBARGER GOGGAN BLAIR
& SAMPSON, LLP
P.O. BOX 3064
HOUSTON, TEXAS 77253-3064



7190 0277 0011 0308 9375



c/o Epiq Corporate Restructuring, LLC ¹³
10300 SW Allen Blvd
Beaverton OR 97005-4833

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP

ATTORNEYS AT LAW

4828 Loop Central Drive, Suite 600 (77081)

P.O. BOX 3064 (77253-3064)

HOUSTON, TEXAS

713/844-3478

FAX 713/844-3503

November 18, 2020

Gulfport Energy Coporation, Claims Processing Center
c/o Epiq Corporate Restructuring, LLC
10300 SW Allen Blvd.
Beaverton, OR 97005

In Re: Gulfport Energy Corporation
Bankruptcy Case No. 20-35562
U.S. Bankruptcy Court, Southern District of Texas (Houston)

To Whom It May Concern:

Enclosed for filing in the above captioned matters, please find an original and one copy of the following documents:

1. Proof of Claim for the following entities:

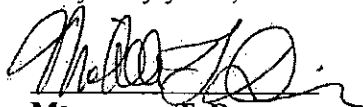
a. Harris County

Please file in your usual manner and return the copy file stamped to the undersigned to evidence the filing of same. Your cooperation in this matter is greatly appreciated.

Should you have any questions, comments or concerns, please contact the Chapter 11 Paralegal Gloria Jackson.

By copy of this correspondence, all interested parties are being notified of said filing.

Very truly yours,



MICHELLE T. DILLON

Bankruptcy Clerk

Linebarger Goggan Blair & Sampson LLP

Enclosures: As stated.

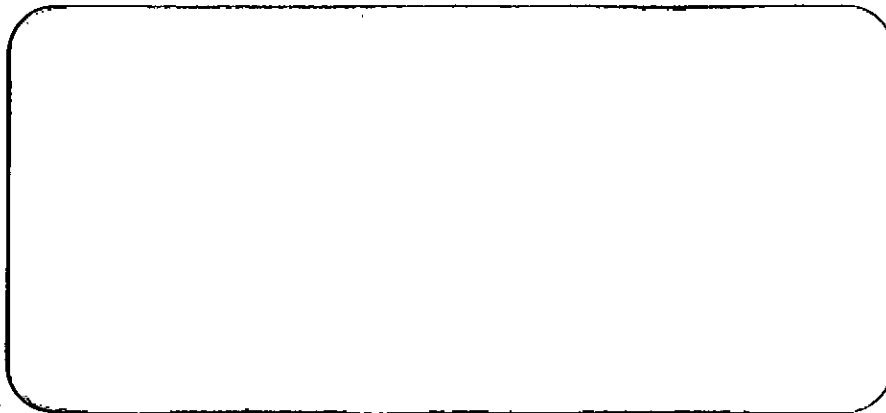
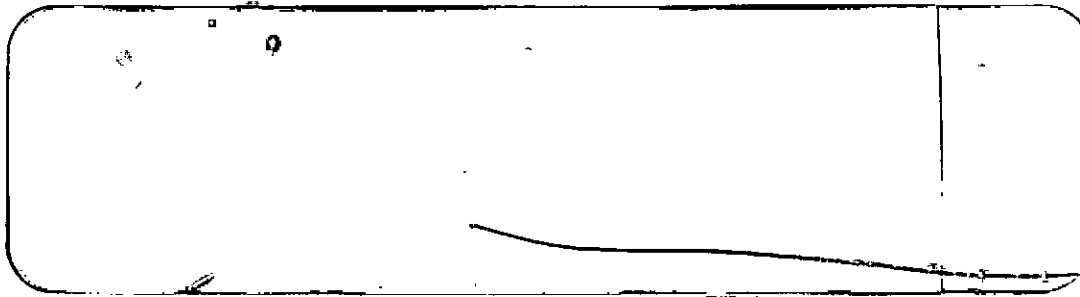
CERTIFIED MAIL



U.S. POSTAGE >> PITNEY BOWES



ZIP 77081 \$ 006.65⁰
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0000368635 NOV. 18. 2020.



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