

Fill in this information to identify the case:

Debtor 1 <u>Morgan Administration, Inc.</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Northern District of Illinois</u>
Case number: <u>18-30039</u>

FILED
 U.S. Bankruptcy Court
 Northern District of Illinois
 10/31/2018
 Jeffrey P. Allsteadt, Clerk

**Official Form 410
 Proof of Claim**

04/16

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>DUFFCO DEALS CO</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?	Where should payments to the creditor be sent? (if different)
	<u>DUFFCO DEALS CO</u>	_____
	Name	Name
	<u>5083 POPLAR STREET</u>	
	<u>BUFORD, GA 30518</u>	
	Contact phone <u>770-634-6330</u>	Contact phone _____
Contact email <u>dealscompany@gmail.com</u>	Contact email _____	
	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 _____ 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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>
<p>7. How much is the claim?</p>	<p>\$ <u>9145.40</u></p> <p>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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 healthcare information.</p> <p style="text-align: center;"><u>goods sold</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>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: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i></p>	<p>Amount entitled to priority</p>
	<p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</p> <p><input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) 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).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>* Amounts are subject to adjustment on 4/1/19 and every 3 years after that for cases begun on or after the date of adjustment.</p>		

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)(2) 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 10/31/2018
 MM / DD / YYYY

/s/ Todd Vaughn

Signature

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

Name Todd Vaughn

First name Middle name Last name

Title President

Company Duffco Deals Co

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

Address 5083 poplar st

Number Street

buford, GA 30518

City State ZIP Code

Contact phone 7706346330 Email dealscompany@gmail.com

Duffco Co.
 5083 POPLAR STREET
 BUFORD 30518, GA US
 (770) 634-6330
 dealscompany@gmail.com

INVOICE

BILL TO
 HOBO
 (847) 263-1240
 2650 Belvidere Rd
 Waukegan, IL 60085

SHIP TO
 HOBO
 7557 S. 78th Ave
 Bridgeview, IL 60455

INVOICE # 5541
DATE 09/20/2018
DUE DATE 10/20/2018
TERMS Net 30

SHIP DATE 09/20/2018 **PO** n000022184 **FOB** buford, ga

ACTIVITY	QTY	RATE	AMOUNT
bears game day cups 24ct 2cspk 23 7cspk 50 754603287022	396	1.25	495.00
bears tumblers cups 737538882005 12cspk12	144	3.50	504.00
bears key lanyards inner of 12 1cspk 283 763264638142	283	1.25	353.75
bears lanyards inner of 10 1cspk 336 763264647038	336	1.25	420.00
bears sunshades 2cspk30 1cspk25 1cspk19 681620608069	104	3.00	312.00
bears door banners 681620608108 1cspk 25	25	4.00	100.00
chicago cubs kyle swarber plush 12cspk 12 849789016242	144	3.50	504.00
cubs lanyards inner 12 1cspk 168 763264635950	168	1.25	210.00
cubs bat and ball set 17cspk6 upc025725342433	102	3.00	306.00
bears croakies inners of 12 1cspk 576 754603020056	576	0.65	374.40
packer auto flags 2cspk 40 1cspk 41 upc094746115105	121	3.00	363.00
packer tumbler cups 6cspk12 737538701153	72	3.00	216.00
brewer gameday lanyards 1cspk33 763264324663	33	1.25	41.25
brewer poncho 6cspk12 upc032489194092	72	0.75	54.00
chicago bears 1920 frame art 629268616923 /chicago	540	7.50	4,050.00
bears stadium 629268616916 cspk 10 (5 each) 54cspk10			
serving baskets 30cspk4 upc 4895176104197	120	0.90	108.00
large art picture greenbay packer stadum 9cspk4 629268161508	35	20.00	700.00
bears 3pack rubber bracelets 1cspk 17 upc 763264346771	17	2.00	34.00

5 pallets

BALANCE DUE

\$9,145.40

GLOBALTRANZ.

Straight Bill of Lading - Short Form - Original - Not Negotiable
 BOL NO : 16279664

Phone : (480) 339-5802
 Fax : (623) 209-0093

Shipper Duffco CO
Address: 5083 Poplar St.
 Buford, GA 30518
Country: USA
Contact Name: Todd or Wally
Phone No: (770) 634-6330
Fax No:

Carrier: Roadrunner
PO #: N22184
Shipper Ref #: 46001
Origin Terminal: P:(800) 486-8754
Shipment Date: 09/17/2018
Est. Transit Days: 3 day(s)
Carrier PRO #:
Destination Terminal: P:(630) 679-2800

Consignee HOBO Store
Address: 7557 78th Ave.
 Bridgeview, IL 60455
Country: USA
Contact Name: Barb
Phone No: (708) 924-9155
Fax No:

Third Party Billing Information :
All charges prepaid to :
 GlobalTranz
 PO Box 6348
 Scottsdale AZ 85261
 Direct billing inquiries to : (866) 275-1407
GTZ BOL NO : 16279664

418278081 **SHIPPER'S COPY**
 This shipment is subject exclusively to the Uniform Bill of Lading, the liability limitations, and all other applicable provisions of this carrier's individual and collective tariffs, including NMF 100 series unless otherwise agreed by contract.

Comments/Special Instructions:

Package Name	Pallets	Pieces	HM	Description	Weight	Class	Length	Width	Height	NMFC#
Pallets(40x48)	5	5		novelties	1658 lbs	125				56290
Total:	5	5			1658 lbs					

Any problems with delivery, please contact Steven Lopez at slopez@globaltranz.com or (480) 339-5802.
 The authorized signatories signing this document on behalf of its company consents and bind its company to the terms and conditions found on www.carrierrate.com.

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: _____
Driver's Signature: _____

Date: 09/19/18 **Trailer#:** 43730

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

Consignee Signature: _____ **Print Name:** _____

Company Name: _____ **Date:** _____

Permanent post-office address of the Shipper:
 * Mark with "X" to designate material as defined in Title 49 CFR

10/31/2018

- LTLTrack.Web.UI

Shipment Information for search item: 418278081

Origin

DUFFCO CO
5083 POPLAR ST
BUFORD, GA 30518

Destination

HOBO STORE
7557 78TH AVE
BRIDGEVIEW, IL 60455

Details

Customer #: 365774

Pro #: 418278081

Appointment Date: 09/25/2018

Estimated Delivery: 09/20/2018

Delivered Date: 09/25/2018

(Appointments and Additional Service Requests could extend the Estimated Delivery Date)

BOL #: 16279664

PO #: N22184

Pieces: 5

Weight: 1933

Pickup #: 11831915

Shipment Comments and Updates

09/14/2018 04:57 PM Pickup Request Received.

09/17/2018 07:28 PM Shipment was picked up

09/19/2018 04:12 AM Trailer Closed - ready for dispatch

09/19/2018 07:38 AM Trailer dispatched from DECATUR, GA to BOLINGBROOK, IL.

09/20/2018 07:20 AM Trailer arrived at terminal in BOLINGBROOK, IL

09/20/2018 08:56 PM Trailer unloaded at terminal in BOLINGBROOK, IL

09/21/2018 07:31 AM Attempting to set Delivery Appointment

09/21/2018 10:00 AM Appointment set for delivery to consignee on 09/25/18

09/25/2018 08:00 AM Shipment out for delivery

Reference #(s)

BM 16279664

CN GLOBALTRANZ

PO N22184

SH GLOBALTRANZ

For More Information

Customer Service

Phone: (855) 776-3567

Northern District of Illinois Claims Register

[18-30039 Morgan Administration, Inc.](#)

Honorable Judge: Jacqueline P. Cox **Chapter:** 11
Office: Chicago **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (27198420)	Claim No: 7	<i>Status:</i>
DUFFCO DEALS CO	<i>Original Filed</i>	<i>Filed by:</i> CR
5083 POPLAR STREET	<i>Date:</i> 10/31/2018	<i>Entered by:</i> EPoc ADI
BUFORD, GA 30518	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 10/31/2018	

Amount claimed: \$9145.40

History:

[Details](#) [7-1](#) 10/31/2018 Claim #7 filed by DUFFCO DEALS CO, Amount claimed: \$9145.40 (ADI, EPoc)

Description:

Remarks:

Claims Register Summary

Case Name: Morgan Administration, Inc.
Case Number: 18-30039
Chapter: 11
Date Filed: 10/25/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$9145.40
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		