

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

NOV -6 2018

JEFFREY P. ALLSTEADT, CLERK
TEAM - CA

Fill in this information to identify the case:

Debtor 1 MORGAN ADMINISTRATION INC.
Debtor 2 (Spouse, if filing) HOBOS STORES.
United States Bankruptcy Court for the: NORTHERN District of ILLINOIS
Case number 18-30039

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?

CHICAGO WHOLESALE AUCTION LLC
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor N/A

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom? N/A

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?

CHICAGO WHOLESALE AUCTION LLC
Name
1817 KENOSHA ROAD
Number Street
ZION, ILLINOIS 60099
City State ZIP Code

Contact phone 702-748-5063

Contact email MENDZEV@GAS 61@YAHOO.COM

Where should payments to the creditor be sent? (if different)

SAME
Name
SAME
Number Street
SAME
City State ZIP Code

Contact phone SAME

Contact email SAME

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) N/A

Filed on N/A
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? N/A

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? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: N/A

7. How much is the claim? \$ 17,327.80 Does this amount include interest or other charges?
☐ No
☒ 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.

GOODS SOLD

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.

Nature of property:

☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this Proof of Claim.

☐ Motor vehicle

☐ Other. Describe: N/A

Basis for perfection:

N/A
 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: \$ N/A

Amount of the claim that is secured: \$ N/A

Amount of the claim that is unsecured: \$ 17,327.80 (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: \$ 17,327.80

Annual interest rate (when case was filed) _____ %

☐ Fixed
☒ Variable

10. Is this claim based on a lease? ☒ No

☐ Yes. Amount necessary to cure any default as of the date of the petition: \$ N/A

11. Is this claim subject to a right of setoff? ☒ No

☐ Yes. Identify the property: N/A

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 \$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).

☐ 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).

☐ 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

\$ N/A

\$ N/A

\$ N/A

\$ N/A

\$ N/A

\$ N/A

* Amounts are subject to adjustment on 4/01/19 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)(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

Signature

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

Name

LAURENCE

SYME

MENDELSON

First name

Middle name

Last name

Title

DIRECTOR-PURCH

Company

CHICAGO WHOLESALE AUCTION LLC

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

Address

1817 KENDSHA ROAD

Number

Street

ZION

City

ILL.

State

60099

ZIP Code

Contact phone

702-748-5063

Email

MENDELSON610@YAHOO.COM

| Vendor | Status | Vendor Name | Invoice | Invoice Date | Due Date | Net Amt | Discount Taken |
|--------|--------|--------------------------------|---------|--------------|----------|----------|----------------|
| CH352 | | CHICAGO WHOLESALE & AUCTION CO | 41702 | 10/1/18 | 10/31/18 | 4,500.00 | 0.00 |
| CH352 | | CHICAGO WHOLESALE & AUCTION CO | 41703 | 9/25/18 | 10/25/18 | 3,240.00 | 0.00 |
| CH352 | | CHICAGO WHOLESALE & AUCTION CO | 41704 | 10/1/18 | 10/31/18 | 4,720.00 | 0.00 |
| CH352 | | CHICAGO WHOLESALE & AUCTION CO | 41705 | 10/16/18 | 10/26/18 | 900.00 | 0.00 |
| CH352 | | CHICAGO WHOLESALE & AUCTION CO | 41701 | 10/16/18 | 10/26/18 | 490.00 | 0.00 |
| CH352 | | CHICAGO WHOLESALE & AUCTION CO | 41705 | 10/16/18 | 10/26/18 | 665.40 | 0.00 |
| CH352 | | CHICAGO WHOLESALE & AUCTION CO | 41706 | 10/16/18 | 10/26/18 | 567.60 | 0.00 |
| CH352 | | CHICAGO WHOLESALE & AUCTION CO | 41707 | 10/16/18 | 10/26/18 | 2,524.80 | 0.00 |
| CH352 | | CHICAGO WHOLESALE & AUCTION CO | 41708FR | 10/9/18 | 10/19/18 | -281.00 | 0.00 |

17,327.80

PROOF OF CLAIM FILING INFORMATION FOR

MORGAN ADMINISTRATION, INC.

CASE NO. 18-30039

US BANKRUPTCY COURT, NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

| Debtor Name | Case Number |
|-----------------------------|-------------|
| Morgan Administration, Inc. | 18-30039 |
| Belvidere Associates LLC | 18-30043 |
| Deforab LLC | 18-30057 |
| FP Retail Associates LLC | 18-30046 |
| Hilcrest Enterprises, LLC | 18-30047 |
| Jular Media LLC | 18-30050 |
| KLS Acquisition Corp. | 18-30052 |
| Loomis Enterprises LLC | 18-30053 |
| North Avenue Associates LLC | 18-30054 |
| Oak Creek Distribution LLC | 18-30055 |
| OL Enterprises LLC | 15-30056 |

General Bar Date: TBD

General Administrative Bar Date: TBD

Governmental Bar Date: TBD

NOTE: The Bar Date motion has not been filed. Until such time, you may send completed Proofs of Claims to:

US Bankruptcy Court – Northern District of Illinois – Eastern Division
Everett McKinley Dirksen United States Courthouse
219 South Dearborn Street
Chicago, IL 60604

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):

Creditor: (27198091)
CHICAGO WHOLESALE &
AUCTION CO
1817 KENOSHA RD
ZION, IL 60099

Claim No: 16
Original Filed
Date: 11/06/2018
Original Entered
Date: 11/06/2018

Status:
Filed by: CR
Entered by: Kimetha Collier
Modified:

Amount claimed: \$17327.80

History:

[Details](#) [16-1](#) 11/06/2018 Claim #16 filed by CHICAGO WHOLESALE & AUCTION CO, Amount claimed: \$17327.80 (Collier, Kimetha)

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* | \$17327.80 |
| 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 | | |