

Fill in this information to identify the case:

Debtor 1 Incredible Solutions, Inc.Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Northern District of Illinois

Case number 18-30039

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
NOV 14 2018

JEFFREY P. ALLSTEADT, CLERK
TEAM - CA

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?

Incredible Solutions, Inc.

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?

☐ No☐ 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?

Incredible Solutions, Inc.

Name

1052 Mahoning Ave

Number Street

WarrenOH44483

City

State

ZIP Code

Contact phone 330-898-3878Contact email paul@isinc.biz

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

Incredible Solutions, Inc.

Name

1052 Mahoning Ave

Number Street

WarrenOH44483

City

State

ZIP Code

Contact phone 330-898-3878Contact email paul@isinc.bizUniform 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) _____Filed on _____
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? _____

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: _____

7. How much is the claim? \$ 13,894.00. 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: _____
Basis for perfection: _____
 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: \$ _____
Amount of the claim that is secured: \$ _____
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: \$ _____
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. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ 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.

\$ _____

* 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.

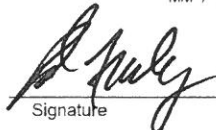
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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 11/01/2018

MM / DD / YYYY



Signature

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

Name	Paul	Allen	Fridley
	First name	Middle name	Last name
Title	CFO		
Company	Incredible Solutions, Inc.		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	1052 Mahoning Ave		
	Number	Street	
	Warren	OH	44483
	City	State	ZIP Code
Contact phone	330-898-3878		Email paul@isinc.biz



Incredible Solutions, Inc.

1052 Mahoning Ave
OH 44483
330-898-3878

Invoice

Date	Invoice #
8/28/2018	46370

Bill To
HOBO 2650 BELVIDERE RD WAUKEGAN, IL 60085

Ship To
HOBO # 47 7557 S. 78TH AVE. BRIDGEVIEW, IL 60455 USA

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
n0000?1700	Net 30		8/28/2018			

Quantity	Item Code	Description	Price Each	Amount
864	10100	10 Gallon Tote	2.75	2,376.00
360	20100-120	20 Gallon Storage Tote	3.25	1,170.00
112	50200	50 Gallon Trashpan 28 per skid	12.50	1,400.00
Total				\$4,946.00



Incredible Solutions, Inc.

1052 Mahoning Ave
OH 44483

Packing Slip

Date	S.O. No.
7/26/2018	2243

Ship To
HOBO # 47 7557 S. 78TH AVE. BRIDGEVIEW, IL 60455 USA

P.O. No.	Ship Via	FOB	Ship Date
n000021700			8/24/18

Item	Description	Ordered	Pallets	Shipped	SKU
10100	10 Gallon Tote	864	4		1237199
20100-120	20 Gallon Storage Tote	360	3		1205331
50200	50 Gallon Trashpan 28 per skid	112	4		1245602

Phone #

330-898-3878

Signature _____

BOL NO : 16168661

Shipper Incredible Solutions
Address 1052 Mahoning Ave. NW
Warren, OH 44483
Country USA
Contact Name Melany
Phone Number (330) 898-3878
Fax Number

Carrier : FEDEX FREIGHT
Shipment Date: 08/28/18
Carrier Pro# :
Ref # : 45930-A
Carrier Quote # : F8319737CM20
P/O # : N21700



Consignee HOBO Store
Address 7557 78th Ave.
Bridgeview, IL 60455
Country USA
Contact Name Barb
Phone Number (708) 924-9155
Fax Number

Third Party Billing Information:
All charges are prepaid to:
GlobalTranz
PO Box 6348
Scottsdale AZ 85261
Direct billing inquiries to : (866) 275-1407
GTZ BOL NO : 16168661

Comments/Special Instructions:

Pickup Remarks :
Delivery Remarks :

Pallets	Pieces	IsHazmat	Description	Weight	FreightClass	Length	Width	Height	NMFC	Stackable
11	11		totes	4500		0	0	0		false

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: **Date:** 8-28-18 **Trailer#:** _____**Driver's Signature:** **Date:** _____ **Trailer#:** _____

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.

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Consignor's Signature: _____**Consignee Signature:** _____**Print Name:** _____**Company Name:** **Date:** 8-28-18

Permanent post-office address of the Shipper:

* Mark with "X" to designate material as defined in Title 49 CFR





HOB0 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

TO: Incredible Plastics
1054 Mahoning Ave. NW
Warren OH 44483

SHIP TO: HOB0 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

PURCHASE ORDER									
P.O. #: n000021700 Store : 47									
Order Date: 7/20/18 Date Due : 7/20/18 Alt. PO # : Order Type: NORMAL Buyer : JORI									
VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS	
IN100		F	N	HTR		HOB	RUSH	NET 30 DAYS	
LINE#	STORE	QTY	ORD	ITEM/SKU	NUMBER	DESCRIPTION	MFG#/SPCL	SPEC	ORD#
UNIT COST									
U/M									
EXTENDED COST									
3	C	360		1205331		HOB0 2650 BELVIDERE RD WAUKEGAN, IL 60085	20100-120		
4	47	864		1237199		* 20 GALLON TOTE ASST	DIN10--06		
5	47	112		1245602		* 10 GALLON TOTE * 50 GALLON WHEELED TRASH CAN	50200		
							28/seid		
<div style="position: relative; height: 100px;"> Revised 8/21 </div>									
<div style="display: flex; justify-content: space-between;"> <div> TOTAL COST TOTAL FREIGHT OTHER CHARGES TOTAL P.O. </div> <div> 4946.00 .00 .00 4946.00 </div> </div>									

P.O. Approved By: _____

Date: _____



TO: Incredible Plastics
1054 Mahoning Ave. NW
Warren OH 44483

HOB0 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

SHIP TO: HOB0 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

2243
Page: 1

PURCHASE ORDER									
P.O. #: n000021700 Store : 47									
Order Date: 7/20/18 Date Due : 7/20/18 Alt. PO # : Order Type: NORMAL Buyer : JORI									
VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS	
IN100		F	N	HTR		HOB	RUSH	NET 30 DAYS	
LINE#	STORE	QTY ORD	ITEM/SKU NUMBER	DESCRIPTION			MFG#/SPCL	SPEC ORD#	UNIT COST U/M EXTENDED COST
1	47	864	1237199	HOB0 2650 BELVIDERE RD WAUKEGAN, IL 60085					
4	C	360	1205331	* 10 GALLON TOTE * 20 GALLON TOTE ASST			DIN10--06 20100-120	216 / SKID 120 / SKID	2.75 EA 2376.00 3.25 EA 1170.00
TOTAL UNITS 1224									TOTAL COST 3546.00 TOTAL FREIGHT .00 OTHER CHARGES .00 TOTAL P.O. 3546.00

P.O. Approved By:

Date:

Melany

From: Eric Larson <elarsoncpm@aol.com>
Sent: Wednesday, July 25, 2018 4:35 PM
To: melany@isinc.biz
Subject: Fwd: N21700 INCREDIBLE PLASTICS
Attachments: IN100 N21700 072018.pdf; ROUTING FORM REVISED 05-2017.xls

Sorry, here it is

-----Original Message-----

From: Richards, Josephine <jrichards@hoboonline.com>
To: 'elarsoncpm@aol.com' <elarsoncpm@aol.com>
Cc: Dispatch <Dispatch@hoboonline.com>; Draper, John <jdraper@hoboonline.com>; Mulder, Heather <hmulder@hoboonline.com>; Braasch, Barb <bbraasch@hoboonline.com>; Miller, Laura <lmiller@hoboonline.com>
Sent: Fri, Jul 20, 2018 1:44 pm
Subject: N21700 INCREDIBLE PLASTICS

Good afternoon,

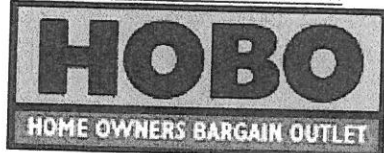
Please find our Po attached in this email along with a routing form. Once the items are ready to ship, email this form back to Barb Braasch at dispatch@hoboonline.com and bbraasch@hoboonline.com. Barb will make the carrier arrangements.

Please confirm receipt of this order and that all quantities ordered are available. A packing slip must accompany each purchase order, failure to do so may delay payment of invoice.

Thank you,
Josie

Josie Richards

Home Owner Bargain Outlet
2650 Belvidere Road
Waukegan, IL 60085
P: 847-263-1240 EX 36
F: 847-263-1232
jrichards@hoboonline.com



Home Owners Bargain Outlet**REQUEST FOR PICK-UP INFORMATION PLEASE COMPLETE AND RETURN ASAP**

PHONE: 708-924-9155 EXT 17

FAX: 708-924-1094

SCHEDULE INBOUND APPOINTMENTS : INBOUND@HOBONLINE.COM
 (708)924-9155 EXT #13

 DATE: 8/22/18
 PO#: n000021700

SHIPPER:		Incredible Solutions	
Address		1052 Mahoning Ave., NW	
City, ST zip		Warren, OH 44483	
Phone		330-898-3878 x103 / x105	
Contact(s)		Melany / Rachelle	
Shipping Email Address		melany@isinc.biz / rachelle@isinc.biz	
P/U #		PO n000021700	
SHIPPING HOURS		Mon - Fri / 0800-1530	
P/U APPT REQUIRED?		Yes	
# of Pallets or feet on trailer		11	
# of pallets per store	#47	11	#21
Weight (lbs.)	#22	#23	#24
Equipment size needed	#25	#26	#27
Skid size	#28	#29	#30
LTL FREIGHT:	CLASS:	NMFC CODE:	
5 PLTS OR LESS	PALLET SIZES W/HEIGHT:		

SPECIAL INSTRUCTIONS

Yes / Please indicate if PO is ready to ship complete (i.e. shipping ALL locations, NO backorder)

NO / Please indicate if product is FLOORLOADED.

PLEASE FAX OR E-MAIL TO BARB BRAASCH - BBRAASCH@HOBONLINE.COM

 Store #21
 800 S. 108th St
 West Allis, WI 53214
 414-302-4626
 KELLY

 STORE #22
 7630 ROOSEVELT ROAD
 FOREST PARK, IL 60130
 708-488-9800
 TALLON

 Store #23
 1693 Plainfield Road
 Crest Hill, IL 60435
 815-730-8340
 DOUG/JOHN

 Store #24
 2650 Belvidere Rd
 Waukegan, IL 60085
 847-263-1612
 DAN

 Store #25
 8716 S Cicero Ave
 Oak Lawn, IL 60453
 708-423-4656
 BILL

 Store #26
 250 W North Ave
 Villa Park, IL 60181
 630-833-3200
 RENE

 Store #27
 3545 S 27th St
 Milwaukee, WI 53221
 414-643-1226
 ZACH

 #47 / BVDC
 7557 78th Ave
 Bridgeview, IL 60455
 708 924-9155 EXT 13
 HEATHER



Incredible Solutions, Inc.

1052 Mahoning Ave

OH 44483

330-898-3878

Invoice

Date	Invoice #
7/2/2018	46070

Bill To
HOBO 2650 BELVIDERE RD WAUKEGAN, IL 60085

Ship To
HOBO # 47 7557 S. 78TH AVE. BRIDGEVIEW, IL 60455 USA

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
n000021461	Net 30		7/2/2018			
Quantity	Item Code	Description			Price Each	Amount
720	20100-120	20 Gallon Storage Tote			3.25	2,340.00
1,512	10100	10 Gallon Tote			2.75	4,158.00
196	50200	50 Gallon Trashpan			12.50	2,450.00



Incredible Solutions, Inc.

1052 Mahoning Ave
OH 44483

Packing Slip

Date	S.O. No.
6/26/2018	2097

Ship To
HOBO # 47 7557 S. 78TH AVE. BRIDGEVIEW, IL 60455 USA

P.O. No.	Ship Via	FOB	Ship Date
n000021461			7-2-18

Item	Description	Ordered	Pallets	Shipped	SKU
20100-120	20 Gallon Storage Tote	720	6		
10100	10 Gallon Tote	1,512	7		1205331
50200	50 Gallon Trashpan	196	7		1245601 1245602

Phone #

330-898-3878

Signature

7/2/18

Date: 07/02/18

BILL OF LADING**BOL # 2097**

NAME: INCREDIBLE SOLUTIONS
 Address: 1052 MAHONING AVE., NW
 City/State/Zip: WARREN, OH 44483
 SID#:

FOB: ☐

Name: Home Owners Bargain Outlet #47
 Address: 7557 S. 78th Ave.
 City, State, Zip Bridgeview, IL 60455
 CID#:

FOB: ☐**COLLECT**

LOAD #:

BAR CODE SPACE

CARRIER:

Trailer number: 413545

Seal number(s):

SCAC:

Pro Number:

BAR CODE SPACE

SPECIAL INSTRUCTIONS:

Freight Charge Terms: (freight charges are prepaid unless
 Prepaid Collect X 3rd Party

(check box)

Master Bill of Lading: with attached
 underlying Bills of Lading

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO Destination PO TYPE DEPT Must Arrive by
n000021461	20	8,950	(Y) N	20 pallet(s) or 0 carton(s)
	-	-	(Y) N	
	-	-	(Y) N	
	-	-	(Y) N	
	-	-	(Y) N	
	-	-	(Y) N	
	-	-	(Y) N	
GRAND TOTAL	20	8,950		

HANDLING		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
20	PLTS	-	CTN	8,950		totes / trashcans		
-	PLTS	-	CTN	-		-		
-	PLTS	-	CTN	-		-		
-	PLTS	-	CTN	-		-		
-	PLTS	-	CTN	-		-		
-	PLTS	-	CTN	-		-		
20				8,950				
GRAND TOTAL								

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per _____."

COD Amount: \$ _____

Fee Terms: Collect: ☐ Prepaid: ☐
 Customer check acceptable: ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

- ☐ By Shipper
☐ By Driver

Freight Counted:

- ☐ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.



TO: Incredible Plastics
1054 Mahoning Ave. NW
Warren OH 44483

HOBOWARE
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

SHIP TO: HOBOWARE
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

PURCHASE ORDER

P.O. #: H000021461
Store : 47

Order Date: 6/21/18
Date Due : 7/12/18
Alt. PO # :
Order Type: NORMAL
Buyer : JORI

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS	Order Date:	6/21/18
IN100		F	N	HTR		BLA			Date Due :	7/12/18
LINE#	STORE	QTY ORD	ITEM/SKU NUMBER	DESCRIPTION	MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	Order Type:	NORMAL
7	C	660	1205331	HOBOWARE BELVIDERE RD	20200		3.25	EA	Buyer : <td>JORI</td>	JORI
14	C	840	1245601	2650 WAUKEGAN, IL 60085	20100-120		2.75	EA		
21	C	192	1245602	* 20 GALLON TOTE ASST	20100-120		12.50	EA		
22	47	672	1245601	* 10 GALLON WHEELED TRASH CAN	20100-120		2.75	EA		
BILL TO:										
HOBOWARE BELVIDERE RD										
2650 WAUKEGAN, IL 60085										
* 20 GALLON TOTE ASST										
* 10 GALLON STORAGE TOTE										
* 50 GALLON WHEELED TRASH CAN										
* 10 GALLON STORAGE TOTE										
TOTAL UNITS 2364										

101000

24

15

24 pers

216/sk

3450

570

501

981

3500

1970

24923

\$48115

16100 24

24/parts
216/skin

570
501
081

3450
3500
1070

\$ 8948

P.O. Approved By:

Date:

TOTAL COST 8703.00
TOTAL FREIGHT .00
OTHER CHARGES .00
TOTAL P.O. 8703.00

Home Owners Bargain Outlet

PHONE: 708-924-9155 EXT 17

FAX: 708-924-1094

REQUEST FOR PICK-UP INFORMATION PLEASE COMPLETE AND RETURN ASAP

SCHEDULE INBOUND APPOINTMENTS : INBOUND@HOBONLINE.COM
(708)924-9155 EXT #13DATE: _____
PO#: _____

SHIPPER:			
Address			
City, ST zip			
Phone			
Contact(s)			
Shipping Email Address			
PU #			
SHIPPING HOURS			
PU APPT REQUIRED?			
# of Pallets or feet on trlr			
Weight (lbs.)		#47	#21 #22 #23 #24 #25 #26 #27
Equipment size needed		p 48'	p 53' p DV only
Skid size		<input type="checkbox"/> Standard sized <input type="checkbox"/> Other: _____	
LTL FREIGHT:		CLASS: _____ NMFC CODE: _____	
5 PLTS OR LESS		PALLET SIZES W/HEIGHT:	

Y ___ N ___ Please indicate if PO is ready to ship complete (i.e. shipping ALL locations, NO backorder)

Y ___ N ___ Please indicate if product is FLOORLOADED.

PLEASE FAX OR E-MAIL TO BARB BRAASCH - BBRAASCH@HOBONLINE.COM

Store #21
800 S. 108th St
West Allis, WI 53214
414-302-4626
KELLY

STORE #22
7630 ROOSEVELT ROAD
FOREST PARK, IL 60130
708-488-9800
TALION

Store #23
1693 Plainfield Road
Crest Hill, IL 60435
815-730-8340
DOUG/JOHN

Store #24
2650 Belvidere Rd
Waukegan, IL 60085
847-263-1612
DAN

Store #25
8716 S Cicero Ave
Oak Lawn, IL 60453
708-423-4656
BILL

Store #26
250 W North Ave
Villa Park, IL 60181
630-833-3200
RENE

Store #27
3545 S 27th St
Milwaukee, WI 53221
414-643-1226
ZACH

#47 / BVDC
7557 78th Ave
Bridgeview, IL 60455
708 924-9155 EXT 13
HEATHER

SPECIAL INSTRUCTIONS

Home Owners Bargain Outlet

PHONE: 708-924-9155 EXT 17

FAX: 708-924-1094

REQUEST FOR PICK-UP INFORMATION PLEASE COMPLETE AND RETURN ASAP

SCHEDULE INBOUND APPOINTMENTS :INBOUND@HOBONLINE.COM
(708)924-9155 EXT #13

DATE: 6/27/18

PO#: n000021461

SHIPPER:	INCREDIBLE SOLUTIONS
Address	1052 MAHONING AVE NW
City, ST zip	WARREN, OH 44483
Phone	330-898-3878 EXT 105
Contact(s)	RACHELLE KELLER
Shipping Email Address	rachel@isinc.biz
PU #	n000021461
SHIPPING HOURS	MON - FRI 8:00 AM - 4:00 PM
PU APPT REQUIRED?	FCFS available
# of Pallets or Feet on trlr	20 Pallets
Weight (lbs.)	#47 X #21 #22 #23 #24 #25 #26 #27
Equipment size needed	p 48' p 53' X p DV only
Skid size	X <input type="checkbox"/> Standard sized Other: <input type="checkbox"/>
LTL FREIGHT:	CLASS: NMFC CODE:
5 PLTS OR LESS	PALLET SIZES W/HEIGHT:

Y _ X _ N _ Please indicate if PO is ready to ship complete (i.e. shipping ALL locations, NO backorder)

Y _ N _ X _ Please indicate if product is FLOORLOADED.

PLEASE FAX OR E-MAIL TO BARB BRAASCH - BBRAASCH@HOBONLINE.COM

Store #21
800 S. 108th St
West Allis, WI 53214
414-302-4626
KELLY

STORE #22
7630 ROOSEVELT ROAD
FOREST PARK, IL 60130
708-488-9800
TALION

Store #25
8716 S Cicero Ave
Oak Lawn, IL 60453
708-423-4656
BILL

Store #26
250 W North Ave
Villa Park, IL 60181
630-833-3200
RENE

Store #23
1693 Plainfield Road
Crest Hill, IL 60435
815-730-8340
DOUG/JOHN

Store #27
3545 S 27th St
Milwaukee, WI 53221
414-643-1226
ZACH

Store #24
2650 Belvidere Rd
Waukegan, IL 60085
847-263-1612
DAN

#47 / BVDC
7557 78th Ave
Bridgeview, IL 60455
708 924-9155 EXT 13
HEATHER

SPECIAL INSTRUCTIONS

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> (27199049)	Claim No: 21	<i>Status:</i>
Incredible Plastics	<i>Original Filed</i>	<i>Filed by:</i> CR
1054 Mahoning Ave. NW	<i>Date:</i> 11/14/2018	<i>Entered by:</i> Kimetha Collier
Warren, OH 44483	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 11/15/2018	

Amount claimed: \$13894.00

History:

[Details](#) [21-1](#) 11/14/2018 Claim #21 filed by Incredible Plastics, Amount claimed: \$13894.00 (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*	\$13894.00
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		