

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
 12/17/2018
 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>KOLE IMPORTS</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>KOLE IMPORTS</u>	_____
	Name	Name
	<u>24600 MAIN STREET CARSON, CA 90745</u>	
	Contact phone <u>3108340004</u>	Contact phone _____
	Contact email <u>Rachel@koleimports.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

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? \$ 10751.00
 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 healthcare 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)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	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.	<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 \$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).	\$ _____
	<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).	\$ _____
	<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 4/1/19 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 12/17/2018
MM / DD / YYYY

/s/ Rachel Morales-Diaz

Signature

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

Name Rachel Morales-Diaz

First name Middle name Last name

Title Business Administration and Accounting Manager

Company Kole Imports

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

Address 24600 Main Street

Number Street

Carson, CA 90745

City State ZIP Code

Contact phone 3108340004 Email Rachel@koleimports.com

24600 Main Street
 Carson CA 90745
<http://www.koleimports.com>

Statement

Date	12/17/2018
Customer #	73451

Sold To
 HOBO
 2650 Belvidere Road
 Waukegam IL 60085

Amount Due	\$10,751.00
Amount Encl.	

Trans. Date	Description of Transaction	Cust PO/Ref #	Due Date	Trans. Amount	Trans. Balance	Balance Forward
1/1/2000	Balance Forward				0.00	0.00
5/21/2018	Payment #PMT22046	046096			297.50	-297.50
7/30/2018	Invoice #INV44707	n000021710	8/29/2018	11,048.50	11,048.50	10,751.00

Current	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Amount Due
0.00	0.00	0.00	0.00	10,751.00	\$10,751.00



Invoice

24600 Main Street
Carson CA 90745

Phone: (310) 834-0004
FAX: (310) 834-0005

Invoice #	Date
INV44707	7/30/2018

Page 1 of 2

Sold To	Ship To
HOB0 2650 Belvidere Road Waukegam IL 60085	Oak Creek Distribution LLC 7557 78th Ave Bridgeview IL 60455

Customer Phone	Customer Fax	Resale Certificate ...	Cust PO#	Web Order #	Sales Rep
(847) 263-1240		No	n000021710		Rudy Barba

Payment Information	Total Weight	Total Cube	Total Lines	Total Pieces	Ship Method	Tracking #	BOL Box Count
Net 30	4,330.3	667.45	11	1571.0	LTL - Freight Collect		452

Item #	Item Title	CsPk	Origin	Line Wt.	Cu.Ft.	Qty Ordered	Tax	Qty Shipped	Unit Price	Ext. Price
OS234	Champagne Wall Mirror with Rope Hanger	6	China	249.9	50.316	146		126	\$5.50	\$693.00
OS235	Champagne Stepped Round Wall Mirror	4	China	434.4	51.264	96		96	\$9.00	\$864.00
OS236	Champagne Flower Wall Mirror	4	China	320.4	54.096	96		96	\$8.50	\$816.00
OS238	Copper Octagon Wall Mirror	6	China	315.6	37.752	144		144	\$5.00	\$720.00
OS241	Black Octagon Wall Mirror	4	China	430.5	71.31	120		120	\$7.75	\$930.00
OS242	Champagne Octagon Wall Mirror	4	China	754.25	88.725	140		140	\$9.50	\$1,330.00
OS243	Champagne Sunburst Clock & Mirrors Set	4	China	493.35	165.945	144		138	\$10.50	\$1,449.00
OT114	Delta Celice Brushed Nickel Double Towel Bar	3		82.65	9.27033333	48		29	\$8.50	\$246.50
OT307	Franklin Brass Black & Satin Nickel Architectural Hook Rail	4		357	49.2	240		240	\$4.50	\$1,080.00

AN AMOUNT OF 2% PER MONTH WILL BE CHARGED ON ALL DELINQUENT ACCOUNTS. NO RETURNS WILL BE ACCEPTED WITHOUT SELLER'S AUTHORIZATION



Invoice

24600 Main Street
Carson CA 90745

Phone: (310) 834-0004
FAX: (310) 834-0005

Invoice #	Date
INV44707	7/30/2018

Page 2 of 2

Item #	Item Title	CsPk	Origin	Line Wt.	Cu.Ft.	Qty Ordered	Tax	Qty Shipped	Unit Price	Ext. Price
OT312	Franklin Brass Bark & Oil Rubbed Bronze Pilltop Hook Rail	4		157.85	42.196	165		154	\$4.00	\$616.00
OT404	Delta Porter Brushed Nickel Toilet Paper Holder with Storage	2		734.4	47.376	288		288	\$8.00	\$2,304.00
									Subtotal	\$11,048.50
									Discount	
									Tax 0%	\$0.00
									Shipping & Handling Cost (LDF)	\$0.00
									Grand Total	\$11,048.50
									Amount Paid	\$0.00
									Amount Due	\$11,048.50

SO113887

BILL OF LADING				BOL Number: 32762448											
SHIP FROM				Carrier: U.S. LIBERTY, INC. Pro #: <div style="font-size: 24pt; font-weight: bold; text-align: center;">BAR CODE SPACE</div> Pick up date: 8/3/2018 Trailer #: _____ Seal #: _____											
Name: KOLE IMPORTS Address 1: 24600 Main St Address 2: Address 3: City/State/Zip: CARSON, CA, 90745 Shipping P: 310-834-0004 Ext. F: Stop Notes:															
SHIP TO				REFERENCE INFORMATION											
Name: HOBO Distribution Address 1: 7557 S 78th Ave Address 2: Address 3: City/State/Zip: BRIDGEVIEW, IL, 60455 Barb P: 708-924-9155 Ext. F: Stop Notes:				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Reference Name</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Load BOL #</td> <td>SO 113887</td> </tr> <tr> <td>Load PO#</td> <td>N21710</td> </tr> <tr> <td>Order #</td> <td>45838</td> </tr> </tbody> </table>				Reference Name	Value	Load BOL #	SO 113887	Load PO#	N21710	Order #	45838
Reference Name	Value														
Load BOL #	SO 113887														
Load PO#	N21710														
Order #	45838														
THIRD PARTY FREIGHT CHARGES BILL TO															
Echo Global Logistics 600 W. Chicago, Suite 725 Chicago, IL 60654 UNITED STATES															
Freight Charge Terms:		Carrier Acct #:													
Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/>		Quote ID:													
Special Instructions:				Shipper Instructions		Consignee Instructions									
ECHO is not liable for any accessorial charges unless pre-approved by Echo or noted on this bill of lading.				Pickup #: SO 113887 Loc Type: Special Services:		Delivery #: N21710 Loc Type: Special Services:									
				LTL or Partial Only:											
# of Pallets: 7 Pallet Type: Skid Spots: Stackable: No Pallet Dimensions: 48x40x48 L: W: H: inches															
CARRIER INFORMATION															
HANDLING UNIT		PACKAGE		WEIGHT	HM (X)	OD (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to</small>	LTL Only							
QTY	TYPE	QTY	TYPE					NMFC#	CLASS						
7	Pallets	0		4680			mirrors, towels, paper towel holders								
7		0		4680			GRAND TOTAL								
<small>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 _____"</small>						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>									
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).															
<small>RECEIVED, subject to individually determined rates or contacts 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.</small>						<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Section 7)</small>									
SHIPPER SIGNATURE / DATE				Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP DATE							
<small>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 Department of Transportation.</small> Shipper: Date: 8.2.18				<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		<small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.</small> Carrier: Date: 8/3/18							



Packing Slip

DHS

24600 Main Street
 Carson CA 90745
<http://www.koleimports.com>

Ship To
 Oak Creek Distribution LLC
 7557 78th Ave
 Bridgeview IL 60455

Bill To
 HOBO
 2650 Belvidere Road
 Waukegem IL 60085

Date 7/29/2018
Invoice # SO113887
Customer # 73451
Sales Rep Rudy Barba
Cust PO# from SO
Web Order #
Customer Phone (847) 263-1240
Payment Terms
Tracking #
Total Weight 4,330.3
Total Cubes 667.45
Total Cases 444.667
Total Lines 11
Ship Method LTL- Customer Routing
Expected Ship Date
Must Ship Date
Pro # for IF

73.00
70.00
88.00
91.00
102.00
96.00
98.00

Sales Order Notes

Hania once items are ready email Routing Form back to Barb Braasch at dispatch@hoboonline.com and bbraasch@hoboonline.com. Barba will make the carrier arrangements. Packing slip must accompany each Purchase Order

7 PCTS

66 20
85 167
56 15
53

45267S

Item #	Item Title	CsPk	Origin	Qty Ordered	Qty Shipped
OS234	Champagne Wall Mirror with Rope Hanger	6	China	146	126
OS235	Champagne Stepped Round Wall Mirror	4	China	96	96
OS236	Champagne Flower Wall Mirror	4	China	96	96
OS238	Copper Octagon Wall Mirror	6	China	144	144
OS241	Black Octagon Wall Mirror	4	China	120	120
OS242	Champagne Octagon Wall Mirror	4	China	140	140
OS243	Champagne Sunburst Clock & Mirrors Set	4	China	144	138
OT114	Delta Celice Brushed Nickel Double Towel Bar	3		48	29
OT307	Franklin Brass Black & Satin Nickel Architectural Hook Rail	4		240	240
OT312	Franklin Brass Bark & Oil Rubbed Bronze Pilltop Hook Rail	4		165	154
OT404	Delta Porter Brushed Nickel Toilet Paper Holder with Storage	2		288	288



KOLE IMPORTS

24600 Main Street
Carson CA 90745

Ship To

Oak Creek Distribution LLC
7557 78th Ave
Bridgeview IL 60455

Terms Net 30

Sales Order Notes

Hania once items are ready email Routing Form back to Barb Braasch at dispatch@hoboonline.com and bbraasch@hoboonline.com. Barba will make the carrier arrangements. Packing slip must accompany each Purchase Order

7 PCTS
452678

Picking Ticket

Octavio
D
HS

Sales Order # SO113887
Date 3/10/2018
Acct. No. 73451
Sales Rep Rudy Barba
Sales Writer
Cust PO# n000021710
Web Order #
Ship Method LTL- Customer Routing
Expected Ship Date
Must Ship Date
Picker
Web Regular Order No
Web Dropship Order No
Escalation Order No
Allow Over Picking? No
On Hold No
Total Weight 4456.84166666
Total Lines 11
Total Cube 691.74
Prep Work Needed No
Logistics Note

Item #	Item Title	CsPk	Qty Ordered	Bin #/W/Qty	Qty Picked	Wt	CuFt	Amaz...
OS242	Champagne Octagon Wall Mirror	4	140	M103(160)		754.25	88.725	
OS234	Champagne Wall Mirror with Rope Hanger	6	146	N223(78) YL149(68)		289.5667	58.302...	
OS238	Copper Octagon Wall Mirror	6	144	O153(144)		315.6	37.752	
OT404	Delta Porter Brushed Nickel Toilet Paper Holder with Storage	2	288	O349(360)		734.4	47.376	
OS241	Black Octagon Wall Mirror	4	120	OB324(67) OA109(53)		430.5	71.31	
OS235	Champagne Stepped Round Wall Mirror	4	96	OC633(118)		434.4	51.264	
OT114	Delta Celice Brushed Nickel Double Towel Bar	3	48	P236(48)		136.8	15.344	
OT312	Franklin Brass Bark & Oil Rubbed Bronze Pilltop Hook Rail	4	165	V119(165)		169.125	45.21	
OS243	Champagne Sunburst Clock & Mirrors Set	4	144	Y118(88) OC628(56)		514.8	173.16	
OS236	Champagne Flower Wall Mirror	4	96	YF338(204) YF134(126)		320.4	54.096	
OT307	Franklin Brass Black & Satin Nickel Architectural Hook Rail	4	240	YM179(304)		357	49.2	



SO113887



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

TO: KOLE IMPORTS
 24600 MAIN STREET
 CARSON CA 90745
 PHONE: (310) 834-0004
 FAX : (310) 834-2294

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

PURCHASE ORDER

P.O. #: n000021710
 Store : 47

Order Date: 7/23/18
 Date Due : 8/ 1/18
 Alt. PO # :
 Order Type: NORMAL
 Buyer : JORI

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS
KO246		F	N	HTR		HOB		NET 30 DAYS

LINE#	STORE	QTY ORD	ITEM/SKU NUMBER	DESCRIPTION	MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
BILL TO:				HOBO 2650 BELVIDERE RD WAUKEGAN, IL 60085					
SPECIAL INST:				FREIGHT-HOBO TO ROUTE-EMAIL PICK UP INFO TO dispatch@hoboonline.com					
5	C	48	1237409	* DELTA CELICE DOUBLE TOWEL BAR	OT114		8.50	EA	408.00
13	C	140	1237542	* CHAMPAGNE OCTAGON MIRROR	OS242		9.50	EA	1330.00
21	C	146	1237543	* CHAMPAGNE ROPE MIRROR	OS234		5.50	EA	803.00
28	C	96	1237544	* CHAMPAGNE ROUND WALL MIRROR	OS235		9.00	EA	864.00
36	C	165	1246161	* FRANKLIN 3- HOOK RAIL ORB WOOD	OT312		4.00	EA	660.00
44	C	240	1246162	* FRANKLIN 3HOOK RAIL NICKEL WHT	OT307		4.50	EA	1080.00
51	C	96	1246163	* CHAMPAGNE FLOWER WALL MIRROR	OS236		8.50	EA	816.00
59	C	144	1246164	* CHAMP SUNBURST CLOCK MIRROR	OS243		10.50	EA	1512.00
67	C	144	1246165	* COPPER OCTAGON WALL MIRROR	OS238		5.00	EA	720.00
75	C	120	1246168	* BLACK OCTAGON WALL MIRROR	OS241		7.75	EA	930.00
83	C	288	1246170	* DELTA NICKEL TOILET PAPER HLDR	OT404		8.00	EA	2304.00

TOTAL UNITS 1627

TOTAL COST 11427.00
 TOTAL FREIGHT .00
 OTHER CHARGES .00
 TOTAL P.O. 11427.00

P.O. Approved By: _____

Date: _____

