

FILED
 UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS
 DEC 19 2018
 JEFFREY P. ALLSTEADT, CLERK
 TEAM - CA *KC*

Fill in this information to identify the case:

Debtor 1 Morgan Administration, Inc.

Debtor 2 _____
 (Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois - Eastern Div

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? DIRECT INTERNATIONAL, 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?	Where should payments to the creditor be sent? (if different)
	<u>DIRECT INTERNATIONAL, INC.</u> Name <u>1536 FIRST STREET</u> Number Street <u>Newton Falls OH 44444</u> City State ZIP Code Contact phone <u>330-842-1138</u> Contact email <u>nancy@DIRECTINTINC.COM</u>	Name Number Street City State ZIP Code Contact phone Contact email
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) _____ 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: 1877

7. How much is the claim? \$ 4,473.60. 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 - supporting documents attached

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 12/13/2018

MM / DD / YYYY


Signature

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

Name Nancy ANN McDermott
First name Middle name Last name

Title OFFICE MANAGER - Finance

Company DIRECT INTERNATIONAL INC.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1536 FIRST STREET
Number Street

Newton Falls OH 44444
City State ZIP Code

Contact phone 330-872-1138 ext 110 Email nancy@directintinc.com

CUSTOMER CODE DIREYO		DATE 08/17/18		FREIGHT BILL NO. I626616585		
SHIPPER		CONSIGNEE		BILL OF LADING NO.		
DIRECT INTERNATIONAL 1536 1ST ST NEWTON FALLS, OH 44444		HOBO DC 7557 S 78TH AVE BRIDGEVIEW, IL 60455		HOB755 NONE		
				Terms of Shipment PREPAID		
Pieces	Description of Articles	Tariff	RLC5020	Weight	Rate	Amount
2	63 CARTONS OF NOVELTIES --> R&L'S DISCOUNT SAVES YOU -----> FUEL SURCHARGE 17.10% INTERNET PRO# WY9424674 P O # N000021712 BRIDGEVIEW DC 2 SKIDS STC 63 PCS		C85	1080	129.33 0.87	1396.76 -1215.18 31.05
2	◀ Total Pieces	Total Weight ▶		1080	Amount Due	✓ \$212.63

50557
Paid 9/6/18
check no. 2023

R/L CARRIERS: R/L Transfer / Gator Freightways / Greenwood Motor Lines / Paramount Transportation
Disputed Payments and Other Correspondence must be mailed to:

R/L Carriers • Attn: A/R Depart. • PO Box 271 • Wilmington, Ohio 45177-0271 • 937-382-1494 • 800-543-5589 Toll Free

Please Detach this Section and return with Payment

IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW:

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS	
CARD NUMBER		EXP. DATE	
SIGNATURE			
Customer Code	Date	Freight Bill No.	Amount
DIREYO	08/17/18	I626616585	\$212.63

ICC Regulations Require Payment of this Freight Bill within 15 days.
All amounts are in U.S. Dollars.
If payment has already been made, disregard invoice.



600 Gillam Rd • PO Box 271
Wilmington, OH 45177-0271
937-382-1494 • 800-543-5589 Toll Free
www.gorc.com

010705 000000160

ADDRESSEE:



DIRECT INTERNATIONAL
1536 1ST ST
NEWTON FALLS, OH 44444-1186

Remit **R/L Carriers**
Payment **PO BOX 10020**
To **Port William, OH 45164-2000**

73 54 50 661658 53 0000021263 9

Northern District of Illinois Claims Register

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

Honorable Judge: Jacqueline P. Cox **Chapter:** 11
Office: Eastern Division **Last Date to file claims:** 01/28/2019
Trustee: **Last Date to file (Govt):** 04/23/2019

<p><i>Creditor:</i> (27198353) DIRECT INTERNATIONAL, INC. 1536 FIRST ST. NEWTON FALLS, OH 44444</p>	<p>Claim No: 36 <i>Original Filed</i> Date: 12/19/2018 <i>Original Entered</i> Date: 12/20/2018</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Kimetha Collier <i>Modified:</i></p>
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Amount claimed: \$4473.60

History:

[Details](#) [36-1](#) 12/19/2018 Claim #36 filed by DIRECT INTERNATIONAL, INC., Amount claimed: \$4473.60 (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*	\$4473.60
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		