

FILED
 UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS
 JAN -7 2019

JEFFREY P. ALLSTEADT, CLERK
 TEAM - CA

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? PFF Distributing
 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)
Name <u>PFI Distributing, Inc.</u>	Name _____
Number <u>15 E Palatine Rd #108 103</u>	Number _____ Street _____
Street <u>Prospects Hts, IL 60070</u>	City _____ State _____ ZIP Code _____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____
Contact phone <u>847 215-9555</u>	Contact phone _____
Contact email <u>MARC 0722@Automal.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?
 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? _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? No Yes. Check one:

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).	Amount entitled to priority \$ _____
<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 4/01/19 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 01 04 2019
MM / DD / YYYY

Myan Bony
Signature

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

Name MARC Bony
First name Middle name Last name

Title Rest

Company PFI Distributing, Inc.
Identify the corporate service to be used for this claim. If the authorized agent is a servicer.

Address 15 E Palatine Rd #103
Number Prospect Hts, IL 60070

City State ZIP Code

Contact phone 847 302-8662 Email MARC 0772@HOTmail.com



Case 18-30039 Claim 54-1
PFI Distributing, Inc.
 15 E Palatine Rd.
 Suite 103
 Prospect Heights, IL 60070

Invoice

Date	Invoice #
10/15/2018	32400

Bill To
HOBO 7557 78TH AVE. BRIDGEVIEW, IL 60455

Ship To
HOBO 7557 78TH AVE. BRIDGEVIEW, IL 60455

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30		10/15/2018			

Quantity	Item Code	Description	Price Each	Amount
50	STRETCH FILM ...	PMF2063A-WT - 20" X 5000, MACHINE STRETCH FILM	41.40	2,070.00
128	STRETCH FILM ...	CHF1564A - 15" x 1500' STRETCH FILM 65GA 4 ROLLS/CS	31.60	4,044.80

Phone #	Fax #	E-mail
8472159555	847-808-8878	nick@pfidistributing.com

Total	\$6,114.80
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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> (27200028) PFI DISTRIBUTING, INC. 15 E. PALATINE RD SUITE 103 PROSPECT HEIGHTS, IL 60070</p>	<p>Claim No: 54 <i>Original Filed</i> Date: 01/07/2019 <i>Original Entered</i> Date: 01/07/2019</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: \$6114.80

History:

[Details](#) [54-1](#) 01/07/2019 Claim #54 filed by PFI DISTRIBUTING, INC., Amount claimed: \$6114.80 (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*	\$6114.80
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		