

**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  
 1/9/2019  
 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**

<b>1. Who is the current creditor?</b>	Par 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 _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Par International, Inc. _____ Name 3700 Zane Trace Dr Columbus, OH 43228  Contact phone <u>614-529-1300</u> Contact email <u>BSturm@PARinternational.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Law Offices of Stanley B. Dritz _____ Name c/o Stanley B. Dritz 400 S. Fifth St. Suite 303 Columbus, OH 43215  Contact phone <u>(614) 464-4644</u> Contact email <u>stan@dritzlaw.com</u>
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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? \$ 19333.75  
 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: \_\_\_\_\_

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
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**

<p><b>The person completing this proof of claim must sign and date it. FRBP 9011(b).</b></p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p><b>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.</b></p>	<p>Check the appropriate box:</p> <p><input type="checkbox"/> I am the creditor.</p> <p><input checked="" type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.</p> <p>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.</p> <p>I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date <u>1/9/2019</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ Stanley B. Dritz, Esq.</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Stanley B. Dritz, Esq.</u></p> <p style="text-align: center; font-size: small;">First name Middle name Last name</p> <p>Title <u>Attorney at Law</u></p> <p>Company <u>Law Offices of Stanley B. Dritz</u></p> <p style="text-align: center; font-size: small;">Identify the corporate servicer as the company if the authorized agent is a servicer</p> <p>Address <u>400 S. Fifth St., Suite 303</u></p> <p style="text-align: center; font-size: small;">Number Street</p> <p style="text-align: center; font-size: small;">Columbus, OH 43215</p> <p style="text-align: center; font-size: small;">City State ZIP Code</p> <p>Contact phone <u>(614) 464-4644</u> Email <u>stan@dritzlaw.com</u></p>
--	---



Purchasers of Inventories  
for Domestic and Export  
Distribution.

# PAR INTERNATIONAL, INC.

2160 McGaw Rd. Suite A  
Obetz, Ohio 43207

## INVOICE

DATE	INVOICE NO.
7/2/2018	022991

BILL TO
HOME OWNERS BARGAIN OUTLET 2650 BELVIDERE ROAD WAUKEGAN, IL 60085

SHIP TO
H.O.B.O #47 7557 S. 78TH AVE. BRIDGEVIEW, IL 60455

P.O. NO.	TERMS	Rep	SHIP DATE	SHIP VIA	FOB
21472	Net 30 Days	DAVID	5/11/2018	COLLECT	

ITEM	DESCRIPTION	QUANTITY	PRICE		U/M	AMOUNT
	LOAD 1					
439570	DESK, MERIDO, WRITING, ESPRESSO	8	50.00			400.00T
439570	DESK, MERIDO, WRITING, ESPRESSO	12	50.00			600.00T
439570	DESK, MERIDO, WRITING, ESPRESSO	12	50.00			600.00T
439570	DESK, MERIDO, WRITING, ESPRESSO	10	50.00			500.00T
439570	DESK, MERIDO, WRITING, ESPRESSO	30	50.00			1,500.00T
553961	FOLDABLE, GRAY, ROOMDIVIDER	36	20.00			720.00T
1224469	TRADITIONAL CREDENZA	3	40.00			120.00T
1224469	TRADITIONAL CREDENZA	8	40.00			320.00T
1224469	TRADITIONAL CREDENZA	18	40.00			720.00T
1224469	TRADITIONAL CREDENZA	18	40.00			720.00T
1224469	TRADITIONAL CREDENZA	13	40.00			520.00T
716726	BOOKCASE, 5 SHELF, COFFEE T11-783	2	35.00			70.00T
594633	BOOKCASE, CORONADO, STRGE, ESPR SS	16	50.00			800.00T
594633	BOOKCASE, CORONADO, STRGE, ESPR SS	10	50.00			500.00T
594633	BOOKCASE, CORONADO, STRGE, ESPR SS	10	50.00			500.00T
594633	BOOKCASE, CORONADO, STRGE, ESPR SS	12	50.00			600.00T
594633	BOOKCASE, CORONADO, STRGE, ESPR SS	6	50.00			300.00T
594644	DESK, CORONADO, PEDESTAL, ESPRE SS	15	60.00			900.00T

<b>TOTAL</b>					
<b>Payments/Credits</b>					
<b>Balance Due</b>					



Remittance Address:  
PO Box 2043  
Mt. Vernon, OH 43050-7243  
Ph (614) 529-1300 F (614) 529-1052  
Sales@parinternational.com



Purchasers of Inventories  
for Domestic and Export  
Distribution.

# PAR INTERNATIONAL, INC.

2160 McGaw Rd. Suite A  
Obetz, Ohio 43207

## INVOICE

DATE	INVOICE NO.
7/2/2018	022991

BILL TO
HOME OWNERS BARGAIN OUTLET 2650 BELVIDERE ROAD WAUKEGAN, IL 60085

SHIP TO
H.O.B.O #47 7557 S. 78TH AVE. BRIDGEVIEW, IL 60455

P.O. NO.	TERMS	Rep	SHIP DATE	SHIP VIA	FOB
21472	Net 30 Days	DAVID	5/11/2018	COLLECT	

ITEM	DESCRIPTION	QUANTITY	PRICE		U/M	AMOUNT
594644	DESK,CORONADO,PEDESTAL,ESPRE SS	9	60.00			540.00T
594644	DESK,CORONADO,PEDESTAL,ESPRE SS	15	60.00			900.00T
282573	FILE,PEDESTAL,BOX/BOX/FILE	28	25.00			700.00T
282573	FILE,PEDESTAL,BOX/BOX/FILE	1	25.00			25.00T
316127	BOOKCASE, LAKE VIEW, WHITE	46	35.00			1,610.00T
316145	CABINET W/DOOR, LAKE VIEW, WHI T12-2736	46	35.00			1,610.00T
2314999	Gooseneck Lamp with Cage Shade	65	3.75			243.75T

<b>TOTAL</b>						\$16,018.75
<b>Payments/Credits</b>						\$0.00
<b>Balance Due</b>						\$16,018.75



Remittance Address:  
PO Box 2043  
Mt. Vernon, OH 43050-7243  
Ph (614) 529-1300 F (614) 529-1052  
Sales@parinternational.com



Purchasers of Inventories  
for Domestic and Export  
Distribution.

# PAR INTERNATIONAL, INC.

2160 McGaw Rd. Suite A  
Obetz, Ohio 43207

## INVOICE

DATE	INVOICE NO.
7/9/2018	023019

BILL TO
HOME OWNERS BARGAIN OUTLET 2650 BELVIDERE ROAD WAUKEGAN, IL 60085

SHIP TO
H.O.B.O 7557 S. 78TH AVE. BRIDGEVIEW, IL 60455

P.O. NO.	TERMS	Rep	SHIP DATE	SHIP VIA	FOB
N21472A	Net 30 Days	DAVID	7/9/2018	COLLECT	

ITEM	DESCRIPTION	QUANTITY	PRICE		U/M	AMOUNT
494056	Load 2 CHAIR,WORKPRO,TASK,RED	60	35.00			2,100.00T
594644	DESK,CORONADO,PEDESTAL,ESPRE SS	15	60.00			900.00T
2314999	Gooseneck Lamp with Cage Shade	84	3.75			315.00T

<b>TOTAL</b>						\$3,315.00
<b>Payments/Credits</b>						\$0.00
<b>Balance Due</b>						\$3,315.00



Remittance Address:  
PO Box 2043  
Mt. Vernon, OH 43050-7243  
Ph (614) 529-1300 F (614) 529-1052  
Sales@parinternational.com

# 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> (27199927)  Par International, Inc.  3700 Zane Trace Dr  Columbus, OH 43228</p>	<p><b>Claim No:</b> 62  <i>Original Filed</i>  Date: 01/09/2019  <i>Original Entered</i>  Date: 01/09/2019</p>	<p><i>Status:</i>  <i>Filed by:</i> CR  <i>Entered by:</i> EPoc ADI  <i>Modified:</i></p>
---	--	---

Amount claimed: \$19333.75

*History:*

[Details](#)   [62-1](#) 01/09/2019 Claim #62 filed by Par International, Inc., Amount claimed: \$19333.75 (ADI, EPoc)

*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

<b>Total Amount Claimed*</b>	\$19333.75
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		