

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

FILED
 UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS
 JAN 10 2019
 JEFFREY P. ALLEN, 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? RSI Home Products Sales, 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?
K. John Sweet
 Name
561 Shady Elm Rd.
 Number Street
Winchester VA 22602
 City State ZIP Code
 Contact phone 540-665-9100
 Contact email jsweet@woodmark.com

Where should payments to the creditor be sent? (if different)
 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: 5 8 8 7

7. How much is the claim? \$ 10,129.40 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

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

Yes. Check one:

<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 01/03/2019
MM / DD / YYYY

K. John Sweet
Signature 

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

Name Kenneth J. Sweet
First name Middle name Last name

Title Corporate Credit and Risk Manager

Company American Woodmark Corporation
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 561 Sady Elm Rd.
Number Street

Winchester VA 22602
City State ZIP Code

Contact phone 540-665-9100 Email jsweet@woodmark.com

RSI Home Products

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INVOICE



TEL : (714) 449-2200

Remit To :
PO BOX 740818
LOS ANGELES, CA 90074-0818

Invoice No. 7901115 RI
 Invoice Date 8/30/2018
 Brn/Plt 300
 P/O No. n000021835
 Order No 10615123 SO
 Terms : Net 30 Days
 F.O.B. Origin
 Carrier : TRAFFIC TECH
 Tracking No : N000021835 531
 Sales Rep :
 Region : T2C

Bill To : HOB900
 HOBO
 2650 BELVIDERE ROAD
 WAUKEGAN IL 60085

Sold To: HOB0047
 HOBO #047
 7557 S 78TH AVENUE
 BRIDGEVIEW IL 60455

Line No.	Item Number	Customer Item Number	Date Shipped	Quantity Shipped	Unit Price	Extended Price
1.000	KB18-UF BASE CAB 18X34.5X24 UNF				205.0000	
		Trade Discount			154.1600-	
		CC TRADE DISCOUNT			2.5420-	
			8/30/2018	16.000	48.2980	772.77
2.000	KB24-UF BASE CAB 24X34.5X24 UNF				245.0000	
		Trade Discount			184.2400-	
		CC TRADE DISCOUNT			3.0380-	
			8/30/2018	19.000	57.7220	1,096.72
3.000	KB30-UF BASE CAB 30X34.5X24 UNF				318.0000	
		Trade Discount			239.1360-	
		CC TRADE DISCOUNT			3.9432-	
			8/30/2018	12.000	74.9208	899.05
4.000	KB36-UF BASE CAB 36X34.5X24 UNF				348.0000	
		Trade Discount			261.6960-	
		CC TRADE DISCOUNT			4.3152-	
			8/30/2018	8.000	81.9888	655.91
5.000	KSB36-UF BASE CAB 36X34.5X24 UNF				284.0000	
		Trade Discount			213.5680-	
		CC TRADE DISCOUNT			3.5216-	
			8/30/2018	16.000	66.9104	1,070.57
6.000	KSBF60-UF BASE CAB 60X34.5X24 UNF				460.0000	
		Trade Discount			345.9200-	
		CC TRADE DISCOUNT			5.7040-	

COPY

RSI Home Products
INVOICE



TEL : (714) 449-2200

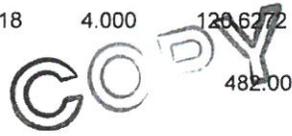
Remit To :
PO BOX 740818
LOS ANGELES, CA 90074-0818

Invoice No. 7901115 RI
Invoice Date 8/30/2018
Brn/Plt 300
P/O No. n000021835
Order No 10615123 SO
Terms : Net 30 Days
F.O.B. Origin
Carrier : TRAFFIC TECH
Tracking No : N000021835 531
Sales Rep :
Region : T2C

Bill To : HOB900
HOBO
2650 BELVIDERE ROAD
WAUKEGAN IL 60085

Sold To: HOB0047
HOBO #047
7557 S 78TH AVENUE
BRIDGEVIEW IL 60455

Line No.	Item Number	Customer Item Number	Date Shipped	Quantity Shipped	Unit Price	Extended Price
	BASE CAB 60X34.5X24 UNF		8/30/2018	14.000	108.3760	1,517.26
7.000	KDB18-UF				348.0000	
	BASE CAB 3 DWR 18X34.5X24 UNF					
		Trade Discount			261.6960-	
		CC TRADE DISCOUNT			4.3152-	
	BASE CAB 3 DWR 18X34.5X24 UNF		8/30/2018	4.000	81.9888	327.96
8.000	KDB24-UF				409.0000	
	BASE CAB 3 DWR 24X34.5X24 UNF					
		Trade Discount			307.5680-	
		CC TRADE DISCOUNT			5.0716-	
	BASE CAB 3 DWR 24X34.5X24 UNF		8/30/2018	3.000	96.3604	289.08
9.000	KBBC45-UF				305.0000	
	BASE BLND 36X34.5X24 UNF					
		Trade Discount			229.3600-	
		CC TRADE DISCOUNT			3.7820-	
	BASE BLND 36X34.5X24 UNF		8/30/2018	5.000	71.8580	359.29
10.000	KP1884-UF				512.0000	
	UTL CAB 18X84X24 UNF					
		Trade Discount			385.0240-	
		CC TRADE DISCOUNT			6.3488-	
	UTL CAB 18X84X24 UNF		8/30/2018	4.000	120.6272	482.51
11.000	KPDR2484-UF				482.0000	
	UTL CAB 1DWR 24X84X18 UNF					
		Trade Discount			362.4640-	
		CC TRADE DISCOUNT			5.9768-	
	UTL CAB 1DWR 24X84X18 UNF		8/30/2018	4.000	113.5592	454.24
12.000	KW1230-UF				122.0000	
	WALL CAB 12X30X12 UNF					



RSI Home Products
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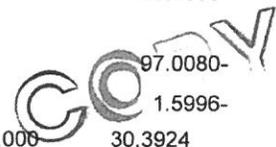
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Invoice No. 7901115 RI
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Brn/Plt 300
P/O No. n000021835
Order No 10615123 SO
Terms : Net 30 Days
F.O.B. Origin
Carrier : TRAFFIC TECH
Tracking No : N000021835 531
Sales Rep :
Region : T2C

Bill To : HOB900
HOBO
2650 BELVIDERE ROAD
WAUKEGAN IL 60085

Sold To: HOB0047
HOBO #047
7557 S 78TH AVENUE
BRIDGEVIEW IL 60455

Line No.	Item Number	Customer Item Number	Date Shipped	Quantity Shipped	Unit Price	Extended Price
		Trade Discount			91.7440-	
		CC TRADE DISCOUNT			1.5128-	
			8/30/2018	12.000	28.7432	344.92
13.000	WALL CAB 12X30X12 UNF KW1830-UF WALL CAB 18X30X12 UNF				146.0000	
		Trade Discount			109.7920-	
		CC TRADE DISCOUNT			1.8104-	
			8/30/2018	10.000	34.3976	343.98
14.000	WALL CAB 18X30X12 UNF KW3030-UF WALL CAB 30X30X12 UNF				236.0000	
		Trade Discount			177.4720-	
		CC TRADE DISCOUNT			2.9264-	
			8/30/2018	8.000	55.6016	444.81
15.000	WALL CAB 30X30X12 UNF KW3630-UF WALL CAB 36X30X12 UNF				282.0000	
		Trade Discount			212.0640-	
		CC TRADE DISCOUNT			3.4968-	
			8/30/2018	7.000	66.4392	465.07
16.000	WALL CAB 36X30X12 UNF KW3012-UF WALL CAB 30X12X12 UNF				129.0000	
		Trade Discount			97.0080-	
		CC TRADE DISCOUNT			1.5996-	
			8/30/2018	4.000	30.3924	121.57
17.000	WALL CAB 30X12X12 UNF KBLSN36-UF BASE CAB LZY SUSAN 36X34.5X36				575.0000	
		Trade Discount			432.4000-	
		CC TRADE DISCOUNT			7.1300-	
			8/30/2018	2.000	135.4700	270.94



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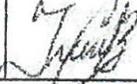
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HOBO #047
7557 S 78TH AVENUE
BRIDGEVIEW IL 60455

Line No.	Item Number	Customer Item Number	Date Shipped	Quantity Shipped	Unit Price	Extended Price
18.000	KW5424-UF WALL CAB 54X24X12 UNF				301.0000	
		Trade Discount			226.3520-	
		CC TRADE DISCOUNT			3.7324-	
	WALL CAB 54X24X12 UNF		8/30/2018	3.000	70.9156	212.75
					Subtotal:	10,129.40
Customer Instructions:					Tax Rate 0 %	Sales Tax .00
Delivery Instructions:					Discount Available	
					Order Total	<u>10,129.40</u>

COPY

Date: 2018-08-30		BILL OF LADING						
SHIP FROM		Bill of Lading Number: 0948030002221111  (402) 0948030002221111						
Name: RSI - Lincolnton Mill Address: 838 LINCOLN COUNTY PARKWAY City/State/Zip: LINCOLNTON NC 28092 SID#: _____								
SHIP TO		CARRIER NAME: <u>TRAFFIC TECH</u> Trailer number: 531223 Seal number(s): 0176371 SCAC: TTFC Pro number: TTFC N000021835 						
Name: HOBO #047 Address: 7557 S 78TH AVENUE City/State/Zip: BRIDGEVIEW IL 60455 CID#: _____								
THIRD PARTY FREIGHT CHARGES BILL TO:		(9012K) TTFCN000021835 Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect <u>X</u> 3 rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)						
Name: HOBO Address: 2650 BELVIDERE ROAD City/State/Zip: WAUKEGAN IL 60085								
SPECIAL INSTRUCTIONS: Appt: _____ Arrival: _____ Depart: _____		These products may have been constructed with, or may contain, hardwood plywood, particleboard or medium density fiberboard. Any such hardwood plywood, particleboard or medium density fiberboard used or contained in these products complies with TSCA Title VI for formaldehyde.						
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
n000021835		151 ctns	9365 lbs	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	RSI SO# 10615123 HOBO #047		
GRAND TOTAL		151 ctns	9365 lbs	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N			
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	UOM (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 366</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
23	pfts	5	ctns	387	lbs	HD EXPRESS OPTIONS CAB MTO	080440-05	125
		146	ctns	8978	lbs	HD FINISHED KITCHENS CABINETS	080440-05	125
23		151		9365 lbs		GRAND TOTAL		
Where the rate is dependent on the 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 property is specifically stated by the shipper to be not exceeding _____ per _____."						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). 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 lawful charges. 		
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small> 		Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE <small>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.</small> 		

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NY
MUKHAMMEDOV
IKROMOV

8/30/18

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

Creditor: (27200295) [History](#) **Claim No: 65** *Status:*
 RSI Home Products Sales Inc *Original Filed* *Filed by:* CR
 K. John Sweet *Date:* 01/10/2019 *Entered by:* Kevin Lyons
 561 Shady Elm Rd *Original Entered* *Modified:*
 Winchester VA 22602 *Date:* 01/10/2019

Amount claimed: \$10129.40

History:

[Details](#) [65-1](#) 01/10/2019 Claim #65 filed by RSI Home Products Sales Inc, Amount claimed: \$10129.40 (Lyons, Kevin)

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*	\$10129.40
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		