

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 23 2019

JEFFREY P. ALLSTEADT, 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?

Chicago Stool & Chair, 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?

Chicago Stool & Chair, Inc.
Name
1230 Saint Charles St.
Number Street
Elgin IL 60120
City State ZIP Code

Contact phone 847-289-9955
Contact email lsci2001@shcglobel.net

Where should payments to the creditor be sent? (if different)

Same
Name

Number Street

City State ZIP Code

Contact phone Kathy Kelly
Contact email Peter Laing

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: _____

7. How much is the claim?

\$ 84,589.05

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☐ 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 10-25-2018
MM / DD / YYYY

Signature

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

Name

First name

Middle name

Last name

Title

Company

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

Address

Number

Street

City

State

ZIP Code

Contact phone

Email

Statement of HOBOS Sales from CHICAGO STOOL AND CHAIR 2018

| Hobo PO# | our Invoice# | Order Date | Shipping | Amount | Past Due | Due Date | Paid on | check # |
|----------|--------------|------------|-----------|-------------|----------|-----------|-----------|---------|
| N19946 | 18-0001 | 12/28/2017 | 1/15/2018 | \$12,127.85 | | 2/15/2018 | 3/2/2018 | 45792 |
| N20284 | 18-0017 | 2/15/2018 | 3/7/2018 | \$11,450.20 | | 4/7/2018 | 5/15/2018 | 46071 |
| N20284A | 18-0017A | 2/15/2018 | 3/8/2017 | \$9,800.00 | | 4/8/2018 | 5/15/2018 | 46071 |
| N20628 | 18-0027 | 3/20/2018 | 4/6/2018 | \$16,292.40 | | 5/6/2018 | 6/11/2018 | 46286 |
| N20628A | 18-0027A | 3/20/2018 | 4/9/2018 | \$10,676.25 | | 5/9/2018 | 6/11/2018 | 46286 |
| N21047 | 18-0036 | 5/3/2018 | 5/14/2018 | \$13,655.75 | | 6/14/2018 | 7/16/2018 | 456506 |
| N21047 | 18-0036A | 5/3/2018 | 5/18/2018 | \$13,135.00 | | 6/18/2018 | 7/24/2018 | 46722 |
| N21047 | 18-0036B | 5/3/2018 | 5/24/2018 | \$11,521.80 | | 6/24/2018 | 7/24/2018 | 46722 |

| HOBOS PO# | our Invoice# | Order Date | Shipping | Amount | | Due Date | |
|-----------|--------------|------------|-----------|---------------------------|---------------------------------------|------------|--------|
| N21503 | 18-0046 | 6/27/2018 | 7/11/2018 | \$9,988.70 | x | 8/11/2018 | UNPAID |
| N21503 | 18-0046A | | 7/16/2018 | \$4,283.85 | x | 8/16/2018 | UNPAID |
| N21646 | 18-0050 | 7/17/2018 | 8/9/2018 | \$13,250.90 | x | 9/9/2018 | UNPAID |
| N21886 | 18-0051 | 8/14/2018 | 8/24/2018 | \$21,739.50 | x | 9/24/2018 | UNPAID |
| | 18-0051A | 8/14/2018 | 8/28/2018 | \$21,583.05 | x | 9/28/2018 | UNPAID |
| | 18-0051B | 8/14/2018 | 9/17/2018 | \$9,471.00 | x | 10/17/2018 | UNPAID |
| | 18-0051C | 8/14/2018 | 9/24/2018 | \$4,272.05 | x | 10/24/2018 | UNPAID |
| | | | | <u>\$84,589.05</u> | ****Balance due on unpaid invoice**** | | |

Chicago Stool & Chair Inc.

1230 St. Charles Street
 Elgin, IL 60120
 Tel: (847)289-9955
 Fax: (847)289-9911

INVOICE**To: HOBO**

Belvidere Road
 Waukegan, IL60085

INVOICE NO: 18-0046**DATE: July 11, 2018**

| SALESPERSON | P.O. NUMBER | DATE SHIPPED | SHIPPED VIA | PRICE BASE | TERMS |
|-------------|-------------|---------------|-----------------|------------|-------------|
| | N000021503 | July 11, 2018 | Cycle Logistics | FOB Elgin | Net 30 days |

| TOTAL | DESCRIPTION | PRICE | EXTENSION |
|-------|--|-------|-----------|
| 80 | 29" Black Saddle Stool / 1044460 pallet 1-4 of 29 | 21.75 | 1740.00 |
| 60 | 24" Black Saddle Stool / 1044461 pallet 5-7 of 29 | 21.25 | 1275.00 |
| 40 | 29" Dark Oak Saddle Stool / 1161923 pallet 8-9 of 29 | 21.75 | 870.00 |
| 80 | 24" Dark Oak Saddle Stool / 1161924 pallet 10-13 of 29 | 21.25 | 1700.00 |
| 55 | 24" Clark / 1179997 pallet 15-17 of 29 (2 x 20 pcs and 1 x 15 pcs) | 26.50 | 1457.50 |
| 28 | 29" Clark / 1179998 pallet 18-19 of 29 (1 x 20 pcs and 1 x 8pcs) | 27.50 | 770.00 |
| 12 | 24" Gavin / 1205619 pallet 23 of 29 | 33.95 | 407.40 |
| 48 | 29" Gavin / 1219136 pallet 24-27 of 29 (12pcs per pallet) | 36.85 | 1768.80 |
| | **1st shipment of po#N21503 (23 pallets of 29 total) | | |
| | Total 403 stools | | |
| | Packed on 23 pallets | | |
| | | | \$9988.70 |

Make all checks payable to: **CHICAGO STOOL & CHAIR INC.**

If you have any questions concerning this invoice, call at (847)289-9955

THANK YOU FOR YOUR BUSINESS!

THANK YOU FOR YOUR BUSINESS!

Chicago Stool & Chair Inc.

1230 St. Charles Street
 Elgin, IL 60120
 Tel: (847)289-9955
 Fax: (847)289-9911

INVOICE**To: HOB0**

Belvidere Road
 Waukegan, IL60085

INVOICE NO: 18-0046A**DATE: July 16, 2018**

| SALESPERSON | P.O. NUMBER | DATE SHIPPED | SHIPPED VIA | PRICE BASE | TERMS |
|-------------|-------------|---------------|----------------|------------|-------------|
| | N000021503 | July 16, 2018 | Echo Logistics | FOB Elgin | Net 30 days |

| TOTAL | DESCRIPTION | PRICE | EXTENSION |
|---|---|-------|-----------|
| 23 | 5 Tier Ladder shelf / Black / 1178240 pallet 14 of 29 | 27.50 | 632.50 |
| 30 | Kitchen Trolley Cart Black / 1195333 pallet 20-22 of 29 | 52.75 | 1582.50 |
| 23 | Loyd Console Table / 1237793 pallet 28-29 of 29 (1 x 12pcs and 1 x 11pcs) | 89.95 | 2068.85 |
| **2 nd shipment of po#N21503 (6 pallets of 29 total) | | | |
| <i>Total 23 5 tier ladders Total 30 kitchen carts</i> | | | |
| <i>Total 23 loyd tables Packed on 6 pallets</i> | | | |
| | | | \$4283.85 |

Make all checks payable to: **CHICAGO STOOL & CHAIR INC.**

If you have any questions concerning this invoice, call at (847)289-9955

THANK YOU FOR YOUR BUSINESS!

THANK YOU FOR YOUR BUSINESS!

BILL OF LADING**BOL Number: 32527916****SHIP FROM**

Name: Chicago Stool & Chair inc.
 Address 1: 1230 Saint Charles St
 Address 2:
 Address 3:
 City/State/Zip: ELGIN, IL, 60120
 Kathy P: (847) 289-9955 Ext. F:
 Stop Notes:

Carrier: Monroe Transportation Service, Inc.

Pro #

MONROE

TRL#

Pick

WT

PCS

SDAY

31778401

Trail

SHIP TO

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.17 F:
 Stop Notes:

REFERENCE INFORMATION

Reference Name

Value

Load BOL # N21503A

Load PO# N21503A

THIRD PARTY FREIGHT CHARGES BILL TO

Echo Global Logistics
 600 W Chicago Ave Ste 725
 Chicago, IL 60654

Freight Charge Terms:

Carrier Acct #:

Prepaid ☒ Collect ☐ 3rd Party ☒

Quote ID:

Special Instructions:

Call Jessica @ Echo with ?s 847.213.2539
 DO NOT STACK
 No addntl services approved

ECHO is not liable for any accessorial charges unless pre-approved by Echo or noted on this bill of lading.

LTL or Partial Only:

of Pallets: 6 Pallet Type: Skid Spots: 0 Stackable: No
 Pallet Dimensions: L: W: H:

Shipper Instructions

Pickup #: N21503A
 Loc Type: Business
 Special Services:

Consignee Instructions

Delivery #: N21503A
 Loc Type: Business
 Special Services:

CARRIER INFORMATION

| HANDLING UNIT | | PACKAGE | | WEIGHT | HM (X) | OD (X) | COMMODITY DESCRIPTION | LTL Only | |
|---------------|---------|---------|------|--------|-----------|-----------|-----------------------|----------|-------|
| QTY | TYPE | QTY | TYPE | | | | | NMFC# | CLASS |
| 6 | Pallets | 0 | | 3800 | | | Stools/chairs | 083445- | 70 |
| 6 | | 0 | | 3800 | | | | | |
| GRAND TOTAL | | | | | | | | | |

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 _____."

COD Amount: \$ _____

Fee Terms: Collect: ☐ Prepaid: ☐Customer check acceptable: ☐

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 other lawful charges. (Section 7)

Shipper Signature

SHIPPER SIGNATURE / DATE

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.

Shipper: *[Signature]* Date: 7-16-18**Trailer Loaded:**

☐ By Shipper
☐ By Driver

Freight Counted:

☐ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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.

Carrier: *[Signature]* Date: 7-16-18

Chicago Stool & Chair Inc.

1230 St. Charles Street
Elgin, IL 60120
Tel: (847)289-9955
Fax: (847)289-9911

INVOICE

To: HOBO
Belvidere Road
Waukegan, IL60085

INVOICE NO: 18-0050
DATE: August 9, 2018

| SALESPERSON | P.O. NUMBER | DATE SHIPPED | SHIPPED VIA | PRICE BASE | TERMS |
|-------------|-------------|----------------|-----------------|------------|-------------|
| | N000021646 | August 9, 2018 | Cycle Logistics | FOB Elgin | Net 30 days |

| TOTAL | DESCRIPTION | PRICE | EXTENSION |
|--|--|-------|-------------------|
| 60 | 29" Black Saddle Stool / 1044460 pallet 1-3 of 25 | 21.75 | 1305.00 |
| 100 | 24" Black Saddle Stool / 1044461 pallet 4-8 of 25 | 21.25 | 2125.00 |
| 40 | 24" Dark Oak Saddle Stool / 1161923 pallet 9-10 of 25 | 21.25 | 850.00 |
| 28 | 5 Tier Ladder Black / 1178240 pallet 11 of 25 | 27.50 | 770.00 |
| 24 | Kitchen Trolley Cart Black / 1195333 pallet 12-13 of 25 **(12 pcs per pallet) | 52.75 | 1266.00 |
| 60 | 24" Gavin / 1205619 pallet 14-17 of 25 | 33.95 | 2037.00 |
| 84 | 29" Gavin / 1219136 pallet 18-23 of 25 | 36.85 | 3095.40 |
| 6 | Market Island Cart / 1237645 pallet 24 of 25 | 90.00 | 540.00 |
| 76 | Decorator Stand Espresso / 1237786 pallet 25 of 25 **(with white) | 12.50 | 950.00 |
| 25 | Decorator Stand White / 1237790 pallet 25 of 25 **(with espresso) | 12.50 | 312.50 |
| Total 344 stools Total 28-5 Tier Ladders Total 24 Kitchen Carts Total 6 Market Islands Total 101 Decorator Stands Packed on 25 pallets | | | |
| | | | \$13250.90 |

Make all checks payable to: **CHICAGO STOOL & CHAIR INC.**
If you have any questions concerning this invoice, call at (847)289-9955
THANK YOU FOR YOUR BUSINESS!

THANK YOU FOR YOUR BUSINESS!

Original - Not Negotiable

Bill of Lading No. 18-0050

TO: Consignee HOBBO
FROM: Shipper Cycle Logistics
(Name of Carrier)

Shipper No.

Carrier No.

Street: Chicago Steel & Chair, Inc.
Destination: Street: Origin: Zip Code: Vehicle No. SCAC: Zip Code: Emergency Response Phone Number:

| No. Shipping Units | +HIM | Kind of Packaging, Description of Articles Special Marks and Exceptions | 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 National Motor Freight Classification, Item 360. | Weight (Subject to Correction)* | Rate or Class | CHARGES |
|--------------------|------|--|---|---------------------------------|---------------|---------|
| 25 | | pallets Pot N 21646 | | 8600 | | |
| | | 344 Stools | | | | |
| | | 28 5 tier ladders | | | | |
| | | 24 kitchen carts | | | | |
| | | 6 Market Islands | | | | |
| | | 101 Decorator Stands | | | | |

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading state whether weight is "carrier's or shipper's weight".
REMIT C.O.D. TO: ADDRESS: C.O.D. Amt. \$ C.O.D. FEE: PREPAID ☐ COLLECT ☐ \$ TOTAL CHARGES: \$
Note-Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____
Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.
The carrier shall not make delivery of this shipment without payment of freight and all other charges.

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment or (2) in the applicable motor carrier classification or tariff, if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Mark with "RD" if appropriate to designate Hazardous Materials as defined in the U.S. Department of Transportation Regulations governing the transportation of hazardous materials. The use of this column is an optional method for identifying hazardous materials on Bills of Lading per 172.201(a)(1)(ii) of Title 49 Code of Federal Regulations. Also when shipping hazardous materials, the shipper's certification statement described in section 172.204(a) of the Federal Regulations, as indicated on the Bill of Lading does apply, unless a specific exception from the requirement is provided in the Regulation for a particular material.
The format and content of hazardous item list is the responsibility of individual company interpretation of requirements as described in 49 Code of Federal Regulations sections 172.201 (Hazardous Material Table) and Sections 172.202 and 172.203; Proper shipping name, hazardous class, UN identification number, packing group, and subsidiary class(es).
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 United States Code, Sections 14706(c (1)(A) and (B)).
SHIPPER: laty kly 8-9-18
CARRIER: Steve Capaldi
PER: 8-9-18

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 U.S. Department of Transportation.
Carrier acknowledges receipt of packages and any required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Chicago Stool & Chair Inc.

1230 St. Charles Street
Elgin, IL 60120
Tel: (847)289-9955
Fax: (847)289-9911

INVOICE

To: HOBO

Belvidere Road
Waukegan, IL60085

INVOICE NO: 18-0051

DATE: August 24, 2018

| SALESPERSON | P.O. NUMBER | DATE SHIPPED | SHIPPED VIA | PRICE BASE | TERMS |
|-------------|-------------|------------------|-----------------|------------|-------------|
| | N000021886 | August 24 , 2018 | Cycle Logistics | FOB Elgin | Net 30 days |

| TOTAL | DESCRIPTION | PRICE | EXTENSION |
|---|--|----------|-----------|
| 81 | Framhouse Rustic Console/1247230 pallet 1-7 (6pallets 12 pcs, 1 pallet 9 pcs) | 68.50 | 5548.50 |
| 180 | Rustic Kitchen Cart/1247232 pallet 8-19** (11 pallets 16pcs, 1 pallet 4pc and 12 stools) | 57.50 | 10350.00 |
| 120 | 5 Tier Ledger Bookcase/1219137 pallet 20-23 | 44.50 | 5340.00 |
| 27 | Ripley 24" / 29" Adjustable/1205616 pallet 24 | 15.00 | 405.00 |
| 12 | 24" Natural Stool/1053652 **pallet 19 (with rustic kitchen cart) | 8.00 | 96.00 |
| ** SHIPMENT #1 ** | | | |
| Total 81 Farmhouse Total 180 Rustic Carts Total 39 Stools Total 120 5 tier Ledger Packed on 24 pallets | | | |
| | | 21739.50 | |

Make all checks payable to: **CHICAGO STOOL & CHAIR INC.**
If you have any questions concerning this invoice, call at (847)289-9955
THANK YOU FOR YOUR BUSINESS!

THANK YOU FOR YOUR BUSINESS!

Emergency Response Phone Number: 4 of 10

Bill of Lading No. 18-0051

Shipper No.

Carrier No.

TO: Consignee HOBBS (Name of Carrier) Cycle Logistics
FROM: Shipper Chicago Steel & Chair, Inc.
Street
Street
Destination
Zip Code
Origin
Zip Code

Route: Vehicle No. SCAC Emergency Response Phone Number

| No. Shipping Units | +HM | Kind of Packaging, Description of Articles Special Marks and Exceptions | Weight (Subject to Correction)* | Rate or Class | CHARGES |
|----------------------------|-----|--|------------------------------------|---------------|---------|
| 24 | | Pallets | 18.772 | | |
| Total 81 Furniture console | | | | | |
| Total 180 Rustic Cart | | | | | |
| Total 39 Stools | | | | | |
| Total 120 5 Star | | | | | |
| Total 120 Ledger Bookcase | | | | | |

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading state whether weight is "carrier's or shipper's weight".

REMIT C.O.D. TO: ADDRESS C.O.D. Amt. \$ C.O.D. FEE: PREPAID ☐ COLLECT ☐ \$ TOTAL CHARGES: \$

Note-Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other charges.

(Signature of Consignor)

FREIGHT CHARGES Check Appropriate Box: ☐ Freight prepaid ☐ Collect

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment or (2) in the applicable motor carrier classification or tariff, if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Mark with "RQ" if appropriate to designate Hazardous Materials as defined in the U.S. Department of Transportation Regulations governing the transportation of hazardous materials. The use of this column is an optional method for identifying hazardous materials on Bills of Lading per 172.201(a)(1) (iii) of Title 49 Code of Federal Regulations. Also when shipping hazardous materials, the shipper's certification statement prescribed in section 172.204(a) of the Federal Regulations, as indicated on the Bill of Lading does apply, unless a specific exception from the requirement is provided in the Regulation for a particular material.

The format and content of hazardous item list is the responsibility of individual company interpretation of requirements as described in 49 Code of Federal Regulations 172, Subpart C-Shipping Papers. Such description consists of the following per Sections 172.201 (Hazardous Material Table) and Sections 172.202 and 172.203: Proper shipping name, hazardous class, UN identification number, packing group, and subsidiary class(es).

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 United States Code, Sections 14706(c) (1)(A) and (B).

SHIPPER Walt Kelly C-24-18 CARRIER CYCLE LOGISTICS 8/24/18
PER Walt Kelly PER CYCLE LOGISTICS

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 U.S. Department of Transportation.

Carrier acknowledges receipt of packages and any required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Chicago Stool & Chair Inc.

1230 St. Charles Street
Elgin, IL 60120
Tel: (847)289-9955
Fax: (847)289-9911

INVOICE

To: HOBO

Belvidere Road
Waukegan, IL60085

INVOICE NO: 18-0051A
DATE: August 24, 2018

| SALESPERSON | P.O. NUMBER | DATE SHIPPED | SHIPPED VIA | PRICE BASE | TERMS |
|-------------|-------------|------------------|-----------------|------------|-------------|
| | N000021886 | August 28 , 2018 | Cycle Logistics | FOB Elgin | Net 30 days |

| TOTAL | DESCRIPTION | PRICE | EXTENSION |
|--|--|------------|-----------|
| 144 | Mission Coat Rack Walnut / 1247231 pallet 25-28 | 64.50 | 9288.00 |
| 57 | 24/29" Ripley Stool / 1205616 pallet 29-30 (3pcs on pallet #46 with market island) | 15.00 | 855.00 |
| 96 | 24" Natural Stool / 1053652 pallet 31-32 | 8.00 | 768.00 |
| 60 | 29" Dark Oak Stool / 1161923 pallet 33-35 | 21.75 | 1305.00 |
| 41 | 5 Tier Ladder Shelf Black / 1178240 pallet 36-37(#36 26pcs, #37 15pcs + 2pc Loyd) | 27.50 | 1127.50 |
| 44 | Kitchen Carts Black / 1195333 pallet 38-40 (#38 and #39 15pc , #40 14pc) | 52.75 | 2321.00 |
| 45 | 24" Gavin Stool / 1205619 pallet 41-43 | 33.95 | 1527.75 |
| 28 | 29" Gavin Stool / 1219136 pallet 44-45 | 36.85 | 1031.80 |
| 9 | Market Island Cart / 1237645 pallet 46 (+3 24/29" ripley) | 90.00 | 810.00 |
| 36 | Decorator Stand Espresso/1237786 pallet 47 | 12.50 | 450.00 |
| 24 | Decorator Stand White1237790 pallet 47 | 12.50 | 300.00 |
| 20 | Loyd Console Table w/ Baskets / 1237793 pallet 48 (18 pcs, 2 with 5 tier ladder) | 89.95 | 1799.00 |
| ***SHIPMENT #2*** | | | |
| Total 144 Coat Racks Total 286 Stools Total 20 Loyd Console table Total 41-5 tier Black Total 53 Kitchen Carts Total 60 Plant Stands Packed on 24 pallets | | | |
| | | \$21583.05 | |

Make all checks payable to: **CHICAGO STOOL & CHAIR INC.**
If you have any questions concerning this invoice, call at (847)289-9955
THANK YOU FOR YOUR BUSINESS!

THANK YOU FOR YOUR BUSINESS!

Consignee HOTB (Name of Carrier) Cycle
 Street _____
 Destination _____ Zip Code _____
 Route: _____ Vehicle No. _____ SCAC _____
 FROM: Shipper Chicago Steel
 Street 1230 St. Charles St
 Origin Elgin IL Zip Code 60120
 Emergency Response Phone Number _____

| No. Shipping Units | +HM | Kind of Packaging, Description of Articles Special Marks and Exceptions | Weight (Subject to Correction)* | Rate or Class | CHARGES |
|--------------------|-----|--|---------------------------------|---------------|---------|
| 24 | | pallets | | 15000 | |
| | | PO# N21886 | | | |
| | | 144 Cont Pallets | | | |
| | | 286 Stools | | | |
| | | 20 Load Console | | | |
| | | 40 S Fire Ladder | | | |
| | | 53 Kitchen Cart | | | |

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading state whether weight is carrier's or shipper's weight.
 Note-Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
 The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____
 REMIT: C.O.D. TO: ADDRESS _____ C.O.D. Amt. \$ _____ C.O.D. FEE: PREPAID ☐ COLLECT ☐ \$ _____ TOTAL CHARGES: \$ _____
 Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.
 The carrier shall not make delivery of this shipment without payment of freight and all other charges.
 FREIGHT CHARGES
 Check Appropriate Box:
☐ Freight prepaid
☐ Collect
 (Signature of Consignor) _____

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier, (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment or (2) in the applicable motor carrier classification or tariff, if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Mark with "RD" if appropriate to designate Hazardous Materials as defined in the U.S. Department of Transportation Regulations governing the transportation of hazardous materials. The use of this column is an optional method for identifying hazardous materials on Bills of Lading per 172.201(a)(1) (iii) of Title 49 Code of Federal Regulations. Also when shipping hazardous materials, the shipper's certification statement prescribed in section 172.204(a) of the Federal Regulations, as indicated on the Bill of Lading does apply, unless a specific exception from the requirement is provided in the Regulation for a particular material.
 The format and content of hazardous item list is the responsibility of individual company interpretation of requirements as described in 49 Code of Federal Regulations 172, Subpart C-Shipping Papers. Such description consists of the following per Sections: 172.201 (Hazardous Material Table) and Sections 172.202 and 172.203: Proper shipping name, hazardous class, UN identification number, packing group, and subsidiary class(es).
 Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 United States Code, Sections 14706(c) (1)(A) and (B).

SHIPPER Wally Kelly CARRIER [Signature]
 PER B-28-18 PER [Signature]
 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 U.S. Department of Transportation.
 Carrier acknowledges receipt of packages and any required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

Chicago Stool & Chair Inc.

1230 St. Charles Street
Elgin, IL 60120
Tel: (847)289-9955
Fax: (847)289-9911

INVOICE

To: HOBO
Belvidere Road
Waukegan, IL60085

INVOICE NO: 18-0051B
DATE: Sept 17, 2018

| SALESPERSON | P.O. NUMBER | DATE SHIPPED | SHIPPED VIA | PRICE BASE | TERMS |
|-------------|-------------|---------------|-----------------|------------|-------------|
| | N000021886 | Sept 17, 2018 | Cycle Logistics | FOB Elgin | Net 30 days |

| TOTAL | DESCRIPTION | PRICE | EXTENSION |
|-------|---|-------|------------------|
| 216 | 24/29" Ripley / 1205616 pallet 49-56 | | |
| 40 | 29" Black Saddle Stools / 1044460 pallet 57-58 | 15.00 | 3240.00 |
| 100 | 24" Black Saddle Stools / 1044461 pallet 59-63 | 21.75 | 870.00 |
| 192 | 24" Natural / 1053652 pallet 64-67 | 21.25 | 2125.00 |
| 80 | 24" Dark Oak Saddle Stools / 1161924 pallet 68-71 | 8.00 | 1536.00 |
| | **SHIPMENT #3** | 21.25 | 1700.00 |
| | Total 628 Stools | | |
| | Packed on 23 pallets | | |
| | | | \$9471.00 |

Make all checks payable to: **CHICAGO STOOL & CHAIR INC.**
If you have any questions concerning this invoice, call at (847)289-9955
THANK YOU FOR YOUR BUSINESS!

THANK YOU FOR YOUR BUSINESS!

HORBO

| | |
|-------|---------|
| FROM: | Shipper |
|-------|---------|

Carrier No. Destination

Route:

Zip Code

Vehicle No.

SCAC

Zip Code

Emergency Response
Phone Number

PO# NR1886

Total 628 Stools

TOTAL
CHARGES: \$

FREIGHT CHARGES
Check Appropriate Box:
☐ Freight prepaid
☐ Collect

(Signature of Consignor)

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 United States Code, Sections 14706(c)(1)(A) and (B).

| |
|---------|
| CARRIER |
| PER |

Carrier acknowledges receipt of packages and any required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

1230 St. Charles Street
Elgin, IL 60120
Tel: (847)289-9955
Fax: (847)289-9911

INVOICE

INVOICE NO: 18-0051C
DATE: Sept 24, 2018

| SALESPERSON | P.O. NUMBER | DATE SHIPPED | SHIPPED VIA | PRICE BASE | TERMS |
|-------------|-------------|---------------|-----------------|------------|-------------|
| | N000021886 | Sept 24, 2018 | Cycle Logistics | FOB Elgin | Net 30 days |

| TOTAL | DESCRIPTION | PRICE | EXTENSION |
|-------|--|-------|-----------|
| 39 | 24" Gavin / 1205619 pallet 72-74 (2 pallets 15pcs, 1 pallet 9pcs) | 33.95 | 1324.05 |
| 80 | 29" Gavin / 1219136 pallet 75-80 (5 pallets 14pcs, 1 pallet 10pcs) | 36.85 | 2948.00 |
| | ***4 th and final shipment*** | | |
| | Total 119 Stools | | |
| | Packed on 9 pallets | | |
| | | | \$4272.05 |

Make all checks payable to: CHICAGO STOOL & CHAIR INC.

Make all checks payable to: **CHICAGO STOOL & CHAIR INC.**
If you have any questions concerning this invoice, call at (847)289-9955
THANK YOU FOR YOUR BUSINESS!

THANK YOU FOR YOUR BUSINESS!

BILL OF LADING - SHORT FORM

Case 18-30039 Claim 88-1 Part 2 Filed 01/23/19 Desc Document Continued Page 10 of 10

Bill of Lading No. 18-3051C

Random

Consignee HOBSON (Name of Carrier) Cycle Logistics

FROM: Shipper Chicago Steel & Chair

Street 1230 St. Charles St.

Destination Elgin IL Zip Code 60120

Route: Vehicle No. SCAC Emergency Response Phone Number

No. Shipping Units +HM Kind of Packaging, Description of Articles Special Marks and Exceptions

9 pallets PO# N21886

Weight (Subject to Correction)* 7000

Rate or Class CHARGES

Total 119 stools

* 4th and final pickup for this PO *

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading state whether weight is carrier's or shipper's weight.

Note-Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ per

REMIT C.O.D. TO: ADDRESS C.O.D. Amt. \$ C.O.D. FEE: PREPAID ☐ COLLECT ☐ \$ TOTAL CHARGES: \$

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.

The carrier shall not make delivery of this shipment without payment of freight and all other charges.

(Signature of Consignor)

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment or (2) in the applicable motor carrier classification or tariff, if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Mark with "RG" if appropriate to designate Hazardous Materials as defined in the U.S. Department of Transportation Regulations governing the transportation of hazardous materials. The use of this column is in optional method for identifying hazardous materials on Bills of Lading per 172.201(a)(1) (iii) of Title 49 Code of Federal Regulations. Also when shipping hazardous materials, the shipper's certification statement prescribed in section 172.204(a) of the Federal Regulations, as indicated on the Bill of Lading does apply, unless a specific exception from the requirement is provided in the Regulation for a particular material.

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Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 United States Code, Sections 14706(c) (1)(A) and (B).

SHIPPER Pat Kelly 9-24-18 CARRIER CYCLE LOGISTICS

PER 9-24-18

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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

| | | |
|---|---|---|
| Creditor: (27197436) History Chicago Stool & Chair Inc 1230 Saint Charles St Elgin IL 60122 | Claim No: 88 <i>Original Filed</i> Date: 01/23/2019 <i>Original Entered</i> Date: 01/23/2019 | Status: <i>Filed by:</i> CR <i>Entered by:</i> Kimetha Collier <i>Modified:</i> |
|---|---|---|

Amount claimed: \$84589.05

History:

[Details](#) [88-1](#) 01/23/2019 Claim #88 filed by Chicago Stool & Chair Inc, Amount claimed: \$84589.05 (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* | \$84589.05 |
| 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 | | |