

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
 1/28/2019
 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

1. Who is the current creditor?	<u>OTAK HOME PRODUCTS INC</u>	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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>OTAK HOME PRODUCTS INC</u>	_____
	Name	Name
	<u>2080 N 15TH AVE MELROSE PARK, IL 60160</u>	
	Contact phone <u>6303739229</u>	Contact phone _____
	Contact email <u>info@otakhomeproducts.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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>
<p>7. How much is the claim?</p>	<p>\$ <u>5820.72</u></p> <p>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p style="text-align: center;"><u>Goods Sold</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	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.	<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>The person completing this proof of claim must sign and date it. FRBP 9011(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>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor.</p> <p><input 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>1/28/2019</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ Mohamed Taher Elashry</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Mohamed Taher Elashry</u></p> <p style="text-align: center;">First name Middle name Last name</p> <p>Title <u>President</u></p> <p>Company <u>OTAK HOME PRODUCTS INC.</u></p> <p style="text-align: center;">Identify the corporate servicer as the company if the authorized agent is a servicer</p> <p>Address <u>2080 N 15th Ave</u></p> <p style="text-align: center;">Number Street</p> <p style="text-align: center;"><u>Melrose Park, IL 60160</u></p> <p style="text-align: center;">City State ZIP Code</p> <p>Contact phone <u>6303739229</u> Email <u>info@otakhomeproducts.com</u></p>
--	---



Home Products Inc.
2080 N 15th Ave
Melrose Park, IL 60160

Invoice

Date	Invoice #
9/23/2018	1201

Bill To
Homeowners Buyers Outlet HOBO 2650 Belvidere Road Waukegan, Illinois 60085

Ship To
Homeowners Buyers Outlet HOBO 47 7557 S 78th Ave Bridgeview, IL 60455

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30	HM	9/21/2018			

Item Code	Quantity	U/M	Description	Price Each	Amount
03 1107	72		SQUARE FELIX BASIN NO:2 (8 LT)	1.60	115.20
02 1402	168		1,3 LT SQUARE AIRTIGHT SAVER BOX	1.25	210.00
02 1451	180		500 ML. ROUND AIRTIGHT FOOD SAVER BOX	0.79	142.20
03 1249	24		SERVICE BOWL NW/ SPOON+FORK	2.25	54.00
04 1202	120		BIG COLOUR CUTLERY TRAY	1.75	210.00
03 1071	120		TRENDY COLOR BASIN W/ STRAINER (11LT)	1.95	234.00
02 1021	24		4 PCS ROUND TREND STORAGE BOX (0,3+0,7+1,1+1,75 lt)	2.35	56.40
2297	168		TULIP DISH DRAINER -	1.95	327.60
02 1037	168		4 PCS SQUARE TREND STORAGE BOX (0,5+0,9+1,5+2,5 LT)	2.10	352.80
02 1013	96		TREND STORAGE BOX SET OF 5 (0,3+0,6+1,2+2+3 LT)	3.18	305.28
02 1107	42		30 LT RECTANGLE MULTI BOX WITH WELL	7.95	333.90
02 1160	36		80 LT RECTANGLE MULTI BOX WITH WHELL	13.95	502.20
02 1180	42		55 LT UNDER BED STORAGE BOX	14.85	623.70
02 1207	42		70 LT CLEAR PANTRY BOX	8.95	375.90
02 1470	144		1,4 LT RECTANGLE AIRTIGHT FOOD SAVER BOX	2.07	298.08
08 1104	48		RECT. FAVO. LAUNDRY BASKET NO;2 (40 LT)	3.35	160.80
08 1106	84		RATTAN LAUNDRY HAMPER 55 LT	7.75	651.00
08 1099	42		ROUND LAUNDRY BASKET (30 LT)	2.75	115.50
03 1254	144		ROUND BOWL NO:3	1.15	165.60
03 1253	144		ROUND BOWL NO:2	0.72	103.68
03 1108	96		SQUARE FELIX BASIN NO:3 (12 LT)	2.35	225.60
02 1011	96		TREND STORAGE BOX SET OF 3 (0,6+1,2+2 LT)	1.81	173.76
02 1472	32		2,6 LT RECTANGLE AIRTIGHT FOOD SAVER BOX	2.61	83.52

				Total	\$5,820.72
				Payments/Credits	\$0.00
				Balance Due	\$5,820.72



HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

TO: OTAK HOME PRODUCTS INC
2080 N 15TH AVE
MELROSE PARK IL 60160
PHONE: (708) 938-5531
FAX: (708) 938-5361

SHIP TO: HOB0 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

PURCHASE ORDER
P.O. #: 0000022014
Store: 47
Order Date: 9/6/18
Date Due: 9/13/18
Alt. PO #:
Order Type: NORMAL
Buyer: CRO8

LINE#	STORE	QTY	ORD	ITEM/SKU	NUMBER	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS	UNIT COST	U/M	EXTENDED COST
7	C	168		1226706							1.25	EA	210.00
14	C	204		1226707							.79	EA	161.16
21	C	168		1226708							1.25	EA	210.00
27	C	144		1226709							.92	EA	132.48
34	C	144		1226710							2.07	EA	298.08
41	C	120		1226711							2.61	EA	313.20
47	C	144		1226712							3.35	EA	482.40
52	C	72		1226713							3.35	EA	241.20
53	C	24		1226714							2.42	EA	58.08
55	C	96		1226715							3.18	EA	305.28
60	C	96		1226716							2.10	EA	200.16
66	C	24		1226717							2.35	EA	56.40
68	C	24		1226718							2.10	EA	50.40
75	C	168		1226719							2.35	EA	392.40
80	C	96		1226720							1.60	EA	153.60
84	C	90		1226721							3.95	EA	355.50
97	C	42		1226722							1.95	EA	82.80
102	C	168		1226723							1.95	EA	327.60
107	C	42		1230321							14.85	EA	623.70
109	C	84		1230322							7.75	EA	651.00
115	C	36		1230323							13.95	EA	502.20
119	C	42		1230324							7.95	EA	333.90
122	C	42		1230325							3.35	EA	201.00
127	C	60		1230326							3.35	EA	201.00
134	C	42		1230327							2.75	EA	115.50
141	C	42		1230328							8.95	EA	375.90
147	C	144		1230329							7.72	EA	103.68
153	C	144		1230330							1.15	EA	165.60
160	C	120		1230331							1.75	EA	210.00
162	C	24		1230332							2.25	EA	54.00
168	C	120		1230333							1.95	EA	234.00

TOTAL UNITS 2868

TOTAL COST 7428.42
TOTAL FREIGHT .00
OTHER CHARGES .00
TOTAL P.O. 7428.42

Case 18-20039 Claim 110-1 Part 4 Filed 01/28/19 Desc Attachment 3
P.O. Approved By: _____ Date: _____

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: (27199918) OTAK HOME PRODUCTS INC 2080 N 15TH AVE MELROSE PARK, IL 60160	Claim No: 110 <i>Original Filed</i> Date: 01/28/2019 <i>Original Entered</i> Date: 01/28/2019	Status: <i>Filed by:</i> CR <i>Entered by:</i> EPoc ADI <i>Modified:</i>
--	--	--

Amount claimed: \$5820.72

History:
[Details](#) [110-1](#) 01/28/2019 Claim #110 filed by OTAK HOME PRODUCTS INC, Amount claimed: \$5820.72 (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

Total Amount Claimed*	\$5820.72
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		