

**Fill in this information to identify the case:**Debtor 1 Morgan Administration, Inc.

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court Northern District of IllinoisCase number: 18-30039

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**

<b>1. Who is the current creditor?</b>	<u>Michael J Earl</u> 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> <u>Michael J Earl</u> Name 102 S Hill Top Dr Boerne, TX 78006-5941	<b>Where should payments to the creditor be sent? (if different)</b> _____ Name _____
	Contact phone <u>847-302-6189</u> Contact email <u>bixby-earl@sbcglobal.net</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Contact phone _____ Contact email _____
<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 _____ <div style="text-align: right;">MM / DD / YYYY</div>	
<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**

<b>6. Do you have any number you use to identify the debtor?</b>	<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: _____										
<b>7. How much is the claim?</b>	\$ 4799.21 <div style="float: right; text-align: right;"> <b>Does this amount include interest or other charges?</b>  <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).         </div>										
<b>8. What is the basis of the claim?</b>	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.  Medical claims not paid by the self-funded company sponsored health plan										
<b>9. Is all or part of the claim secured?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <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: _____  <b>Basis for perfection:</b> _____  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.)  <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Value of property:</b></td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td><b>Amount of the claim that is secured:</b></td> <td>\$ _____</td> </tr> <tr> <td><b>Amount of the claim that is unsecured:</b></td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;"><b>Amount necessary to cure any default as of the date of the petition:</b></td> <td style="width: 40%;">\$ _____</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;"><b>Annual Interest Rate</b> (when case was filed)</td> <td style="width: 40%;">_____ %</td> </tr> </table> <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<b>Value of property:</b>	\$ _____	<b>Amount of the claim that is secured:</b>	\$ _____	<b>Amount of the claim that is unsecured:</b>	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)	<b>Amount necessary to cure any default as of the date of the petition:</b>	\$ _____	<b>Annual Interest Rate</b> (when case was filed)	_____ %
<b>Value of property:</b>	\$ _____										
<b>Amount of the claim that is secured:</b>	\$ _____										
<b>Amount of the claim that is unsecured:</b>	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)										
<b>Amount necessary to cure any default as of the date of the petition:</b>	\$ _____										
<b>Annual Interest Rate</b> (when case was filed)	_____ %										
<b>10. Is this claim based on a lease?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____										
<b>11. Is this claim subject to a right of setoff?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<b>Amount entitled to priority</b>
		<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 checked="" type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ 4799.21
		<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**

**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 1/28/2019  
MM / DD / YYYY

/s/ Michael J Earl

Signature

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

Name Michael J Earl

First name      Middle name      Last name

Title \_\_\_\_\_

Company \_\_\_\_\_

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

102 S Hill Top Dr

Number Street

Boerne, TX 78006-5941

City State ZIP Code

Contact phone 847-302-6189 Email bixby-earl@sbcglobal.net

### Paradigm Open Claims summary

The attached list contains claims filed through the company run self-insurance plan that were not paid to the health insurance providers. As a result, I have been contacted by the providers who said I am responsible for the entire visit and because it was not paid by the plan in time, they are not able to extend the network discounts on the services so they intend to bill me the full price of the service without the network discounts that I paid for through my health insurance deductions.

As you can see the attached bills I have received so far from Oak Brook Pediatrics (Dr Stanislava Coufal) and Pathology Reference Laboratory, I'm going to be on the hook for far more than the report shows once the other bills arrive. The report provided assumes the network discounts will apply, but the bills I've received and phone calls from the remaining providers I've received tell a different story. I have been contacted by Richard Martinez, MD; Lauren Pankratz MD; and Solara Medical Supplies who told me they would send me bills they intend to charge me. They told me they would have to recalculate the bills since the insurance company did not process the claims so the standard network discounts will no longer be extended.

I have confirmed that pharmacy claims filed with Serve You that have not been paid will not result in them seeking payment from the plan members. They intend to file claims against the company for those claims, so I will not include them in the total I will file.

Therefore, I am filing for:

- \$4,249.65 the total listed on open claims to providers on the attached report I generated as the Director of Human Resources from the funding request summaries Paradigm requested the company pay and I know for a fact were not approved because our SFGH and Mike Goldman said they were not able to obtain court approval to pay them because Paradigm was not able to separate the Medical claims from the pharmacy claims.
- Plus \$108.79 (\$175.00 on the invoice from Pathology Reference Lab less \$66.21 which is included in the \$4,249.65 in the first bullet point.)
- Plus \$440.77 (\$923.00 on the invoice from Oak Brook Pediatrics less \$257.02 and \$225.21 which is included in the \$4,249.65 in the first bullet point.)

Total Claim so far: \$4,799.21.

I'm not sure how I will recover the additional amounts I will be charged by these providers once they provide updated bills without network discounts, but here is what I can prove so far.

Michael Earl

Group Number	Payee Name	Provider Tax ID	Provider Name	Claim Number	type	prod	Total To Be Funded	Member Number	Subscriber Name	Patient Name	Patient Control #	Service Date	Lock Date
PA011004A	LABORATORY CORPORATION OF AMERICA	840611484	LABORATORY CORPORATION OF AMERICA	D0042375	Clin	Med	\$196.60	P89960751-02	EARL, MICHAEL J.	BIXBY-EARL, ANGEL	27869001	8/13/2018	9/20/2018
PA011004A	SOLARA MEDICAL SUPPLIES	330689760	SOLARA MEDICAL SUPPLIES	D0042502	Clin	Med	\$1,215.00	P89960751-05	EARL, MICHAEL J.	EARL, BRENDAN	I1135197S530856	9/12/2018	9/20/2018
PA011004A	CARECENTRIX	113454103	CARECENTRIX	D0046817	Clin	Med	\$617.50	P89960751-05	EARL, MICHAEL J.	EARL, BRENDAN	58792633468	10/4/2018	10/10/2018
PA011004A	STANISLAVA COUFAL, MD	363833328	COUFAL, STANISLAVA	D0045423	Clin	Med	\$257.02	P89960751-04	EARL, MICHAEL J.	EARL, MIKAYLA	26849	7/25/2018	10/10/2018
PA011004A	STANISLAVA COUFAL, MD	363833328	COUFAL, STANISLAVA	D0045425	Clin	Med	\$225.21	P89960751-05	EARL, MICHAEL J.	EARL, BRENDAN	26848	7/25/2018	10/10/2018
PA011004A	PATHOLOGY REFERENCE LABORATORY, L.	742959346	PATHOLOGY REFERENCE LABORATORY, L.	D0044909	Clin	Med	\$66.21	P89960751-02	EARL, MICHAEL J.	BIXBY-EARL, ANGEL	T3092555	9/14/2018	10/3/2018
PA011004A	CONSULTANTS IN WOMENS HEALTH	264333033	THOMPSON, MARK	D0042807	Clin	Med	\$158.56	P89960751-02	EARL, MICHAEL J.	BIXBY-EARL, ANGEL	000101638004	9/14/2018	9/26/2018
PA011004A	LABORATORY CORPORATION OF AMERICA	840611484	LABORATORY CORPORATION OF AMERICA	D0041822	Clin	Med	\$9.99	P89960751-04	EARL, MICHAEL J.	EARL, MIKAYLA	80462671	9/5/2018	9/12/2018
PA011004A	RICHARD E. MARTINEZ MD ASSOCIATES P	742707955	MARTINEZ, RICHARD	D0041514	Clin	Med	\$39.48	P89960751-04	EARL, MICHAEL J.	EARL, MIKAYLA	155994V1974	9/5/2018	9/12/2018
PA011004A	CARECENTRIX	113454103	CARECENTRIX	D0039356	Clin	Med	\$0.00	P89960751-05	EARL, MICHAEL J.	EARL, BRENDAN	58792427894	6/28/2018	8/29/2018
PA011004A	CARECENTRIX	113454103	CARECENTRIX	D0039366	Clin	Med	\$272.25	P89960751-05	EARL, MICHAEL J.	EARL, BRENDAN	58792427895	6/28/2018	8/29/2018
PA011004A	CARECENTRIX	113454103	CARECENTRIX	D0046926	Clin	Med	\$166.00	P89960751-05	EARL, MICHAEL J.	EARL, BRENDAN	58792633469	10/4/2018	10/17/2018
PA011004A	DIABETES GLANDULAR DISEASE CLINIC	742146518	PANKRATZ, LAUREN	D0047328	Clin	Med	\$275.83	P89960751-05	EARL, MICHAEL J.	EARL, BRENDAN	205561-138934	10/9/2018	10/17/2018
PA011004A	SOLARA MEDICAL SUPPLIES	330689760	SOLARA MEDICAL SUPPLIES	D0047225	Clin	Med	\$750.00	P89960751-05	EARL, MICHAEL J.	EARL, BRENDAN	I1184143S547751	10/10/2018	10/17/2018
							\$4,249.65						
PA011004A	SERVE YOU CUSTOM PRESCRIPTION MGMT	391735466	SERVE YOU CUSTOM PRESCRIPTION MGMT	D0047770	Phar	Oth	\$17.65	P89960751-05	EARL, MICHAEL J.	EARL, BRENDAN		10/2/2018	10/18/2018
PA011004A	SERVE YOU CUSTOM PRESCRIPTION MGMT	391735466	SERVE YOU CUSTOM PRESCRIPTION MGMT	D0047771	Phar	Oth	\$17.65	P89960751-05	EARL, MICHAEL J.	EARL, BRENDAN		10/2/2018	10/18/2018
PA011004A	SERVE YOU CUSTOM PRESCRIPTION MGMT	391735466	SERVE YOU CUSTOM PRESCRIPTION MGMT	D0047772	Phar	Oth	-\$17.65	P89960751-05	EARL, MICHAEL J.	EARL, BRENDAN		10/2/2018	10/18/2018
PA011004A	SERVE YOU CUSTOM PRESCRIPTION MGMT	391735466	SERVE YOU CUSTOM PRESCRIPTION MGMT	D0047865	Phar	Oth	\$2,521.75	P89960751-05	EARL, MICHAEL J.	EARL, BRENDAN		10/3/2018	10/18/2018
PA011004A	SERVE YOU CUSTOM PRESCRIPTION MGMT	391735466	SERVE YOU CUSTOM PRESCRIPTION MGMT	D0048315	Phar	Oth	\$396.75	P89960751-05	EARL, MICHAEL J.	EARL, BRENDAN		10/9/2018	10/18/2018
PA011004A	SERVE YOU CUSTOM PRESCRIPTION MGMT	391735466	SERVE YOU CUSTOM PRESCRIPTION MGMT	D0048316	Phar	Oth	-\$396.75	P89960751-05	EARL, MICHAEL J.	EARL, BRENDAN		10/9/2018	10/18/2018
PA011004A	SERVE YOU CUSTOM PRESCRIPTION MGMT	391735466	SERVE YOU CUSTOM PRESCRIPTION MGMT	D0048339	Phar	Oth	\$396.75	P89960751-05	EARL, MICHAEL J.	EARL, BRENDAN		10/10/2018	10/18/2018
							\$2,936.15						

# MAKE CHECKS PAYABLE TO:

Case 18-30039 Claim 112-1 Part 4  
**Oak Brook Pediatrics & Adolescent Ctr**  
 3825 Highland Ave Ste 2  
 Downers Grove, IL 60515-1552

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Office Phone : (630) 971-6511  
 Billing Dept : (630) 757-0202

<input type="checkbox"/> MASTERCARD		<input type="checkbox"/> VISA		<input type="checkbox"/> DISCOVER		<input type="checkbox"/> AMEX	
CARD NUMBER				3 DIGIT CD		EXP. DATE	
SIGNATURE						AMOUNT	
STATEMENT DATE		PATIENT AMOUNT DUE		ACCOUNT NUMBER			
10/02/2018		923.00		25682			
ENTER CHECK NUMBER				SHOW AMOUNT PAID HERE \$			

PAYMENT IS DUE UPON RECEIPT

## REMIT TO:

**Oak Brook Pediatrics & Adolescent Ctr**  
 3825 Highland Ave Ste 2  
 Downers Grove, IL 60515-1552

12

MICHAEL J EARL  
 15 WOODLAND AVE  
 FOX LAKE, IL 60020-1832

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

## STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Guarantor: MICHAEL J EARL		10/02/2018	25682	923.00
DATE	PROCEDURE	DESCRIPTION	CHARGE	CRD/ADJ
<b>Patient: BRENDAN D EARL</b>		<b>Account Num: 11267</b>	<b>Date: 07/25/2018</b>	
<b>Claim: 26848</b>		<b>Provider: Stanislava Coufal, M.D.</b>		
2018-07-25	99394	WELL CARE VISIT 12-17 YEARS	199.00	
2018-07-25	36416	COLLECTION OF BLOOD SPECIMEN	31.00	
2018-07-25	85018	HEMAGLOBIN TEST	38.00	
2018-07-25	81002	URINALYSIS TEST	44.00	
2018-07-25	82947	GLUCOSE; QUANTITATIVE BLOOD	23.00	
2018-07-25	80061	LIPID PANEL	69.00	
2018-07-25		Your Balance Due On These Services ...		404.00
<b>Patient: MIKAYLA I EARL</b>		<b>Account Num: 11268</b>	<b>Date: 07/25/2018</b>	
<b>Claim: 26849</b>		<b>Provider: Stanislava Coufal, M.D.</b>		
2018-07-25	99394	WELL CARE VISIT 12-17 YEARS	199.00	
2018-07-25	92587	AUDIO SCREEN	115.00	
2018-07-25	36416	COLLECTION OF BLOOD SPECIMEN	31.00	
2018-07-25	85018	HEMAGLOBIN TEST	38.00	
2018-07-25	81002	URINALYSIS TEST	44.00	
2018-07-25	82947	GLUCOSE; QUANTITATIVE BLOOD	23.00	
2018-07-25	80061	LIPID PANEL	69.00	
2018-07-25		Your Balance Due On These Services ...		519.00
			<b>Amount Due:</b>	<b>923.00</b>

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

### Practice Address

Oak Brook Pediatrics & Adolescent Ctr  
 3825 Highland Ave Ste 2C  
 Downers Grove, IL 60515-1552

### Office Hours

Mon, Thur : 8:00 am to 7:00 pm  
 Tues, Wed, Fri : 8:00 am to 3:00 pm  
 Sat : 8:00 pm to 1:00 pm

Office Phone : (630) 971-6511  
 Billing Dept : (630) 757-0202

For all billing questions, call:

(630) 757-0202

(630) 971-6511



**PATHOLOGY REFERENCE LABORATORY, L.L.C.**P.O. BOX 2037  
SAN ANTONIO, TX 78297-2037**ACCOUNT STATEMENT / ESTADO DE CUENTA**BUSINESS HOURS:  
MONDAY-FRIDAY  
8:00 AM - 5:00 PMTOLL FREE # 1-866-603-0555  
FOR BILLING INQUIRIES 1-210-249-2800  
DIRIJA SUS PREGUNTAS AL 1-210-249-2800**PATIENT - ACCOUNT NUMBER / PACIENTE - NÚMERO DE CUENTA**

T3092555 ANGEL M BIXBY EARL

**STATEMENT DATE / FECHA**

01/16/19

**PAYMENT AMOUNT / SUMA**

\$

**ACCOUNT NAME / NOMBRE DE CUENTA**ANGEL M BIXBY EARL  
102 S HILL TOP DR  
BOERNE, TX 78006

THE FOLLOWING LABORATORY TESTS WERE PERFORMED FOR YOU AT THE REQUEST OF:

PHYSICIAN: ASHLEY WOLODZKO GLEAVES, M

PRI INS: CO CIGNA  
SEC INS:

RETURN TOP PORTION OF STATEMENT WITH PAYMENT / REGRESAR LA PORCIÓN DE ARRIBA CON SU PAGO

**\*\*\* FIRST NOTICE \*\*\***

YOUR INSURANCE HAS NOT PROCESSED YOUR CLAIM IN THE PAST 30 DAYS.

IT IS YOUR RESPONSIBILITY TO CALL YOUR INSURANCE OR CALL OUR OFFICE AT  
210-249-2800 TO VERIFY YOUR INSURANCE INFORMATION.

Date / Fecha	CPT Code / Clave	Description of Services Rendered / Descripción de Servicios	Charges / Cargos	Payments/Adj. / Pagos/Ajustes
09/14/18	88175	x 1 Cyto, Auto	95.00	
09/14/18	87624	x 1 HPV AMP PROBE - H	80.00	

Account Name / Nombre de Cuenta: ANGEL M BIXBY EARL  
Account No. / Número de Cuenta: T3092555Totals / Totales:  
Please pay / Favor de pagar

175.00

ONLINE PAYMENT: [www.pathreflab.com/payment](http://www.pathreflab.com/payment). MAJOR CREDIT CARDS ACCEPTED (SEE BACK)

MAKE CHECK OR MONEY ORDER PAYABLE TO: PATHOLOGY REFERENCE LABORATORY, L.L.C.

When sending payment, please include the patient account number. THANK YOU 1-210-249-2800

ACEPTAMOS TARJETAS DE CREDITO

HACER CHEQUE O GIRO POSTAL PAGADERO A: PATHOLOGY REFERENCE LABORATORY, L.L.C.

Favor de incluir el número de cuenta del paciente. Gracias

<b>#388 - Michael J. Earl</b>				<b>Voucher # (32481)</b>		<b>Pay Date: 12/21/2018</b>	
<b>CORP</b>				<b>Pay Period: 12/02/2018-12/15/2018</b>			

  

Earnings					
	Rate	Hours	YTD	Current	YTD
BON				7,500.00	7,500.00
HOL	55.29	8:00	64:00	442.31	3,538.48
SAL	55.29	80:00	1984:00	4,423.07	109,692.35
SAL	55.29	80:00		4,423.08	
SICK			32:00		1,769.24
VAC			88:00		4,865.39
VAC	55.29	57:45	57:45	3,192.91	3,192.91
<b>Gross Pay</b>				<b>19,981.37</b>	<b>130,558.37</b>

  

Deductions			
	Current	YTD	
401k		796.14	<sup>1</sup>
DENTAL125	27.54	695.36	<sup>2</sup>
FSA MED 125		2,446.08	<sup>2</sup>
LTD	68.25	1,285.88	
Loan 401K	110.69	2,228.99	
MED125	331.75	7,022.36	<sup>2</sup>
VISION125	8.25	214.50	<sup>2</sup>
VOL ACCIDENT	15.42	400.92	
VOL LIFE CHILD	0.78	20.28	
VOL LIFE EE	21.69	401.58	
VOL LIFE SPOUSE	10.85	200.70	
<b>Total</b>	<b>595.22</b>	<b>15,712.79</b>	

  

Taxes Withheld				
	Taxable	Taxable YTD	Current	YTD
FIT	19,613.83	119,383.93	3,109.57	11,144.64
FICA	19,613.83	120,180.07	1,216.05	7,451.16
MEDI	19,613.83	120,180.07	284.40	1,742.61
SIT:IL	19,613.83	119,383.93	924.99	5,375.29
<b>Total</b>			<b>5,535.01</b>	<b>25,713.70</b>

  

Company Paid Benefits		
	Current	YTD
MED125	463.31	11,465.48
FUTA		42.00
FICA	1,216.05	7,451.16
MEDI	284.40	1,742.61
SUTA:IL		68.03
<b>Total</b>	<b>1,963.76</b>	<b>20,769.28</b>

  

Tax Allowance Settings	
Federal:	Married/5
Illinois:	Allowances: 5
	Additional Allowances: 0

  

<sup>1</sup> Reduces your Federal & State Withholding Taxable Wage  
<sup>2</sup> Reduces your Federal Withholding, OASDI & Medicare Taxable Wage  
<sup>3</sup> For information purposes only. No effect on your net pay.

HOB0 Group - Multi-EIN 2650 Belvidere Road, Waukegan, IL 60085

1 of 1

**HOB0 Group - Multi-EIN**  
 2650 Belvidere Road  
 Waukegan, IL 60085

**Pay Date:** 12/21/2018  
**Voucher #:** (32481)

Deposited To The Account(s) Of	Deposit #	Account Type	Account #	Transit ABA	Deposit
Michael J. Earl	1	Checking	XXXXX7929	071000013	13,851.14

CORP 388 12/21/2018 (32481)

**Michael J. Earl**  
 15 Woodland Ave  
 Fox Lake, IL 60020

**NON-NEGOTIABLE - THIS IS NOT A CHECK**

**HOB0 Group - Multi-EIN**  
 2650 Belvidere Road  
 Waukegan, IL 60085

CORP 388 12/21/2018 (32481)

**Michael J. Earl**  
 15 Woodland Ave  
 Fox Lake, IL 60020

**PERSONAL & CONFIDENTIAL**



# 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:** (27465643)

**Claim No:** 112

**Status:**

Michael J Earl

*Original Filed*

*Filed by:* CR

102 S Hill Top Dr

*Date:* 01/28/2019

*Entered by:* EPoc ADI

Boerne, TX 78006-5941

*Original Entered*

*Modified:*

*Date:* 01/28/2019

Amount claimed: \$4799.21

Priority claimed: \$4799.21

*History:*

[Details](#)   [112-1](#)   01/28/2019 Claim #112 filed by Michael J Earl, Amount claimed: \$4799.21 (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>	\$4799.21
<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.**

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>	\$4799.21	
<b>Administrative</b>		