

Fill in this information to identify the case:

Debtor 1 Morgan Administration d/b/a Hobo

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois - Eastern Div

Case number 15-01145 (ABG)

**FILED**  
 UNITED STATES BANKRUPTCY COURT  
 NORTHERN DISTRICT OF ILLINOIS  
 JAN 29 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? Modern Material Handling Co., 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)

<p>Where should notices to the creditor be sent?</p> <p><u>Modern Material Handling</u>                  Name</p> <p><u>2 Commercial Dr.</u>                  Number Street</p> <p><u>Greenville SC 29607</u>                  City State ZIP Code</p> <p>Contact phone <u>(864) 242-9990</u></p> <p>Contact email <u>Ben@MMHCI.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____                  Name</p> <p>_____                  Number Street</p> <p>_____                  City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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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? \$ 10,498.00 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.  
Good Sold to HOBO

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:

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

\$ \_\_\_\_\_

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 1/24/2019  
MM / DD / YYYY

  
\_\_\_\_\_  
Signature

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

Name Tabitha Katrina Norton  
First name Middle name Last name

Title Accounts Payable/Receivable

Company Modern Material Handling Co., Inc  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2 Commercial Dr.  
Number Street

Greenville SC 29607  
City State ZIP Code

Contact phone (864) 242-9990 Email Tabitha@mmhcci.com



**Modern Material Handling Co., Inc.**

PO Box 5658  
 Greenville, SC 29606  
 Phone: 864-242-9990  
 Toll Free: 800-255-9390  
 Fax: 864-271-2892

**Invoice**

Date	S.O. No.	Invoice #
6/22/2018	15653	315620

Bill To
HOBO 2650 BELVIDERE ROAD WAUKEGAN, IL 60085

Ship To
HOBO HOBO 47 (708)-924-9155 7557 S. 78th AVENUE BRIDGEVILLE, IL 60455

Ordered By:	LMIL					
P.O. Number	Terms	Rep	Ship Date	Ship Via	Account #	SB
n000021270	Net 60	BR	6/6/2018	Direct	HOBO	

Item Code	Description	Ordered	U/M	Shipped	BKO	Unit Price	Ext Amount
GOL-7365	Hiker Boot SZ 8	17	ea	17	0	29.00	493.00
GOL-7365	Hiker Boot SZ 8.5	17	ea	17	0	29.00	493.00
GOL-7365	Hiker Boot SZ 9	17	ea	17	0	29.00	493.00
GOL-7365	Hiker Boot SZ 9.5	17	ea	17	0	29.00	493.00
GOL-7365	Hiker Boot SZ 10	17	ea	17	0	29.00	493.00
GOL-7365	Hiker Boot SZ 10.5	24	ea	24	0	29.00	696.00
GOL-7365	Hiker Boot SZ 11	34	ea	34	0	29.00	986.00
GOL-7365	Hiker Boot SZ 11.5	30	ea	30	0	29.00	870.00
GOL-7365	Hiker Boot SZ 12	34	ea	34	0	29.00	986.00
GOL-7365	Hiker Boot SZ 13	34	ea	34	0	29.00	986.00
GOL-7365	Hiker Boot SZ 8 Wide	10	ea	10	0	29.00	290.00
GOL-7365	Hiker Boot SZ 8.5 Wide	10	ea	10	0	29.00	290.00
GOL-7365	Hiker Boot SZ 9 Wide	10	ea	10	0	29.00	290.00
GOL-7365	Hiker Boot SZ 9.5 Wide	10	ea	10	0	29.00	290.00
GOL-7365	Hiker Boot SZ 10 Wide	10	ea	10	0	29.00	290.00
GOL-7365	Hiker Boot SZ 10.5 Wide	10	ea	10	0	29.00	290.00
GOL-7365	Hiker Boot SZ 11 Wide	17	ea	17	0	29.00	493.00
GOL-7365	Hiker Boot SZ 11.5 Wide	17	ea	17	0	29.00	493.00
GOL-7365	Hiker Boot SZ 12 Wide	17	ea	17	0	29.00	493.00
GOL-7365	Hiker Boot SZ 13 Wide	10	ea	10	0	29.00	290.00

Thank you for your order. We appreciate your business!	Sales Tax (0.0%)	\$0.00
	<b>Total</b>	<b>\$10,498.00</b>

NO DISCOUNT FOR CREDIT CARD PAYMENTS

# 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

<b>Creditor:</b> (27199701) MODERN MATERIAL HANDLING CO. PO BOX 5658 GREENVILLE, SC 29606	<b>Claim No: 115</b> <i>Original Filed</i> Date: 01/29/2019 <i>Original Entered</i> Date: 01/29/2019	<b>Status:</b> <i>Filed by:</i> CR <i>Entered by:</i> Kevin Lyons <i>Modified:</i>
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Amount claimed: \$10498.00

*History:*

[Details](#)    [115-](#) 01/29/2019 Claim #115 filed by MODERN MATERIAL HANDLING CO., Amount claimed: \$10498.00  
                   [1](#)                                      (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

<b>Total Amount Claimed*</b>	\$10498.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

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