

**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  
 2/5/2019  
 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>	The Guarantee _____ 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes. From whom? <u>Husky Flooring div. of La Compagnie Commonwealth Plywood Lte.</u>	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	The Guarantee _____ Name 1010 de la gaucheteire ouest bureau 1560 Montreal Qc H3B 2R4 CANADA  Contact phone <u>1 800 361 8603</u> Contact email <u>christelle.vert@lagarantie.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name  _____ 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 _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Who made the earlier filing? <u>Husky Flooring div. of La Compagnie Commonwealth Plywood Lte. / Mrs. Brigitte Parent</u>	

**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? \$ 167837.30  
 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 healthcare information.  
 Goods sold by Husky Flooring div. of La Compagnie Commonwealth Plywood Lte.  
 \_\_\_\_\_

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: \_\_\_\_\_

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
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><b>The person completing this proof of claim must sign and date it. FRBP 9011(b).</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><b>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.</b></p>	<p>Check the appropriate box:</p> <p><input type="checkbox"/> I am the creditor.</p> <p><input checked="" 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>2/5/2019</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ Christelle Vert</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Christelle Vert</u></p> <p style="text-align: center; font-size: small;">First name      Middle name      Last name</p> <p>Title <u>Claims adjuster , Specialty Lines</u></p> <p>Company <u>The Guarantee Company of North America</u></p> <p style="text-align: center; font-size: small;">Identify the corporate servicer as the company if the authorized agent is a servicer</p> <p>Address <u>1010 de la gaucheteire ouest bur. 1560</u></p> <p style="text-align: center; font-size: small;">Number Street</p> <p style="text-align: center; font-size: small;"><u>Montreal Qc H3B 2R4 CANADA,</u></p> <p style="text-align: center; font-size: small;">City State ZIP Code</p> <p>Contact phone <u>1 800 361 8603</u>      Email <u>christelle.vert@lagarantie.com</u></p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



**THE  
GUARANTEE®**

Montreal, February 5, 2019

**By online submission**

**Without prejudice**

United States Bankruptcy Court  
Northern District of Illinois – Eastern division  
219 S Dearborn, 7<sup>th</sup> Floor  
Chicago, IL 60604 United States

**Re:** In the matter of the Bankruptcy of Belvidere Associates LLC dba Home Owners Bargain Outlet (HOBO)

**Our insured** : La Compagnie Commonwealth Plywood Ltée.  
**Policy No.** : MIC000001502-01  
**Our file No.** : M18010109

---

Dear Sir/Madam,

On February 1<sup>st</sup>, 2017, The Guarantee Company of North America (hereinafter "GCNA") issued the above-mentioned Credit Insurance policy in favor of La Compagnie Commonwealth Plywood Ltée. by which the payment risk resulting from the delivery of goods or services is covered.

On November 14, 2018, GCNA received a claim from its insured, representing unpaid shipments to Belvidere Associates LLC dba Home Owners Bargain Outlet (HOBO). totaling \$ 167,837.30 USD. The claim presented was a covered loss pursuant to the terms and conditions of our policy and we paid a sum totaling \$ 180,000.00 CAD, net of all applicable deductions.

Moreover, La Compagnie Commonwealth Plywood Ltée. assigned, transferred and set over to us all of its rights, title and interests in the loss against Belvidere Associates LLC dba Home Owners Bargain Outlet (HOBO). For ease of reference, please refer to paragraph 5 of the "Release, Assignment and Subrogation enclosed herewith.

Under the circumstances, we hereby request that in respect of this debt, GCNA be listed as an unsecured creditor for the amount of \$ 167,837.30 USD.

In support of our claim, you will find enclosed copy of the following documents:

- Proof of claim;
- Statement of account;
- Release, Assignment and Subrogation dated January 17<sup>th</sup>, 2019 in favour of GCNA;
- Payment made to La Compagnie Commonwealth Plywood Ltée. in the amount of \$ 180,000.00 CAD.

.../2

Place du Canada - 1010 de la Gauchetière Street West, Suite 1560, Montréal, Québec H3B 2R4 | Tel: 514.866.6351 1.800.361.8603 | Fax: 514.866.0157



Proud Supporter of Brokers  
Displaying this Symbol

Excellence, Expertise, Experience ... Every time | [theguarantee.com](http://theguarantee.com)

Page 2

Should you require any further details, please do not hesitate to contact the undersigned.

We understand that you will keep us apprised of further developments in this matter.

Yours very truly,



Christelle Vert, BBA, CIP  
Claims Adjuster, Specialty Lines, Quebec  
[Christelle.vert@lagarantie.com](mailto:Christelle.vert@lagarantie.com)

Encl. Statement of account;  
Release, Assignment and Subrogation in favour of GCNA;  
Payment made to La Compagnie Commonwealth Plywood Ltée. in the amount of \$  
180,000.00 CAD.



**Insured** : La Compagnie Commonwealth Plywood Ltée.  
**Buyer** : Belvidere Associates LLC dba Home Owners Bargain Outlet (HOBO)  
**Insurer** : The Guarantee Company of North America (hereinafter GCNA)  
**Policy no.** : 1502-01  
**File no.** : M18010109

---

WHEREAS the Insured has represented to GCNA that the Buyer is indebted to the Insured for goods or services supplied by the Insured;

WHEREAS a credit insurance policy was in force in regards to the credit given to the above-mentioned Buyer, said policy having been issued by GCNA;

WHEREAS the Insured has presented a claim under the Policy for the amounts owed by the Buyer which represent the sum of USD \$ 167,837.30;

WHEREAS on or about October 25, 2018, the Buyer filed for Chapter 11 Bankruptcy Protection in the Northern District of Illinois;

WHEREAS the Insured and the Insurer have agreed to settle the claim on the basis that GCNA will pay the Insured the sum of CAD \$ 180,000.00;

WHEREAS the Insured has suffered no other loss in regards to the Buyer for which the credit insurance Policy provides or may provide coverage other than as set out herein;

NOW THEREFORE, in consideration of the payment by GCNA to the Insured of the sum of CAD \$ 180,000.00 and for other good and valuable consideration, receipt of which is hereby confirmed:

NOW THEREFORE, in consideration of the payment by GCNA to the Insured of the sum of CAD \$ 180,000.00, and for other good and valuable consideration, receipt of which is hereby confirmed:

1. The parties hereby agree that the recitals herein form an integral part of this Agreement;
2. The Insured hereby agrees that GCNA will pay the Insured a partial amount of CAD \$ 180,000.00 as a loss under the Policy;
3. The Insured hereby partially releases and forever discharges GCNA from any and all claims, actions and demands, made under any coverage provided by the Policy in regards to the above-mentioned Buyer, including all claims not now known or anticipated but which may arise in the future and all effects and consequences thereof;
4. The Insured acknowledges that pursuant to GCNA rights of subrogation, GCNA is hereby subrogated to all the rights or remedies of the Insured to the extent of the loss paid and that GCNA has full power and authority to demand or sue for the full value of the loss paid against the Buyer and any and all persons, firms, corporations, or other entities;



5. Further, the Insured, in consideration of the payment of the loss, does hereby assign, transfer and set over to GCNA all of its rights, title and interests in the loss against the Buyer identified herein, together with all securities and guarantees related thereto;
6. The Insured further represents that any portion of the claim assigned to GCNA that may not have been covered by the Policy specified above shall be handled by GCNA for the joint benefit of the Insured and of GCNA as their interests appear. The Insured agrees to transmit to GCNA any amounts hereafter received from the Buyer or its representative;
7. The Insured warrants the legal validity of the indebtedness for the amount of the claim and that there is no known defense, set of or counter-claim against it. It is agreed that GCNA is not liable for any legal or collection expenses incurred by the Insured prior to the date of this assignment;
8. The terms and conditions of the credit insurance Policy remain unchanged;

IN WITNESS WHEREOF, the insured has caused this document to be executed by its officers and authorized in that regard in the City of Ste-Therese, Province of Quebec, this 17 day of

January 2019.

Commonwealth Plywood Co.

Insured

Johnny D'ORAZIO  
Witness

Per

Per

Brigitte Parent Sr credit Manager  
[Signature]



PLANCHER HUSKY FLOORING  
 Div. of Commonwealth Plywood Co Ltd  
 805 Boul. Cristini, Lachute ,Qc, Canada  
 TEL:(450) 562-3515, FAX:(450) 562-8848  
 www.seasonsflooring.com

HOBO CORPORATE OFFICE  
 OAK CREEK DIST/ BELVIDERE ASS LLC  
 2650 BELVEDERE ROAD  
 WAUKEGAN, IL USA  
 60085

Fax:8472631298

Please remit to:
P.O. BOX 90 STE-THERESE, QC J7E 4H9

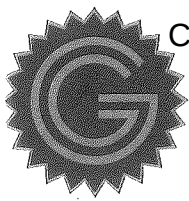
Date:	2018/10/31
Customer No.:	21-34987

DATE	INVOICE		REFERENCE	DEBIT	DISCOUNT	CREDIT	BALANCE
2018/07/13	2135227	I	214170501	48077.53			48077.53
2018/08/15	2135429	I	214195203	34941.74			34941.74
2018/09/07	2135558	I	214213502	38556.36			38556.36
2018/09/24	2135680	I	214229302	46261.67			46261.67
I-Invoice                      Q-RET'ND Cheque P-Payment                    M-Adjustment C-Credit Note							The Sum of: 167837.30

1-15	16-30	31-45	46-60	61-90	PLUS
0.00	0.00	46261.67	38556.36	34941.74	48077.53

STATEMENT





3324723

**THE GUARANTEE  
COMPANY OF NORTH AMERICA**

**LA GARANTIE  
COMPAGNIE D'ASSURANCE DE L'AMÉRIQUE DU NORD**

DATE DU PAIEMENT : 22 janvier 2019

LA COMPAGNIE COMMONWEALTH PLYWOOD LTEE  
15 BOUL LABELLE,  
SAINT-THERESE, QUEBEC  
J7E 4H9

A L'ORDRE DE : LA COMPAGNIE COMMONWEALTH PLYWOOD LTEE

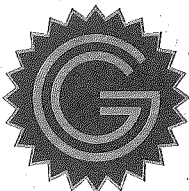
DESCRIPTION DU PAIEMENT : Paiement Final  
DETAILS : FINAL PAYMENT / LA COMPAGNIE COMMONWEALTH PLYWOOD LTÉE.  
BUYER : BELVIDERE ASSOCIATES LLC DBA HOME OWNERS  
BARGAIN OUTLET (HOB0) / M18010109

MONTANT DU PAIEMENT : \$180,000.00

NOM(S) DE L'ASSURE : LA COMPAGNIE COMMONWEALTH PLYWOOD LTEE

NUMERO DE POLICE : MIC000001502  
NUMERO DE RECLAMATION : M18010109  
TYPE DE PERTE : Assurance-crédit


DATE DE PERTE : 12/07/2018



**THE GUARANTEE  
COMPANY OF NORTH AMERICA**

**LA GARANTIE  
COMPAGNIE D'ASSURANCE DE L'AMÉRIQUE DU NORD**

Banque de Montréal, 630 boul. René-Lévesque ouest, Montréal, Québec, H3B 1S6  
02301-001

3324723 

22 01 2019

**EXACTEMENT 180,000 DOLLARS 00 CENTS** \$ 180,000.00

à LA COMPAGNIE COMMONWEALTH PLYWOOD LTEE \*\*\*

de

re: RECLAMATION M18010109



FINAL PAYMENT / LA COMPAGNIE COMMONWEALTH PLYWOOD LTÉE

BUYER : BELVIDERE ASSOCIATES LLC DBA HOME OWNERS

BARGAIN OUTLET (HOB0) / M18010109

*Julie Desrosiers*  
*Abi*  
Signataires autorisés

33247233 18010109 1190 2321

# 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

<i>Creditor:</i> (27508859)	<b>Claim No:</b> 117	<i>Status:</i>
The Guarantee	<i>Original Filed</i>	<i>Filed by:</i> CR
1010 de la gaucheteire ouest	<i>Date:</i> 02/05/2019	<i>Entered by:</i> EPoc ADI
bureau 1560	<i>Original Entered</i>	<i>Modified:</i>
Montreal Qc H3B 2R4	<i>Date:</i> 02/05/2019	
CANADA		

Amount claimed: \$167837.30

*History:*

[Details](#) [117-](#) 02/05/2019 Claim #117 filed by The Guarantee, Amount claimed: \$167837.30 (ADI, EPoc)  
1

*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>	\$167837.30
<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>		