

Fill in this information to identify the case:

Debtor 1 HOME OWNERS BARGAIN OUTLET (HOBO)

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: Northern District of Illinois

Case number 18-30039

FILED
 UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS

FEB 07 2019

JEFFREY P. ALLSTEADT, CLERK
 INTAKE 3

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? Reginald PEALS / MAE BODIE - PEALS
 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>Name <u>Reginald PEALS & Mae Bodie - PEALS</u></p> <p>Number Street <u>429 E. 48th Street</u></p> <p>City State ZIP Code <u>Chicago, IL 60615</u></p> <p>Contact phone <u>(773) 536-5382</u></p> <p>Contact email <u>PEALS1256@Yahoo.com</u> <u>and MaeBBodiePeals@MSN.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</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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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? \$ 2,026.80 Does this amount include interest or other charges?
(1,137.60 + 889.20) 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.
Credit card payments made to the debtor.

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:

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 checked="" 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).	\$ <u>2,026.80</u>
<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 4/01/19 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 02/06/2019
MM / DD / YYYY

Reginald Peals
Signature

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

Name Reginald Lamont PEALS
First name Middle name Last name

Title _____

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

Address 429 E. 48th Street
Number Street

Chicago, IL 60615
City State ZIP Code

Contact phone (773) 536-5382 Email PEALS12568@yahoo.com

THANK YOU FOR SHOPPING AT HOBQ
 HOBQ 22
 7630 ROOSEVELT RD
 FOREST PARK, IL
 60130
 (708) 488-9800

FP Retail Associates LLC
7630 ROOSEVELT RD
FOREST PARK, IL
60130
PHONE: (708) 488-9800

08/01/18 2:32PM NSPI 31 ORDER

CUSTOMER: 72643 JOB:000
 TERMS: CASH/CHECK/BANKCARD

SUB-TOTAL:\$ 1222.00 TAX: \$.00
 TOTAL: \$ 1222.00
 BC AMT: \$ 1222.00

73-805-5382 REFERENCE: K* SUPREME INSTALL U4 1

ORDE

BK CARD#: XXXXXXXXXXXX2770
 MID: 324990119996
 AUTH: 617583 AMT: \$ 1222.00
 Host reference #:297642 Bat#

Authorizing Network: MASTERCARD

Chip Read
 CARD TYPE:MASTERCARD EXPR: XXXX
 AID : A0000000041010
 TVR : 0000048000
 IAD : 011460700122000076A3000000000000
 TSI : E800
 ARC : 00
 MODE : Issuer
 CVM : Verified by PIN
 Name : MASTERCARD DEBIT
 ATC :0008
 AC : A68CF4EDEC2658F8
 TxnID/ValCode: 004252

DESCRIPTION	SUGG	PR
SPECIAL ORDER SUPREME INSTALLS ORDERS NOT COMPLETED / INSTALLED WITHIN 60 DAYS OF DEPOSIT ARE SUBJECT TO REPRICING BASED ON CURRENT MARKET PRICE. IAE BODIE-PEALS 29 E. 48TH ST. CHICAGO, IL 60615 73.805.5382 DESIGNER: DEBI ALPORT ORIGINAL QUOTE 1607 LESS CREDIT 185 FOR MEASURE KABINART % OFF DISCOUNT CREDIT RETURN		14
-1 EA SOKART % OFF		21



THANK YOU FOR SHOPPING AT HOBO
HOBO 22
7630 ROOSEVELT RD
FOREST PARK, IL
60130
(708) 488-9800

THANK YOU FOR SHOPPING AT HOBO
~~HOBO 22~~
7630 ROOSEVELT RD
FOREST PARK, IL
60130
(708) 488-9800

08/03/18 2:11PM NSPI 31 ORDER

08/01/18 2:30PM NSPI 31 ORDER

SUB-TOTAL:\$ 1235.00 TAX: \$ 123.50
TOTAL: \$ 1358.50
BC AMT: \$ 1358.50

SUB-TOTAL:\$ 1691.68 TAX: \$ 169.17
TOTAL: \$ 1860.85
BC AMT: \$ 1860.85

BK CARD#: XXXXXXXXXXXX2770
MID: 324990119996
AUTH: 022385 AMT: \$ 1358.50
Host reference #:298462 Bat#

BK CARD#: XXXXXXXXXXXX2770
MID: 324990119996
AUTH: 615798 AMT: \$ 1860.85
Host reference #:297641 Bat#

Authorizing Network: MASTERCARD

Authorizing Network: MASTERCARD

Chip Read
CARD TYPE:MASTERCARD EXPR: XXXX
AID : A0000000041010
TVR : 0000048000
IAD : 01146070012200004D9C000000000000
TSI : E800
ARC : 00
MODE : Issuer
CVM : Verified by PIN
Name : MASTERCARD DEBIT
ATC :000A
AC : B4F027A27779FBED
TxnID/ValCode: 007417

Chip Read
CARD TYPE:MASTERCARD EXPR: XXXX
AID : A0000000041010
TVR : 0000048000
IAD : 0114607001220000C3B5000000000000
TSI : E800
ARC : 00
MODE : Issuer
CVM : Verified by PIN
Name : MASTERCARD DEBIT
ATC :0007
AC : E285A1C56A2050C6
TxnID/ValCode: 004244

Bank card USD\$ 1358.50
DEPOSIT : 1358.50

Bank card USD\$ 1860.85
DEPOSIT : 1860.85



ORDER# 298456/22
CUST NO: 72643



ORDER# 297563/22
CUST NO: 72643

THANK YOU MAE B PEALS BODIE
FOR YOUR PATRONAGE

Acct: MAE BODIE-PEALS
REF: K* PARAMNT TAN BRWN DA 1

Customer Copy

THANK YOU MAE B PEALS BODIE
FOR YOUR PATRONAGE

Acct: MAE BODIE-PEALS
REF: K* KWQ PR CC U4 1

Customer Copy

- ALL RETURNS AND EXCHANGES MUST BE IN ORIGINAL CONDITION IN FACTORY SEALED CARTON AND ACCOMPANIED BY ORIGINAL REGISTER RECEIPT WITHIN 30 DAYS OF PURCHASE.
- HOBO RESERVES THE RIGHT TO DENY ANY RETURN OR EXCHANGE AND MAY REQUEST IDENTIFICATION AS A CONDITION OF RETURN OR EXCHANGE.
- SPECIAL ORDER, CUSTOM, AND MANUFACTURER DIRECT ITEMS ARE NON-REFUNDABLE.
- GIFT CARDS ARE NON-REFUNDABLE AND LOST OR STOLEN GIFT CARDS ARE NON-REPLACEABLE.
- PLEASE SEE FULL RETURN POLICY FOR

- ALL RETURNS AND EXCHANGES MUST BE IN ORIGINAL CONDITION IN FACTORY SEALED CARTON AND ACCOMPANIED BY ORIGINAL REGISTER RECEIPT WITHIN 30 DAYS OF PURCHASE.
- HOBO RESERVES THE RIGHT TO DENY ANY RETURN OR EXCHANGE AND MAY REQUEST IDENTIFICATION AS A CONDITION OF RETURN OR EXCHANGE.
- SPECIAL ORDER, CUSTOM, AND MANUFACTURER DIRECT ITEMS ARE NON-REFUNDABLE.
- GIFT CARDS ARE NON-REFUNDABLE AND LOST OR STOLEN GIFT CARDS ARE NON-REPLACEABLE.

73-80
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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: (27519977)
Reginald and Mae Bodie- Peals
429 E. 48th Street
Chicago, IL 60615

Claim No: 122
Original Filed
Date: 02/07/2019
Original Entered
Date: 02/08/2019

Status:
Filed by: CR
Entered by: Melissa Myers
Modified:

Amount claimed: \$2026.80

Priority claimed: \$2026.80

History:

[Details](#) [122-1](#) 02/07/2019 Claim #122 filed by Reginald and Mae Bodie- Peals, Amount claimed: \$2026.80
(Myers, Melissa)

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*	\$2026.80
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	\$2026.80	
Administrative		