

Fill in this information to identify the case:

Debtor 1 Morgan Administration, Inc.

Debtor 2 _____
(Spouse, if filing)

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

Case number 18-30039

RECEIVED
NOV 13 2019
BMC GROUP

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?

Elidia Villogomez
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)

Where should notices to the creditor be sent?

Elidia Villogomez
Name
8346 S. Melvina Ave.
Number Street
Burbank IL 60459
City State ZIP Code

Contact phone 773/620-0047

Contact email elidiavillogomez@yahoo.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

Where should payments to the creditor be sent? (if different)

Elidia Villogomez
Name
8346 S. Melvina Ave.
Number Street
Burbank IL 60459
City State ZIP Code

Contact phone 773/522-8400

Contact email 9 AM TO 5 PM

4. Does this claim amend one already filed?

☐ No

☒ Yes. Claim number on court claims registry (if known) _____

Filed on 11-23-2018
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? \$ 1,136.26 ~~1000~~ 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.

Kitchen Cabinets / Furniture,

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 11 04 2019
MM / DD / YYYY

Elidia Villagomez
Signature

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

Name Elidia E Villagomez
First name Middle name Last name

Title _____

Company _____

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

Address 8346 S. Melvina Ave.
Number Street

Burbank IL 60459
City State ZIP Code

Contact phone 773 / 620 0047 Email elidiavillagomez@yahoo.com



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: 0 0 5 6

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Furniture (Kitchen Cabinets)

9. Is all or part of the claim secured?

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☐ Yes. The claim is secured by a lien on property.

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☐ Other. Describe: _____

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Value of property. \$ _____

Amount of the claim that is secured: \$ _____

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Annual Interest Rate (when case was filed) _____ %

☐ Fixed

☐ Variable

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11. Is this claim subject to a right of setoff?

☒ No

☐ Yes. Identify the property: _____

Fill in this information to identify the case

Debtor 1 _____

Debtor 2 _____
(Spouse, if filing)

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

Case number 15-30056

Official Form 410

Proof of Claim

04/16

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Where should notices to the creditor be sent?

Elidia Villagomez
Name

8346 S. Melvina Ave.
Number Street

Burbank IL 60459
City State ZIP Code

Contact phone 773/620-0047

Contact email elidiavillagomez@yahoo.com

Where should payments to the creditor be sent? (if different)

Name _____

Number _____

Street _____

City _____

State _____

ZIP Code _____

Contact phone _____

Contact email _____

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) _____

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? _____

Filed on _____

MM / DD / YYYY

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.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

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Sign Below

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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 11 23 2018
MM / DD / YYYY

Elidia Villagomez
Signature

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

Name

Elidia
First name

F.
Middle name

Villagomez
Last name

Title

Company

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

Address

8346 S. Melvina Ave.
Number Street

Burbank
City

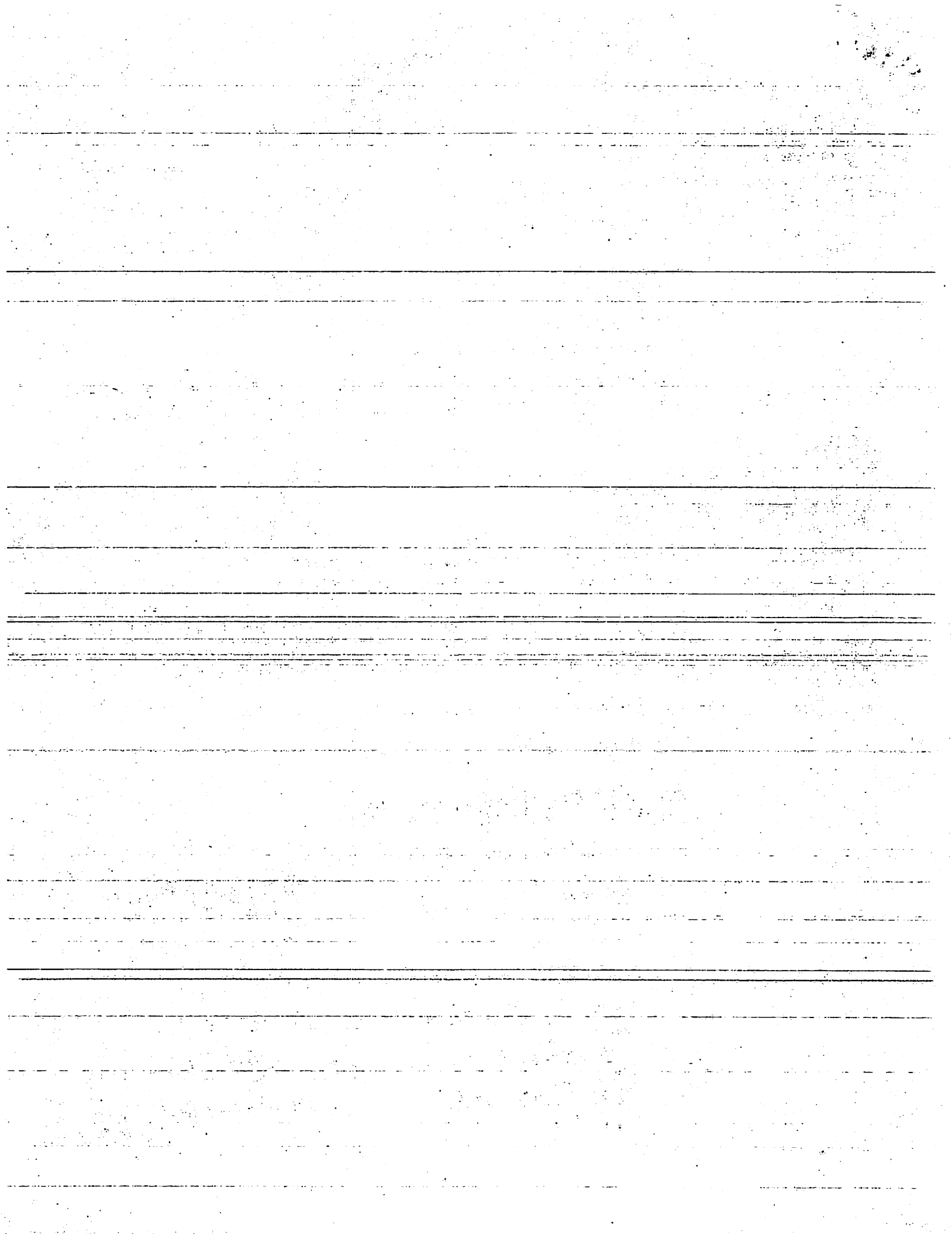
IL 60459
State ZIP Code

Contact phone

773/620-0047

Email

elidiavillagomez@
yahoo.com



THANK YOU FOR SHOPPING AT HOBO
HOBO 25
8716 S CICERO
OAK LAWN, IL
(708) 423-4656

10/06/18 4:07PM DBRA 108 ORDER

SUB-TOTAL:\$ 1035.32 TAX: \$ 100.94
TOTAL: \$ 1136.26
BC AMT: \$ 1136.26

Ek CARD#: XXXXXXXXXXXX8557
MID: 324190451990
AUTH: 140351 AMT: \$ 1136.26
Host reference #:312260 Bat#

Authorizing Network: VISA

Chip Read
CARD TYPE:VISA EXPR: XXXX
AID : A00C0000031010
TVR : 808C003000
IAD : 06010A336C0000
TSI : 6800
ARC : 00
MODE : Issuer
CVM :
Name : VISA DEBIT
ATC :0241
AC : F96A5712AD60DA51
TxnID/ValCode: 115805

Bank card USD\$ 1136.26
DEPOSIT : 1136.26

- ALL RETURNS AND EXCHANGES MUST BE IN ORIGINAL CONDITION IN FACTORY SEALED CARTON AND ACCOMPANIED BY ORIGINAL REGISTER RECEIPT WITHIN 30 DAYS OF PURCHASE.

- HOBBO 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-REPLACABLE.

- PLEASE SEE FULL RETURN POLICY FOR ADDITIONAL EXCLUSIONS / LIMITATIONS

- Text BARGAIN to 555688 to join the Bergain Squad and receive exclusive subscriber benefits and savings!!!

Customer Copy

Name : X

I agree to pay above total amount according to card issuer agreement (merchant agreement if credit voucher)

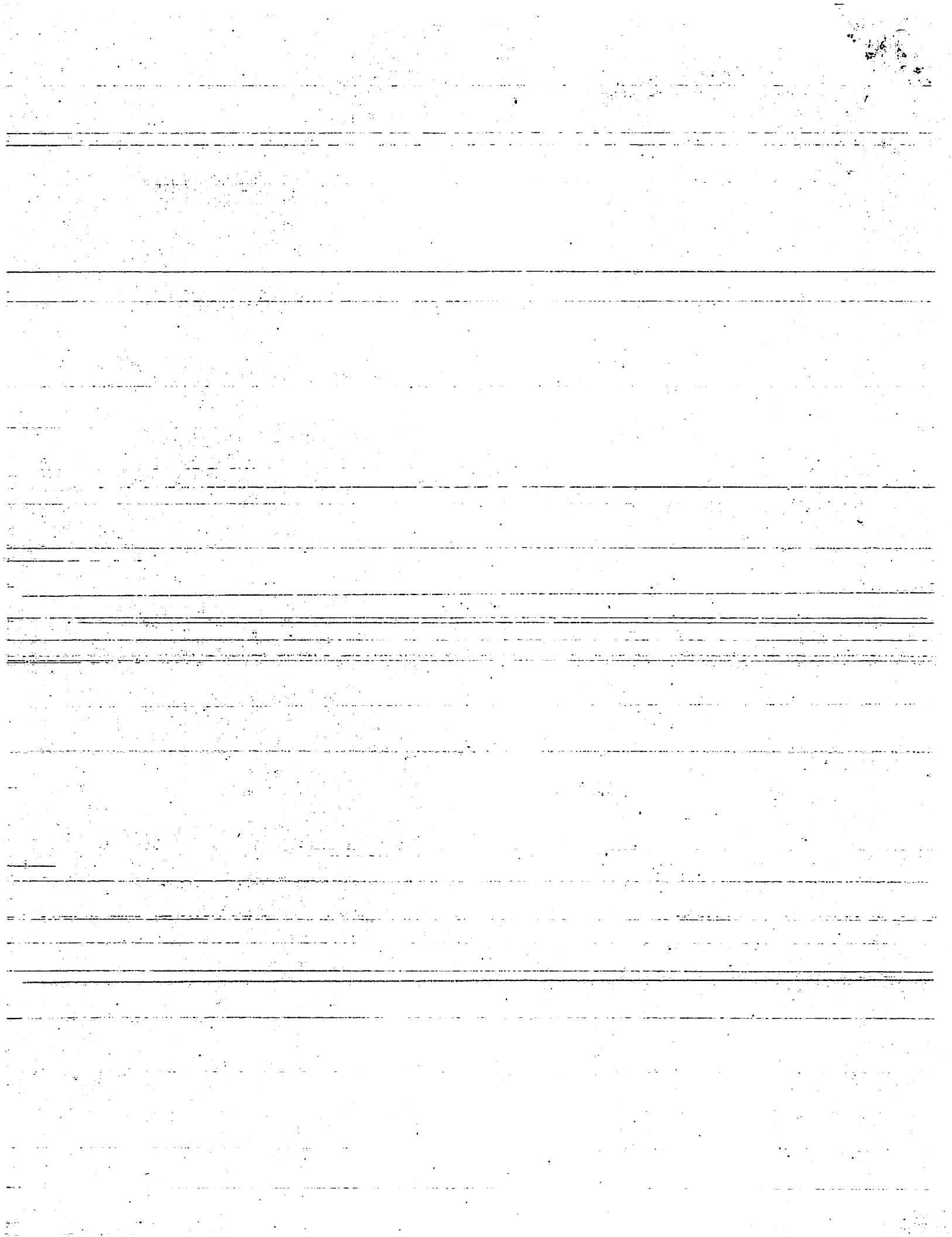
Acct: ELIDAI VILLAGOMEZ

Elida Villagomez

THANK YOU ELIDIA F VILLAGOMEZ FOR YOUR PATRONAGE

ORDER# 312253/25 CUST NO: 64775





UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re:) Chapter 11
)
Morgan Administration, Inc., *et al.* d/b/a) Case No. 18-30039
Home Owners Bargain Outlet,¹) (Jointly Administered)
)
Debtors and Debtors in Possession) Hon. Jacqueline P. Cox

NOTICE OF CONFIRMATION AND EFFECTIVE DATE OF JOINT PLAN OF LIQUIDATION OF
MORGAN ADMINISTRATION, INC., *et al.* & ESTABLISHMENT OF BAR DATES

By order of the court, to all parties in interest, please take notice that:

1. Plan Confirmation

On September 13, 2019, Morgan Administration, Inc., and its related debtors-in-possession in the above-captioned chapter 11 proceedings (the “*Debtors*”) jointly with the Official Committee of Unsecured Creditors obtained an order confirming the *First Amended Joint Chapter 11 Liquidating Plan* (Dkt. 258) (the “*Plan*”) from the United States Bankruptcy Court for the Northern District of Illinois (the “*Bankruptcy Court*”). A copy of the order confirming the Plan (the “*Confirmation Order*”) is attached to this notice as **Exhibit A**. Pursuant to the Plan and Confirmation Order, Sandor Jacobson has been named as the Creditor Trustee (the “*Trustee*”).

2. Effective Date of the Plan

With all conditions to the Effective Date set forth in Section VI.A of the Plan having been satisfied and no stay of the Confirmation Order is in effect, the Effective Date of the Plan is deemed to be October 15, 2019 (the “*Effective Date*”).

3. Administrative Claims Bar Date

A claim asserting a right to payment under § 503(b) of the Bankruptcy Code for administrative expense claims not paid as of the Effective Date of the Plan must be filed by **November 14, 2019**. Any claims asserted as entitled to payment under § 503(b) of the Bankruptcy Code for which a request for payment is not timely filed by November 14, 2019 will be automatically disallowed, barred from assertion, and will not be enforceable.

¹ The Debtors in these cases, along with the last four digits of each Debtor’s federal tax identification number, are: Morgan Administration, Inc. (4200); Belvidere Associates LLC (8559); FP Retail Associates LLC (0915); Hillcrest Enterprises, LLC (4581); Jular Media LLC (0805); KLS Acquisition Corp. (0925); Loomis Enterprises LLC (5451); North Avenue Associates LLC (3229); Oak Creek Distribution LLC (0634); OL Enterprises LLC (9401); and Deforab LLC (9348).

against the Debtors or the Debtors' bankruptcy estates or property. This provision does not apply to retained case professionals (see section 6 below).

4. Rejection Damages Claims Bar Date

Any party who wishes to file a proof of claim based on the rejection of an executory contract or unexpired lease as a consequence of Plan confirmation (each a "**Confirmation Rejection Claim**") must be filed by **November 14, 2019**. Any Confirmation Rejection Claim for which a proof of claim is not timely filed by November 14, 2019 will be automatically disallowed, barred from assertion, and will not be enforceable against the Debtors or the Debtors' bankruptcy estates or property.

All allowed claims arising from the rejection of an executory contract or unexpired lease shall be classified as Class 5 General Unsecured Claims.

Note: the bar date for claims for rejection damages arising from orders entered prior to confirmation are governed by such prior orders of the Court.

5. Procedure for Filing Proofs of Rejection Damage Claims & § 503(b) Payment Requests

A party wishing to file a claim for rejection damages should obtain a copy of the claim form, and instructions on filing the claim, at the following link:

<http://www.bmcgroup.com/HOBOContractRej>.

All claims for rejection damages must be delivered **no later than the November 14, 2019 deadline** (a) by email to hobo@bmcgroup.com; or (b) by mail to BMC Group, Inc., Attn: HOB0 Claims Processing, PO Box 90100, Los Angeles, CA 90009.

A party wishing to file a request for payment under § 503(b) of the Bankruptcy Code for administrative expense claims not paid as of the Effective Date of the Plan (other than a request of any retained case professionals) **must file such request with the Bankruptcy Court no later than November 14, 2019.**

6. Deadline for Case Professionals to Apply for Allowance of Fees & Reimbursement of Expenses

An application of a retained case professional for allowance of fees and reimbursement of expenses incurred in these chapter 11 cases must be filed no later than 45 days after the Effective Date of the Plan.

7. Effect of Bar Dates on Claims

On the Effective Date of the Plan, any claim of any sort filed or asserted after the relevant bar date or deadline for filing such claim will be deemed disallowed in full, and with prejudice, except to the extent that treatment of such claim is subject to a prior order of the

Bankruptcy Court or is the subject of a contested proceeding that remains unresolved on the Effective Date. Prior bar dates established in these chapter 11 cases and rights and obligations established by such bar dates are incorporated into and otherwise unaffected by the Plan.

8. Inquiries

If you have any questions regarding this Notice, you should contact the Trustee at creditor.trustee@plantemoran.com (reference "HOB0 Plan Inquiry" in the subject line) or by calling 312-928-5387.

9. Inconsistencies

To the extent that there is any inconsistency between this Notice and the Plan or the Confirmation Order, the provisions of the Plan or the Confirmation Order, as applicable, govern.

Fill in this information to identify the case:

Debtor 1 Morgan

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the Eastern Division District of Northern, District of Illinois

Case number 15-30056

FILED
 UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS
 FEB 14 2019
 JEFFREY P. ALLSTEADT, CLERK
 TEAM - CA

Official Form 410

Proof of Claim

04/16

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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 I Identify the Claim

1. Who is the current creditor?

Elidia Villagomez
 Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

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☐ Yes. From whom? _____

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Where should notices to the creditor be sent?

Elidia Villagomez
 Name
8346 S. Melvina Ave.
 Number Street
Burbank IL 60459
 City State ZIP Code

Where should payments to the creditor be sent? (if different)

 Name

 Number Street

 City State ZIP Code

Contact phone 773/620-0047

Contact email elidiavillagomez@yahoo.com.

Contact phone _____
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Filed on _____
 MM / DD / YYYY

Official Form 410

Proof of Claim

page 1

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:

0056

7. How much is the claim?

\$1,136.26

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.

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Furniture (Kitchen Cabinets)

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Basis for perfection:

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Amount entitled to priority

\$ _____

\$ _____

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Executed on date 11 23 2018
MM / DD / YYYY

Elidia Villagomez
Signature

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

Name

Elidia
First name

F.
Middle name

Villagomez
Last name

Title

Company

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

Address

8346 S. Melvina Ave.
Number Street

Burbank
City

IL 60459
State ZIP Code

Contact phone

773/620-0047

Email

elidiavillagomez@yahoo.com

THANK YOU FOR SHOPPING AT HOB0

HOB0 25
8716 S CICERO
OAK LAWN, IL
(708) 423-4656

10/06/18 4:07PM DBRA 108 ORDER

SUB-TOTAL:\$ 1035.32 TAX:\$ 100.94
TOTAL:\$ 1136.26
BC AMT:\$ 1136.26

EM CARD#: XXXXXXXXXXXX3557
MID: 324190451990
AUTH: 140351 AMT:\$ 1136.26
Host reference #:312260 Bat#

Authorizing Network: VISA

Chip Read
CARD TYPE:VISA EXPR: XXXX
AID : A00C0000031010
TVR : 808C003000
IAD : 06010A03600000
TSI : 6800
ARC : 00
MODE : Issuer
CVM :
Name : VISA DEBIT
ATC : 0241
AC : F96A5712AD60DA51
TxnID/ValCode: 115805

Bank card USD\$ 1136.26
DEPOSIT : 1136.26



ORDER# 312253/25
CUST NO: 64775

THANK YOU ELIDIA F VILLAGOMEZ
FOR YOUR PATRONAGE

Elidia Villagomez

Name : X
I agree to pay above total amount
according to card issuer agreement
(merchant agreement if credit voucher)
Acct: ELIDAI VILLAGOMEZ

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 ADDITIONAL EXCLUSIONS / LIMITATIONS
- Text BARGAIN to 555688 to join the Bargain Squad and receive exclusive subscriber benefits and savings!!!

PROOF OF CLAIM FILING INFORMATION FOR

MORGAN ADMINISTRATION, INC.

CASE NO. 18-30039

US BANKRUPTCY COURT, NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

Debtor Name	Case Number
Morgan Administration, Inc.	18-30039
Belvidere Associates LLC	18-30043
DeForab LLC	18-30057
FP Retail Associates LLC	18-30046
Hillcrest Enterprises, LLC	18-30047
Jular Media LLC	18-30050
KLS Acquisition Corp.	18-30052
Loomis Enterprises LLC	18-30053
North Avenue Associates LLC	18-30054
Oak Creek Distribution LLC	18-30055
OL Enterprises LLC	15-30056

should be 18-30056

General Bar Date: TBD

General Administrative Bar Date: TBD

Governmental Bar Date: TBD

NOTE: The Bar Date motion has not been filed. Until such time, you may send completed Proofs of Claims to:

US Bankruptcy Court – Northern District of Illinois – Eastern Division
Everett McKinley Dirksen United States Courthouse
219 South Dearborn Street
Chicago, IL 60604

*this is the address I sent
my information, I see is
very different of*

I mailed 11-23-18

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: (27552091)
ELIDIA VILLAGOMEZ
8346 S. MELVINA AVE
BURBANK, IL 60459

Claim No: 125
Original Filed
Date: 02/14/2019
Original Entered
Date: 02/14/2019

Status:
Filed by: CR
Entered by: Kimetha Collier
Modified:

Amount claimed: \$1136.26

History:

[Details](#) [125-1](#) 02/14/2019 Claim #125 filed by ELIDIA VILLAGOMEZ, Amount claimed: \$1136.26 (Collier, Kimetha)

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*	\$1136.26
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		