

FILED
 UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS
 MAR 11 2019
 JEFFREY P. ALLSTEADT, CLERK
 TEAM - CA

Fill in this information to identify the case:

Debtor 1 Morgan Administration Inc.

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the _____ District of _____

Case number 18-30039

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?

Janet Sutton
 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?

Janet Lynn Sutton
 Name
277 Hickory Ln
 Number Street
Antioch IL 60002
 City State ZIP Code

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

same
 Name
 Number Street
 City State ZIP Code

Contact phone 719 772 5023
 Contact email jsutton1961@yahoo.com

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

4. Does this claim amend one already filed?

No additional claim for medical bills
 Yes. Claim number on court claims registry (if known) _____ Filed on 1 / 2019
 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? _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

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).

\$ 386⁰⁰

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 2 6 2019
MM / DD / YYYY

Janet Lynn Sutton
Signature

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

Name Janet Lynn Sutton
First name Middle name Last name

Title self

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

Address 211 Hickory Ln.
Number Street

Antioch IL 60002
City State ZIP Code

Contact phone 779 772 5023 Email jlsutton1961@

yanco.com

Stephen J. Clark M.D., P.C.

3021 Falling Waters Blvd. S-A
Lindenhurst, IL 60046-6745
Return Service Requested



For Billing questions please contact:
847-356-9300 Option #8, & Option #2

010210

NEX10K 1214328 613762818

Janet Sutton



Antioch, IL 60002-1632



Account No	Statement Date	Previous Balance	Amount Due
SUTJA001	01/11/2019	0.00	125.00
Mail Pay	Enter Payment Amount		\$
by Check	Payable To: Stephen J. Clark M.D., P.C.	Check No.	
by Card	Select Card: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/> AMEX		
Card No.			Exp. Date
Signature			3-4 Digit Security Code
Online Pay	MyProviderLink.com (Form ID: 227282642)		

Stephen J. Clark M.D., P.C.
3021 Falling Waters Blvd. S-A
Lindenhurst, IL 60046-6745



Check if your billing information has changed. Provide update(s) above or on the reverse side.

Please detach and return top portion with payment

PLEASE NOTE: WE NOW OFFER ONLINE PAYMENTS TO YOUR ACCOUNT. SEE ABOVE ONLINE PAY FOR WEBSITE.

Messages

- Note: There is a fee for missed appt. or failure to give 24 hr. notice before the appt.
- All NSF checks returned are charged a \$35 fee.

Statement Detail		Statement Date 1/11/2019				Account No SUTJA001		
Date	Name	Description	Charge	Paid by Insurance	Deductible	Paid by Guarantor	Adjustments	Remainder
09/17/18	Janet Sutton	Office/outpatient visit, est, mod	150.00			-25.00	✓	125.00
						<i>Co-pay</i>		

Account Summary	Previous Balance	New Charges	Payments & Credits	Adjustments
	0.00	0.00	0.00	0.00

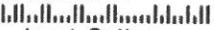
Amount Due
125.00

Make Checks Payable To:

Eye Care Center Of Lake County, Ltd
 310 S Greenleaf St
 Suite 209
 Gurnee, IL 60031-5708

STATEMENT

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard <input type="checkbox"/> VISA
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
01/28/2019	\$100.00	0001000000016003
SHOW AMOUNT PAID HERE \$		

ADDRESSEE:

 Janet Sutton
 Antioch, IL 60002
 USA

REMIT TO:

 Eye Care Center Of Lake County, Ltd
 310 S Greenleaf St
 Suite 209
 Gurnee, IL 60031-5708
 (847) 244-1657

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

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Date	Patient	Provider	Service	Description of Service	Charge	Insurance Receipt	Patient Receipt	Adjust	Insurance Balance	Patient Balance
10/11/18	Janet	Becker	92002	New Intermediate Exam	\$125.00	\$0.00	\$25.00 ✓	\$0.00	\$0.00	\$100.00

DID YOU KNOW, YOU CAN NOW PAY YOUR BILL THRU PATIENT PORTAL. QUESTIONS, CONTACT THE BILLING OFFICE

copy

Account Number	Current	30 Days	60 Days	90 Days	120 Days	Total Account Balance
0001000000016003	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00

MESSAGE:

Please Pay This
 AMOUNT >>>> \$100.00

**** PAYMENT DUE UPON RECEIPT *THANK YOU **
 STATEMENT**

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> (27625731)	Claim No: 129	<i>Status:</i>
JANET SUTTON	<i>Original Filed</i>	<i>Filed by:</i> CR
277 HICKORY LANE	<i>Date:</i> 03/11/2019	<i>Entered by:</i> Kimetha Collier
ANTIOCH, IL 60002	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 03/11/2019	

Amount claimed: \$386.00
Priority claimed: \$386.00

History:

[Details](#) [129-](#) 03/11/2019 Claim #129 filed by JANET SUTTON, Amount claimed: \$386.00 (Collier, Kimetha)
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

Total Amount Claimed*	\$386.00
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	\$386.00	
Administrative		