

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 14 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?
 Glenda C. Lacson
 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? Glenda Lacson Name 1859 Gatewood Drive Number Street Gurnee IL 60031 City State ZIP Code Contact phone <u>224-381-3099</u> Contact email <u>lacsong88@gmail.com</u>	Where should payments to the creditor be sent? (if different) same information as for "notices" Name Number Street City State ZIP Code Contact phone _____ Contact email _____
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Uniform claim identifier for electronic payments in chapter 13 (if you use one):
 BK no. 18-30039

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: H O B O

7. How much is the claim? \$ 966.74 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.
Goods sold and services performed (kitchen renovation)

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)?

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). \$ _____
 - 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 11/14/2019
MM / DD / YYYY

Glenda ll
Signature

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

Name Glenda Cabalatangan Lacson
First name Middle name Last name

Title Creditor

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

Address 1859 Gatewood Drive
Number Street

Gurnee IL 60031
City State ZIP Code

Contact phone 224-381-3099 Email lacsong88@gmail.com



INSTALLATION CONTRACT

Please read the contract below. If you have any questions, please address them with your salesperson prior to signing this document.

PURCHASER INFORMATION

NAME	Luigi and Glenda Lacson
ADDRESS	1859 Gatewood Dr
CITY, ST, ZIP	Gurnee, IL 60031
PHONE	847-344-8691
ALT PHONE	
EMAIL	lacsong88@gmail.com

SALE INFORMATION

SALESPERSON	Bill Houge
DATE OF SALE	7/22/18
TYPE OF CABINET	KOUNTRY WOOD
FINAL PRICE	2474
PROMO?	
INSTALLED BY	

HOBO WILL ARRANGE FOR THE VENDOR LISTED ABOVE TO COMPLETE (purchaser to initial all applicable)

- Measurement for fabrication of the cabinetry
- Delivery of the cabinetry
- Installation of the cabinetry

INSTALLATION ADDRESS (IF DIFFERENT)

NAME	
ADDRESS	
CITY, ST, ZIP	

- HOBO AND/OR ITS INSTALLATION VENDOR DOES NOT PARTICIPATE IN THE INSTALLATION OR MODIFICATION OF ANY PRODUCT NOT PURCHASED AT HOBO.
- HOBO DOES NOT OFFER AND IS NOT LIABLE FOR ANY LABOR PERFORMED BY VENDOR LISTED ABOVE FOR ANYTHING BUT CABINETRY. THIS INCLUDES, BUT IS NOT LIMITED TO: PLUMBING, ELECTRICAL, DRYWALL, PAINTING, FLOORING, FRAMING, APPLIANCE INSTALLATION.
- I WILL ALLOW THE INSTALLATION VENDOR TO, WITH ITS BEST EFFORT, REASONABLY REPAIR ANY CABINETRY OR ACCESSORY DURING THE INSTALLATION PROCESS. I UNDERSTAND THAT THIS IS PART OF THE NORMAL INSTALLATION PROCESS.
- HOBO, ITS OWNERS AND EMPLOYEES ARE NOT RESPONSIBLE FOR ANY ERRORS, DAMAGE OR DEFECTS DURING MEASUREMENT, DELIVERY, AND/OR INSTALLATION OF PRODUCTS PURCHASED UNDER THIS ORDER CONTRACT.

I have read and understand the above. By signing this document, I am in complete acceptance and understand what is being ordered for my project. I also have reviewed, accepted and signed all required forms shown above.

Luigi Lacson 7/22/18
Purchaser Signature Date

Bill Houge 7-22-18
Sales Associate Signature Date

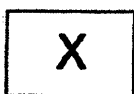
PLEASE CONTACT THIS HOBO STORE WITH ANY QUESTIONS



HOBO #21
800 S. 108th
West Allis, WI
PH: (414) 302-4826
FX: (414) 302-4830



HOBO #23
1693 Plainfield Rd
Crest Hill, IL
PH: (815) 730-8340
FX: (815) 730-0297



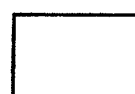
HOBO #24
2650 Belvidere Rd
Waukegan, IL
PH: (847) 263-1812
FX: (847) 360-9616



HOBO #25
8716 S. Cicero Ave
Oak Lawn, IL
PH: (708) 423-4856
FX: (708) 423-5058



HOBO #26
300 W. North Ave
Villa Park, IL
PH: (630) 833-3200
FX: (630) 758-0915



HOBO #27
3545 S. 27th St
Milwaukee, WI
PH: (414) 643-1228
FX: (414) 643-1715

SUPREME INSTALLS CABINET ~~WORK~~ INSTALLS

NOTE

MINIMUM CUSTOMER CHARGE \$500

NAME	Luigi and Glenda Lacson
ADDRESS	1859 Gatewood Dr
CITY	Gurnee, IL 60031
PHONE(S)	847-344-8691
HOBOSLSP	Bill Houge
DATE	43301

QTY	DESCRIPTION	LIST EA	PRICE EA	NOTE(S)
20	Remove cabinets, laminate counters, disconnect plumbing/appliances (per LF)	\$36.36	\$23.00	
	Remove and dispose of laminate countertops only (per LF - minimum 15LF)	\$24.00	\$17.00	
1	Haul away cabinets and or debris from cabinet installation (not boxes) includes haul way on day of installation. Additional trips will incur \$100 trip charge	\$555.50	\$350.00	
9	Wall cabinet installation: includes fillers, handles, scribe, 1 layer of molding (at time of install)	\$151.50	\$90.00	
6	Base cabinet installation: includes fillers, handles, scribe, toekick (at time of install)	\$78.78	\$50.00	
	Pennisula cabinet installation: includes fillers, handles, scribe, toekick, framing (at time of install)	\$127.26	\$80.00	
	Pantry/hall cabinet installation: includes fillers, handles, scribe, toekick (at time of install)	\$96.96	\$60.00	
	Single/double oven cabinet installation: fillers, handles, scribe, toekick. Includes all necessary cutouts and bracing for oven support (oven install not included)	\$149.48	\$90.00	
	Install Accessories: Appliance garages, valances, roll outs, tray dividers, cutlery (at time of install)	\$50.50	\$30.00	
3	Cabinet Modifications	\$84.84	\$50.00	
	Diagonal Sink Base Cabinet Installation.	\$168.00	\$100.00	
	Build up Base Cabinets - Up to 3/4" (Example: For Tiled Floor Application)	\$10.10	\$7.00	
1	Install Panels and Skins. Base, wall, end or back, refrigerator and appliance panels (at time of install)	\$44.44	\$28.00	
7	Install Mouldings. For top or bottom per 8' section (per layer) (at time of install)	\$68.68	\$43.00	
	Cabinet(s) sitting on top of countertop. Enter (1) to cover additional trip charge.	\$160.00	\$100.00	
	Complete Kitchen (SFT/GFT) Cabinets/Ctop/Sink/Faucet Placement-Incl. Delivery from Store. ONLY INCLUDES TWO CABINETS (SB60 & STW60)	\$454.50	\$300.00	
	Install Vanity Up to 48"W (Cabinet & Top) DELIVERED	\$606.00	\$400.00	
	Install Vanity 48"W-74"W (Cabinet & Top) DELIVERED	\$757.50	\$500.00	
1	Microwave or Wood Rangehood Installation. Electrical Not Included	\$117.16	\$75.00	X
	High Rise Charge. Over 2 stories.	\$206.04	\$130.00	X
	Glass Install Charge. Price valid only if glass installed at same time as cabinets. Trip charge if glass not installed on same day as cabinet install	\$20.00	\$15.00	X
	Installation of HOBBI IN-STOCK granite island countertop. Includes delivery within 30 miles of store	\$606.00	\$400.00	✓
	Extra Trip Charge. Under 30 miles from store	\$160.00	\$100.00	
	Extra or Initial Trip Charge. 30 to 50 miles from store	\$200.00	\$130.00	
	Extra or Initial Trip Charge. Over 50 miles from store	\$250.00	\$160.00	
	Measure Charge. Credit will be given on installation purchase. No credit due if only materials are purchased (no labor)	\$300.00	\$185.00	
	Delivery Charge. Up to 30 miles from store. Only charge if selling stock cabinets from store. Charge is valid whether Supreme is installing or not.	\$252.50	\$155.00	
	Misc Charge. Please note exactly what charge is for.	\$200.00	\$140.00	for 150 story building

Very Important!!! Make sure customer order includes at least (1) piece of scribe and a Touch-Up Kit

\$4,015.76 \$2,474.00

9/1/14

Luigi Lacson

7/22/18

706203

STEVE SCHIRMANN
850 GREENVIEW ST
GURNEE, IL 60039

W 224-343-3716

BILL TO:

Invoice

GLENDA LARSON		SHIPPED TO	VIA
ADDRESS 1859 GATEWOOD		ADDRESS	
CITY, STATE, ZIP GURNEE		CITY, STATE, ZIP	
CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.
			DATE 10-12-18

Work Completed

1.) STOVE HOOD INSTALLATION

LABOR	→	\$140	00
PARTS	→	20	00
TOTAL DUE		\$160	00



Order Confirmation

****NEW REMITTANCE ADDRESS****

Kitchen Cubes LLC
 PO Box 460
 Bristol, WI 53104
 (262) 694-3736

Bill To:
 Glenda Lacson
 1859 Gatewood Dr.

 Gurnee IL 60031

Ship To:
 Glenda Lacson
 8601 200th Ave

 Bristol WI 53104

Order Date	Order Number	Total Order	Terms	Delivery Date	Cust. PO
01/10/2019	18626	\$186.74	Credit Card	2/28/2019 12:00:00AM	

Item Code	Description	Quantity	Price	Total
Kountry Wood	Kountry Wood Cabinetry **REPLACEMENT DOOR FOR DWC2442	1	\$177.00	\$177.00
<i>Includes:</i>				
* Vintage Stain on Maple Finish				
* Harmony Door Style				
* Single Mullion Style				
SPECIAL ORDER 4-6 WEEK LEAD TIME				

Based On Sales Quotations 15146. PAID IN FULL 1/10/19 -
 Linked to Down Payment 11221

Sub Total	177.00
Discount	\$0.00
Freight	\$0.00
Tax	\$9.74
Total	\$186.74
Down Payment	\$186.74
Total Order	\$186.74