

## Fill in this information to identify the case:

Debtor 1 BELVIDERE ASSOCIATES LLC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois

Case number 18-30043

**FILED**  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
NOV 20 2018  
JEFFREY P. ALLSTEADT, CLERK  
TEAM - CA

## 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?

AIR KING AMERICA LLC

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

Other names the creditor used with the debtor AIR KING AMERICA, AIR KING, AIR KING AMERICA INC

## 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?

AIR KING AMERICA INC

Name

820 LINCOLN AVE

Number Street

WEST CHESTER PA 19380

City State ZIP Code

Contact phone 610-719-8936

Contact email amadonna@airkinglimited.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) \_\_\_\_\_

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: 1 5 0 2

7. How much is the claim? \$ 1,934.10 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

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:

Amount entitled to priority

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.

\$ \_\_\_\_\_

\* 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 11/12/2018  
MM / DD / YYYY

  
Signature

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

Name	Allison		Madonna	
	First name	Middle name	Last name	
Title	Credit Manager			
Company	Air King America LLC			
	Identify the corporate servicer as the company if the authorized agent is a servicer.			
Address	820 Lincoln Avenue			
	Number	Street		
	West Chester,		PA	19380
	City		State	ZIP Code
Contact phone	610-719-8936		Email amadonna@airkinglimited.com	



Air King America, LLC

DUNS# 00-232-9779

CUSTOMER NO. 1502

SOLD TO

HOBO  
ACCOUNTS PAYABLE  
2650 BELVIDERE RD  
WAUKEGAN, IL 60085  
United States

REMIT TO :  
P.O. BOX 60514  
CHARLOTTE, NC 28260-0514

PAGE NO.

1

INVOICE NUMBER

1937V04101

INVOICE DATE

09/13/18

SHIP TO

HOBO 47  
7557 S 78TH AVENUE  
BRIDGEVIEW, IL 60455  
United States

PLEASE REFER TO ABOVE  
NUMBER ON ALL  
CORRESPONDENCE

F.O.B. CODES

1 = 1/2 Ft.  
2 = F.O.B. Dest.  
3 = F.O.B. Fact.  
4 = Other

DATE ORD. REC	CUST. ORD. NO.	TERMS OF SALE		SALESMAN		
08/30/18	n000022070	2% 10, Net 30 days		SUMA SALES, LLC		
DATE SHIPPED	B/LADING NO.		COMP. OR PART	SHIPPED FROM	SHIPPED VIA	
09/13/18	374192796		P/C	AKA West C	RDFS	
QUANTITY ORDERED	QUANTITY SHIPPED	DESCRIPTION		FOB CD.	UNIT PRICE	AMOUNT
1	1	AV1306 RH 30"CONVERT.BLK AV1306		7	35.82	35.82
5	5	AV1308 RH 30"CONVERT.S/S AV1308		7	63.99	319.95
19	19	AD1303 RH 30"DUCTLES WHT AD1303		7	34.38	653.22
2	2	QZ2303 RH30"QTZONE WHITE QZ2303		7	71.31	142.62
5	5	ASLC50 ASLC50-50 CFM FAN/LIGHT		7	25.79	128.95
5	5	AS50 AS50-BATH FAN 50 CFM		7	11.46	57.30
5	5	BFQ90 BFQ90-SNAP B/FAN 90 CFM		7	26.98	134.90
6	6	AV1304 RH 30"CONVRT.BISQ AV1304		7	35.82	214.92
1	1	DS1306 RH 30"DESIGNR BLK DS1306		7	45.84	45.84
3	3	DS1308 RH 30"DESIGNR S/S DS1308		7	66.86	200.58
	52	**** TOTAL UNIT ****				1,934.10
		*PO# ON CTNS PKG SLIPS & B/L				
		*** NO BACKORDER - WILL RETURN				
		*AT VENDOR'S EXPENSE - BLM				
38.68 CASH DISCOUNT IF PAID BY 09/23/18				TOTAL AMOUNT DUE		1,934.10

CREDIT WILL NOT BE ALLOWED FOR RETURN GOODS WITHOUT OUR PERMISSION. CLAIMS FOR DEFICIENCIES POSITIVELY MUST BE MADE WITHIN 10 DAYS AFTER RECEIPT OF GOODS.

We the undersigned, do hereby certify that we are complying with all the requirements of the "Fair Labor Standards Act of 1938," and that the goods invoiced herein are manufactured or produced under terms and conditions of "Employment in Accordance with Said Act."

FRANKLIN, TENN.  
(615) 794-2531

WEST CHESTER, PA.  
(610) 692-7400

FORT WORTH, TX.  
(817) 625-6381

# Northern District of Illinois Claims Register

## [18-30043 Belvidere Associates LLC](#)

**Honorable Judge:** Jacqueline P. Cox

**Chapter:** 11

**Office:** Chicago

**Last Date to file claims:**

**Trustee:**

**Last Date to file (Govt):**

*Creditor:* (27202077) [History](#) **Claim No: 12** *Status:*  
Air King America LLC *Original Filed* *Filed by:* CR  
Air King America LLC *Date:* 11/20/2018 *Entered by:* Kevin Lyons  
820 Lincoln Ave *Original Entered* *Modified:*  
Westchester PA 19380 *Date:* 11/20/2018

Amount claimed: \$1934.10

*History:*

[Details](#) [12-1](#) 11/20/2018 Claim #12 filed by Air King America LLC, Amount claimed: \$1934.10 (Lyons, Kevin)

*Description:*

*Remarks:*

## Claims Register Summary

**Case Name:** Belvidere Associates LLC

**Case Number:** 18-30043

**Chapter:** 11

**Date Filed:** 10/25/2018

**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$1934.10
<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>		