

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 - Eastern Div

Case number 18-30043

FILED
 UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS
 JAN -2 2019
 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?
SULTAN'S Linens, Inc
 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><u>SULTAN'S Linens, Inc</u> Name <u>313 5th Ave - 3rd Floor</u> Number Street <u>New York NY 10016</u> City State ZIP Code Contact phone <u>212 689 8900</u> Contact email <u>Stephen@SULTANSLinens.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____</p>
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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? _____

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 12/27/2018
MM / DD / YYYY

Signature _____

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

Name Stephen SULTAN
First name Middle name Last name

Title V.P.

Company SULTAN'S LINENS INC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 313 5th Ave.
Number Street

City NY State NY ZIP Code 10016

Contact phone 212 689 8900 Email Stephen@SultanLinens.com

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? \$ 8,187.60 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: _____



ULTAN'S LINENS, INC.
 13 FIFTH AVENUE
 4th Floor
 NEW YORK, NY 10016
 Telephone 212/689-8900

Bill To:
HOB0
2650 Belvidere Road
Waukegan, IL 60085

Ship To:

Date	Ship Via	F.O.B.	Terms	Vendor#
06/18/18	DAB on 80	Factory, Sayreville, NJ	NET 30	SU1025
Purchase Order Number	Dept	Store#	Salesperson	Shipping Number
N000021262		55368	HA	68803

Item Number	Quantity	U/M	Unit Price	Description	Amount
BM25-B2	48	PC	3.5000	Woven PVC tub mats BRIGHTS	168.000
BM26-E1	48	PC	3.5000	Jumbo rubber tub mats 17.5x40 Ecrú	168.000
BM26-W1	24	PC	3.5000	Jumbo rubber tub mats 17.5x40 white	84.000
C3791-3	360	PC	1.6500	Basketweave print flannelback VTC	594.000
C380-3C	468	PC	1.6500	Print flannelback VTC asst prints	772.200
C3810	288	PC	1.6500	Check Vinyl Table Cloths	475.200
KCP2-2	336	PC	2.5000	2Pack microfiber chair pads	840.000
PS1-B4	384	PC	1.0500	Silicone pot holders Brights	403.200
T60DC-2BRN	384	PC	3.2500	5/pk cotton DC - Brown	1248.000
TDM-EP2	48	PC	1.5000	Printed dish drying mats 16x19	72.000
TMDC5-EP4	48	PC	1.5000	5PK printed microfiber DC 12x12	72.000

Subtotal 4896.60

Total Invoice USD 4,896.60

ALL CLAIMS MUST BE MADE WITHIN 3 DAYS AFTER RECEIPT OF GOODS.
 CLAIMS FOR CARTON SHORTAGES SHOULD BE MADE DIRECTLY TO THE CARRIER UPON

Customer Original (Reprinted)



ULTAN'S LINENS, INC.
 13 FIFTH AVENUE
 rd Floor
 EW YORK, NY 10016
 elephone 212/689-8900

Ship To:

Bill To:
HOBO
2650 Belvidere Road
Waukegan,, IL 60085

Date	Ship Via	F.O.B.	Terms	Vendor#
07/09/18	Sureshot on 61	Factory, Sayreville, NJ	NET 30	SU1025
Purchase Order Number	Dept	Store#	Salesperson	Shipping Number
N000021523		55368	HA	69112

Item Number	Quantity	U/M	Unit Price	Description	Amount
BM25-B2	120	PC	3.5000	Woven PVC tub mats BRIGHTS	420.000
BM26-E1	36	PC	3.5000	Jumbo rubber tub mats 17.5x40 Ecru	126.000
BM26-W1	48	PC	3.5000	Jumbo rubber tub mats 17.5x40 white	168.000
BMXL-W1	132	PC	3.2500	X-Large pvc tub mats - White	429.000
C3799-3	252	PC	1.6500	Scroll printed flannelback VTC	415.800
C380-3C	180	PC	1.6500	Print flannelback VTC asst prints	297.000
C3810	288	PC	1.6500	Check Vinyl Table Cloths	475.200
KCP2-2	96	PC	2.5000	2Pack microfiber chair pads	240.000
KCP2-B2	144	PC	2.5000	2PK Microfiber chair pads brights	360.000
TDM-EP2	144	PC	1.5000	Printed dish drying mats 16x19	216.000
TMDC5-EP4	96	PC	1.5000	5PK printed microfiber DC 12x12	144.000

Subtotal 3291.00
 Total Invoice USD 3,291.00

ALL CLAIMS MUST BE MADE WITHIN 3 DAYS AFTER RECEIPT OF GOODS.
 CLAIMS FOR CARTON SHORTAGES SHOULD BE MADE DIRECTLY TO THE CARRIER UPON

Customer Original (Reprinted)

Northern District of Illinois Claims Register

[18-30043 Belvidere Associates LLC](#)

Honorable Judge: Jacqueline P. Cox **Chapter:** 11
Office: Eastern Division **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<p><i>Creditor:</i> (27205083) SULTAN'S LINENS, INC. 313 5th AVE - 3rd FLOOR NEW YORK, NY 10016</p>	<p>Claim No: 29 <i>Original Filed</i> Date: 01/02/2019 <i>Original Entered</i> Date: 01/02/2019</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Kimetha Collier <i>Modified:</i></p>
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Amount claimed: \$8187.60

History:

[Details](#) [29-1](#) 01/02/2019 Claim #29 filed by SULTAN'S LINENS, INC., Amount claimed: \$8187.60 (Collier, Kimetha)

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

Total Amount Claimed*	\$8187.60
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		