

Fill in this information to identify the case:

Debtor 1 <u>Belvidere Associates LLC</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Northern District of Illinois</u>
Case number: <u>18-30043</u>

FILED
 U.S. Bankruptcy Court
 Northern District of Illinois
 1/28/2019
 Jeffrey P. Allsteadt, Clerk

**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?	EULER HERMES N.A as Agent for ILLINOIS INDUSTRIAL _____ 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	Where should payments to the creditor be sent? (if different)
	EULER HERMES N.A as Agent for ILLINOIS INDUSTRIAL _____ Name 800 Red Brook Blvd, #400C Owings Mills, MD 21117 Contact phone <u>410-753-0640</u> Contact email <u>insolvency@eulerhermes.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>4205</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>17271.03</u></p> <p>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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 healthcare information.</p> <p style="text-align: center;"><u>Goods and Services</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	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.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/1/19 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 1/28/2019
MM / DD / YYYY

/s/ Sonia Thomas

Signature

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

Name Sonia Thomas

First name Middle name Last name

Title Insolvency Processor

Company Euler Hermes N.A

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

Address 800 Red Brook Blvd, #400C

Number Street
Owings Mills, MD 21117

City State ZIP Code

Contact phone 410-753-0640 Email insolvency@eulerhermes.com



Statement

Great Lakes Wholesale Group
 16410 S. John Lane Crossing,
 Unit 400
 Lockport, IL 60441
 (708) 597-6000

Statement Date: 11/29/2018

Salesperson: Neal Karalus

HOME OWNER'S BARGAIN OUTLET OL
 2650 BELVIDERE RD.
 Waukegan, IL 60085

Customer Number: 00-HOB0030

Credit Limit: 75,000.00

Credit Available: 39,286.21

Contact: SCOTT WERNER

Date	Reference	Description	CustomerPONo	Charge	Credit	Balance
8/3/2018	0330707-IN		P000011374 STORE23	885.55		885.55
8/3/2018	0330708-IN		M000020025	1,401.92		1,401.92
8/3/2018	0330709-IN		S000018588 STORE 26	1,126.89		1,126.89
8/3/2018	0330710-IN		T000012029 STORE 27	1,608.74		1,608.74
8/3/2018	0330711-IN		Q000012349	1,244.30		1,244.30
8/3/2018	0330712-IN		Q000002217	919.49		919.49
8/3/2018	0330714-IN		R000018447 STORE 25	971.99		971.99
8/22/2018	0331320-IN		P11451	398.08		398.08
8/22/2018	0331321-IN		O000002303	432.90		432.90
8/22/2018	0331327-IN		S000018718	882.54		882.54
8/22/2018	0331336-IN		R000018559	757.87		757.87
8/22/2018	0331340-IN		T12114	446.63		446.63
8/22/2018	0331384-IN		Q12443	399.40		399.40
8/22/2018	0331385-IN		M20190	591.60		591.60
9/19/2018	0332256-IN		O2383	849.82		849.82
9/19/2018	0332258-IN		R18682	1,119.13		1,119.13
9/19/2018	0332259-IN		M20346	748.32		748.32
9/19/2018	0332294-IN		P11529	483.24		483.24
9/19/2018	0332295-IN		Q12520	515.72		515.72
9/26/2018		Credit Memo: 0332571	Q12520		13.20	502.52
9/19/2018	0332296-IN		T12208	639.45		639.45
9/19/2018	0332316-IN		S18851	860.65		860.65

Total: 17,271.03

Current	30 Days	60 Days	90 Days	120 Days	Balance Due
0.00	0.00	5,203.13	12,067.90	0.00	17,271.03

Please remit all past due amounts TODAY. If there is a billing problem, please call our office.

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):**

Creditor: (27482623) **Claim No:** 72 *Status:*
EULER HERMES N.A as Agent *Original Filed* *Filed by:* CR
for ILLINOIS INDUSTRIAL *Date:* 01/28/2019 *Entered by:* EPoc ADI
800 Red Brook Blvd, #400C *Original Entered* *Modified:*
Owings Mills, MD 21117 *Date:* 01/28/2019

Amount claimed: \$17271.03

History:

[Details](#) [72-1](#) 01/28/2019 Claim #72 filed by EULER HERMES N.A as Agent for ILLINOIS INDUSTRIAL,
Amount claimed: \$17271.03 (ADI, EPoc)

Description:

Remarks: (72-1) Account Number (last 4 digits):4205

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*	\$17271.03
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		