

**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 25 2019

JEFFREY P. ALLSTEADT, CLERK  
 TEAM - CA 04/16

Official Form 410  
**Proof of Claim**

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? Tapes Unlimited 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><b>Where should notices to the creditor be sent?</b></p> <p><u>Tapes Unlimited Inc</u>                  Name  <u>1245 Hartrey Ave</u>                  Number Street  <u>Evanston IL 60202</u>                  City State ZIP Code                  Contact phone <u>847-866-6060</u>                  Contact email <u>tapesunlimitedinc@gmail.com</u></p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p><u>Same</u>                  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? \_\_\_\_\_

**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? \$ 4861.42 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).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

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.

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 01/18/2019  
MM / DD / YYYY

Thomas Goebel  
Signature

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

Name Thomas Goebel  
First name Middle name Last name

Title Pres.  
Company Tapes Unlimited Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1245 Hartrey Ave  
Number Street  
Evanston FL 60202  
City State ZIP Code

Contact phone 847-866-6060 Email tapesunlimitedinc@gmail.com

Tapes Unlimited, Inc.

1245 Hartrey Ave  
 Evanston, IL 60202  
 tel: 847-866-6060 Fax: 6146  
 tapesunlimitedinc@gmail.com

# Invoice

Date	Invoice #
8/9/2018	55335

Bill To
H.O.B.O. 2650 Belvidere Rd Waukegan IL 60085 jsutton@hoboonline.com

Ship To
HOBO #47 7557 S 78th St Bridgeview, IL 60455 tel:414-762-1600 x-101 Brian

P.O. Number	Terms
N21642	Net 15

Shipped	Via	F.O.B.
8/13/2018	M & T	Our Warehouse

Description	Cases	Pack	Total Pcs	U/M	Price	Amount
Freight: For Shipment billed on invoice # <del>52579</del> <i>55335</i> 1 skid 1152 lbs  ****NOTE: MUST PAY THIS FREIGHT INVOICE IN 30 DAYS****					50.00	<i>3</i> 50.00

Web: tapesunlimitedinc.com	<b>Total</b>	\$50.00
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Tapes Unlimited, Inc.

1245 Hartrey Ave  
 Evanston, IL 60202  
 tel: 847-866-6060 Fax: 6146  
 tapesunlimitedinc@gmail.com

# Invoice

Date	Invoice #
8/9/2018	55331

Bill To
H.O.B.O. 2650 Belvidere Rd Waukegan IL, 60085 jsuton@hoboonline.com

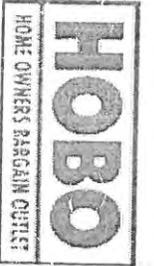
Ship To
HOBO #47 7557 S 78th St Bridgeview, IL 60455 tel:414-762-1600 x-101 Brian

P.O. Number	Terms
N21813	Net 15

Shipped	Via	F.O.B.
8/13/2018	Your Pick UP	Our Warehouse

Description	Cases	Pack	Total Pcs	U/M	Price	Amount
Masking 1" x 60 yd	6	48	288	each	0.42	120.96
Masking 2" x 60 yd	10	24	240	each	0.80	192.00
Masking 3" x 60 yd	15	16	240	each	1.20	288.00
Painters D Green 2nds 3/4" x 60 yd	2	64	128	each	0.55	70.40
Painters DK Green 1" x 60 yd	1	48	48	each	0.65	31.20
Air Freshener -Neutral	2	12	24	each	0.55	13.20
Air Freshener -Floral	2	12	24	each	0.55	13.20
Pine Glo Antibacterial Cleaner	2	12	24	each	0.60	14.40
Desantis Glass Cleaner 1 lb 3 oz	1	12	12	each	1.10	13.20

Web: tapesunlimitedinc.com	<b>Total</b>	\$756.56
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TO: TAPES UNLIMITED  
 1245 HARTREY AVENUE  
 EVANSTON IL 60202-1056  
 PHONE: (847) 866-6060  
 FAX : (847) 866-6145

HOB0 47  
 7557 S. 78TH AVE.  
 BRIDGEVIEW, IL 60455  
 (708) 924-9155

SHIP TO: HOB0 47  
 7557 S. 78TH AVE.  
 BRIDGEVIEW, IL 60455

*Just Monday*

**PURCHASE ORDER**

P.O. #: n000021813  
 Store : 47

Order Date: 8/5/18  
 Date Due : 8/20/18  
 Alt. PO # :  
 Order Type: NORMAL  
 Buyer : CROB

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS			
TA166		F	N	HTR		HOB		NET 30 DAYS			
LINE#	STORE	QTY	ORD	ITEM/SKU NUMBER	BILL TO:	DESCRIPTION	MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
2	C	288		1007778	SPECIAL INST:	HOB0 2650 BELVIDERE RD WAUKEGAN, IL 60085			.42	EA	120.96
6	C	240		1007780		MASKING TAPE 1"	1 MASKING		.80	EA	192.00
7	C	240		1007781		MASKING TAPE 2"	2 MASKING		1.20	EA	288.00
9	C	128		1020375		MASKING TAPE 3"	3 MASKING		.55	EA	70.40
10	C	48		1054234		3/4 X 60YD GREEN PAINTERS TAPE	1 X 60YD GREEN PAINTERS TAPE		.55	EA	31.20
11	C	24		1224651		90Z AIR FRESHENER NEUTRAL	90Z AIR FRESHENER NEUTRAL		.55	CS	13.20
12	C	24		1224652		90Z AIR FRESHENER FLORAL	90Z AIR FRESHENER FLORAL		.55	CS	13.20
14	C	24		1224656		PINE GLO ANTI-BACTERIAL CLEANER	PINE GLO ANTI-BACTERIAL CLEANER		.60	CS	14.40
15	C	12		1224657		1LB 30Z DESANTIS GLASS CLEANER	1LB 30Z DESANTIS GLASS CLEANER		1.10	CS	13.20

TOTAL UNITS 1028

P.O. Approved By:

Date:

TOTAL COST 736.56  
 TOTAL FREIGHT .00  
 OTHER CHARGES .00  
 TOTAL P.O. 736.56

Original-Not Negotiable

**Straight Bill of Lading Short Form**

Shipper's No. \_\_\_\_\_

*Your Ship*  
(Name of Carrier)

Carrier's No. \_\_\_\_\_

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at **1245 HARTREY AVE. EVANSTON, IL 60202** *8-13-18* From **TAPES UNLIMITED, INC.**

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to *Hobbs #47* *7557 S. 18th St* (Mail or street address at consignee—For purposes of notification only.)

Destination *Bridgewater* State *IL* Zip *60455* County \_\_\_\_\_ Delivery Address \* \_\_\_\_\_  
\* To be filled in only when shipper desires and governing tariffs provide for delivery thereof.

Route \_\_\_\_\_

Delivering Carrier \_\_\_\_\_ Car or Vehicle Initials \_\_\_\_\_ No. \_\_\_\_\_

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exemptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column	Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Signature of Consignor) <i>[Signature]</i> If charges are to be prepaid, write or stamp here "To be Prepaid." <i>Collected</i> Received \$ _____ to apply in prepayment of the charges on the property described hereon. Agent or Cashier _____ Per _____ (The signature here acknowledges only the amount prepaid.) Charges Advanced: _____ * Shipper's imprint in lieu of stamp: not a part of Bill of Lading approved by the Interstate Commerce Commission.
<i>41</i>	<i>PAPER SEALING TAPE on 1-5 Ltr</i> <i>Q# 7121813</i>		<i>55</i>		

\* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.  
NOTE—When the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_  
† The tare boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

Shipper, Per *Rob Costa* Agent, Per \_\_\_\_\_

Permanent post-office address of shipper, \_\_\_\_\_

*8.14.18*

Tapes Unlimited, Inc.

# Invoice

1245 Hartrey Ave  
 Evanston, IL 60202  
 tel: 847-866-6060 Fax: 6146  
 tapesunlimitedinc@gmail.com

Date	Invoice #
7/19/2018	55282

Bill To
H.O.B.O. 2650 Belvidere Rd Waukegan IL 60085 jsutton@hoboonline.com

Ship To
HOBO #47 7557 S 78th St Bridgeview, IL 60455 tel:414-762-1600 x-101 Brian

P.O. Number	Terms
N21642	Net 15

Shipped	Via	F.O.B.
7/19/2018	Your Pick <i>UP</i> <i>mat</i>	Our Warehouse

Description	Cases	Pack	Total Pcs	U/M	Price	Amount
Freight: For shipment billed on invoice #52579. 1 skid 1152 lbs		(B)			50.00	50.00

Web: tapesunlimitedinc.com	<b>Total</b>	\$50.00
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Original-Not Negotiable

**Straight Bill of Lading Short Form**

Shipper's No. \_\_\_\_\_

(Name of Carrier)

Carrier's No. \_\_\_\_\_

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading.

at 1245 HARTREY AVE. EVANSTON, IL 60202 From TAPES UNLIMITED, INC.

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown, marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any portion of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Holbe Warehouse #47 7557 S. 78th St  
(Mail or street address at consignee - For purposes of notification only.)

Destination Bridgeview State IL Zip 60455 County \_\_\_\_\_ Delivery Address \* \_\_\_\_\_  
\* To be filled in only when shipper desires and governing tariffs provide for delivery thereof.

Route \_\_\_\_\_

Delivering Carrier \_\_\_\_\_ Car or Vehicle Initials \_\_\_\_\_ No. \_\_\_\_\_

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column	Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  (Signature of Consignor) _____  If charges are to be prepaid, write or stamp here: "To be Prepaid."  Received \$ _____ to apply in prepayment of the charges on the property described hereon.  Agent or Cashier _____ Per _____ (The signature here acknowledges only the amount prepaid.)  Charges Advanced: _____ \$ _____  † Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.
<u>12</u>	<u>PAPER SEALING TAPE</u> <u>0.9 1.5 1.2</u> <u>9-27-18</u>		<u>55</u>		

\* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.  
NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

† The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

Shipper, Per \_\_\_\_\_ Agent, Per \_\_\_\_\_

Permanent post-office address of shipper, \_\_\_\_\_

Bob Costa  
7-27-18

Tapes Unlimited, Inc.

1245 Hartrey Ave  
 Evanston, IL 60202  
 tel: 847-866-6060 Fax: 6146  
 tapesunlimitedinc@gmail.com

# Invoice

Date	Invoice #
7/19/2018	55279

Bill To
H.O.B.O. 2650 Belvidere Rd Waukegan IL 60085 jsutton@hoboonline.com

Ship To
HOB0 #47 7557 S 78th St Bridgeview, IL 60455 tel:414-762-1600 x-101 Brian

P.O. Number	Terms
N21642	Net 15

Shipped	Via	F.O.B.
7/19/2018	<i>mat</i> Your Pick UP	Our Warehouse

Description	Cases	Pack	Total Pcs	U/M	Price	Amount
Masking 1" x 60 yd	4	48	192	each	0.42	80.64
Masking 1-1/2" x 60 yd	4	32	128	each	0.60	76.80
Masking 2" x 60 yd	4	24	96	each	0.80	76.80
Masking 3" x 60 yd	13	16	208	each	1.20	249.60
Painters DK Green 1-1/2" x 60 yd	9	32	288	each	0.98	282.24
Painters DK Green 2" x 60 yd	11	24	264	each	1.30	343.20
Air Freshener -Neutral	12	12	144	each	0.55	79.20
Air Freshener -Floral	4	12	48	each	0.55	26.40
Pine Glo Antibacterial Cleaner	5	12	60	each	0.60	36.00
Desantis Glass Cleaner 1 lb 3 oz	6	12	72	each	1.10	79.20

Web: tapesunlimitedinc.com	<b>Total</b>	\$1,330.08
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TO: TAPES UNLIMITED  
 1245 HARTREY AVENUE  
 EVANSTON IL 60202-1056  
 PHONE: (847) 866-6060  
 FAX : (847) 866-6146

HORO 47  
 7557 S. 78TH AVE.  
 BRIDGEVIEW, IL 60455  
 (708) 924-9155

SHIP TO: HORO 47  
 7557 S. 78TH AVE.  
 BRIDGEVIEW, IL 60455

**PURCHASE ORDER**

P.O. #: n000021542  
 Store : 47

Order Date: 7/17/18  
 Date Due : 7/27/18  
 Alt. PO # :  
 Order Type: NORMAL  
 Buyer : CROB

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS
LINE#	STORE	QTY	ORD	ITEM/SKU	NUMBER	DESCRIPTION	MFG#/SPCL	SPEC ORD#
TA166						HOB		
BILL TO: HORO 2650 BELVIDERE RD WAUKEGAN, IL 60085								
SPECIAL INST: FRT: HORO TO ROUTE - EMAIL DISPATCH@HOROONLINE.COM TO REQUEST A ROUTING FORM								
44	47	115		1007778		MASKING TAPE 1"	1 MASKING	.42
43	47	126		1007779		MASKING TAPE 1-1/2"	1.5 MASKING	.60
42	47	96		1007780		MASKING TAPE 2"	2 MASKING	.80
32	47	208		1007781		MASKING TAPE 3"	3 MASKING	1.20
30	47	54		1052926		1.5 X 60YD GREEN PAINTERS TAPE 2	1.5 FROG TAPE	.98
24	47	120		1054233		2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	1.30
22	47	144		1224651		90Z AIR FRESHENER NEUTRAL		.55
20	47	48		1224652		30Z AIR FRESHENER FLORAL		.55
19	47	60		1224653		PINE SLO ANTIBACTERIAL CLEANER		.60
18	47	72		1224654		1LB 30Z DESANTIS GLASS CLEANER		1.10
17	47	224		1052926		1.5 X 60YD GREEN PAINTERS TAPE 2	1.5 FROG TAPE	.98
16	47	144		1054233		2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	1.30

TOTAL UNITS 1484

P.O. Approved BY:

Date:

TOTAL COST 1323.36  
 TOTAL FREIGHT .00  
 OTHER CHARGES .00  
 TOTAL P.O. 1323.36

Tapes Unlimited, Inc.

# Invoice

1245 Hartrey Ave  
 Evanston, IL 60202  
 tel: 847-866-6060 Fax: 6146  
 tapesunlimitedinc@gmail.com

Date	Invoice #
5/24/2018	55092

Bill To
H.O.B.O. 2650 Belvidere Rd Waukegan IL 60085 jsutton@hoboonline.com

Ship To
HOBO #47 7557 S 78th St Bridgeview, IL 60455 tel:414-762-1600 x-101 Brian

P.O. Number	Terms
N21240	Net 15

Shipped	Via	F.O.B.
5/24/2018	Your Pick UP	Our Warehouse

Description	Cases	Pack	Total Pcs	U/M	Price	Amount
Carton Seal 2" x 55 yd 2nds	120	36	4,320	each	0.33	1,425.60

Web: tapesunlimitedinc.com	<b>Total</b>	\$1,425.60
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TO: TAPES UNLIMITED  
 1245 HARTREY AVENUE  
 EVANSTON IL 60202-1056  
 PHONE: (847) 855-6060  
 FAX : (847) 855-6146

HOB0 47  
 7557 S. 78TH AVE.  
 BRIDGEVIEW, IL 60455  
 (708) 924-9155

SHIP TO: HOB0 47  
 7557 S. 78TH AVE.  
 BRIDGEVIEW, IL 60455

**PURCHASE ORDER**

P.O. #: R0000021240  
 Store : 47

Order Date: 5/23/18  
 Date Due : 5/30/18  
 Alt. PO # :  
 Order Type: NORMAL  
 Buyer : LMIL

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS		
TA166		F	N	HTR		HOB		NET 30 DAYS		
LINE#	STORE	QTY	ORD	ITEM/SKU NUMBER	DESCRIPTION	MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
1	47	4320		1007785	HOB0 2650 BELVIDERE RD WAUKEGAN, IL 60085 FRT: HOB0 TO ROUTE - EMAIL DISPATCH@HOB0ONLINE.COM TO REQUEST A ROUTING FORM BILL TO: SPECIAL INST: CARTON SEAL 2"X55YD 2NDS STORE NFR CRTN SEAL			.33	EA	1425.60

TOTAL UNITS 4320

P.O. Approved by:

Date:

TOTAL COST 1425.60  
 TOTAL FREIGHT .00  
 OTHER CHARGES .00  
 TOTAL P.O. 1425.60

Original-Not Negotiable

**Straight Bill of Lading Short Form**

Shipper's No. \_\_\_\_\_

*Your Name*  
(Name of Carrier)

Carrier's No. \_\_\_\_\_

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at **1245 HARTREY AVE. EVANSTON, IL 60202** *5-24-18* From **TAPES UNLIMITED, INC.**

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to *Stobbe, Y* *7552 S. 20th Ave*  
(Mail or street address at consignee—For purposes of notification only.)

Destination *Bend, OR* State *OR* Zip *97101* County \_\_\_\_\_ Delivery Address *\**  
*\* To be filled in only when shipper desires and governing tariffs provide for delivery thereof.*

Route \_\_\_\_\_

Delivering Carrier \_\_\_\_\_ Car or Vehicle Initials \_\_\_\_\_ No. \_\_\_\_\_

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	WEIGHT (Subject to Correction)	Class or Rate	Check Column	Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Signature of Consignor)
<i>170</i>	<i>PAPER SEALING TAPE on 1-Skid</i> <i>Rolls 71/2/240</i>		<i>55</i>		<i>Received &amp; applied in prepayment of the charges on the property described hereon.</i> Agent or Cashier _____ Per _____ (The signature here acknowledges only the amount prepaid.) Charges Advanced: \$ _____ * Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.



Shipper, Per *[Signature]* Agent, Per \_\_\_\_\_

Permanent post-office address of shipper: \_\_\_\_\_

Tapes Unlimited, Inc.  
 1245 Hartrey Ave  
 Evanston, IL 60202  
 tel: 847-866-6060 Fax: 6146  
 tapesunlimitedinc@gmail.com

# Invoice

Date	Invoice #
4/17/2018	54967

Bill To
H.O.B.O. 2650 Belvidere Rd Waukegan IL 60085 jsutton@hoboonline.com

Ship To
Bridgeviw Whs #47 7557 S 78th St Bridgeview, IL 60455 tel:414-762-1600 x-101 Brian

P.O. Number	Terms
N20882	Net 15

Shipped	Via	F.O.B.
4/17/2018	Your Pick UP	Our Warehouse

Description	Cases	Pack	Total Pcs	U/M	Price	Amount
Air Freshener - Neutral	6	12	72	each	0.55	39.60
Air Freshener - Floral	4	12	48	each	0.55	26.40
BPG Virend Seal Tape 3/4" x 260" w/Dispenser	1	144	144	each	0.15	21.60
Pine Glo Antibacterial Cleaner	4	12	48	each	0.60	28.80
Desantis Glass Cleaner 1 lb 3 oz	6	12	72	each	1.10	79.20
Homax Caulk Tool Kit 8pc	5	4	20	each	1.00	20.00
Homax Caulk Tool Kit 8pc	7	72	504	each	1.00	504.00
Masking 1" x 60 yd	1	48	48	each	0.42	20.16
Masking 2" x 60 yd	1	24	24	each	0.80	19.20
Masking 3" x 60 yd	3	16	48	each	1.20	57.60
Painters DK Green 2" x 60 yd	6	24	144	each	1.30	187.20
Painters DK Green 1" x 60 yd	4	48	192	each	0.65	124.80
Masking 1-1/2" x 60 yd	1	32	32	each	0.60	19.20
49 cases on 1 skid						

Web: tapesunlimitedinc.com	<b>Total</b>	\$1,147.76
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TO: TAPES UNLIMITED  
 1245 HARTREY AVENUE  
 EVANSTON IL 60202-1056  
 PHONE: (847) 866-6060  
 FAX : (847) 856-6146

HOBOL 47  
 7557 S. 78TH AVE.  
 BRIDGEVIEW, IL 60455  
 (708) 924-9135

SHIP TO: HOBOL 47  
 7557 S. 78TH AVE.  
 BRIDGEVIEW, IL 60455

**PURCHASE ORDER**

P.O. #: H000020882  
 Store : 47

Order Date: 4/12/18  
 Date Due : 4/19/18  
 Alt. PO # :  
 Order Type: NORMAL  
 Buyer : CRO8

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS			
TAIG6		F	N	HTR		HOB					
LINE#	STORE	QTY	ORD	ITEM/SKU	NUMBER	DESCRIPTION	MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
				BILL TO:							
				SPECIAL INST:							
3	C	72		1224651		HOBOL 2650 BELVIDERE RD WAUKEGAN, IL 60085			5.60	EA	399.12
5	C	48		1224652		90Z AIR FRESHENER NEUTRAL			5.50	CS	264.00
8	C	144		1224654		3/4" SEAL TAPE ON DISPENSER			1.42	EA	206.28
2	C	24		1224656		PINE GLO ANTIBACTERIAL CLEANER			7.00	CS	168.00
1	C	72		1224657		1LB 30Z DESANTIS GLASS CLEANER			1.10	CS	79.20
2	C	504		1243871		HOWAX CAULK TOOL KIT 8PC			1.00	EA	504.00
2	C	48		1007778		MASKING TAPE 1"	2330		1.42	EA	68.16
2	C	24		1007780		MASKING TAPE 2"			3.60	EA	86.40
2	C	16		1007781		MASKING TAPE 3"			1.20	EA	19.20
2	C	48		1054233		2 X 60YD GREEN PAINTERS TAPE 2			1.30	EA	62.40
2	C	24		1054234		1 X 50YD GREEN PAINTERS TAPE 2			1.30	EA	31.20
2	C	48		1224658		PINE GLO ANTIBACTERIAL CLEANER			1.60	CS	76.80
2	C	24		1007779		MASKING TAPE 1-1/2"			1.60	EA	38.40
2	C	32		1007781		MASKING TAPE 3"			1.42	EA	45.44
2	C	144		1054233		2 X 60YD GREEN PAINTERS TAPE 2			1.42	EA	204.48
2	C	47		1054233		1 X 60YD GREEN PAINTERS TAPE 2			1.42	EA	66.94
3	C	144		1054234		1 X 60YD GREEN PAINTERS TAPE 2			1.42	EA	204.48

TOTAL UNITS 1504

P.O. Approved By:

*[Handwritten signatures and initials]*

TOTAL COST 1286.16  
 TOTAL FREIGHT .00  
 OTHER CHARGES .00  
 TOTAL P.O. 1286.16

Original-Not Negotiable

**Straight Bill of Lading Short Form**

Shipper's No. \_\_\_\_\_

(Name of Carrier)

Carrier's No. \_\_\_\_\_

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading, at **1245 HARTREY AVE, EVANSTON, IL 60202** *1-17-18* From **TAPES UNLIMITED, INC.**

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to *H. B. ...* (Mail or street address at consignee - For purposes of notification only.)

Destination *Bridgeview* State *IL* Zip *60455* County \_\_\_\_\_ Delivery Address \* \_\_\_\_\_  
 \* To be filled in only when shipper desires and governing tariffs provide for delivery thereof.

Route \_\_\_\_\_

Delivering Carrier \_\_\_\_\_ Car or Vehicle Initials \_\_\_\_\_ No. \_\_\_\_\_

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column
<i>49</i>	<i>PAPER SEALING TAPE</i>		<i>55</i>	



Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:  
 The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor) \_\_\_\_\_

If charges are to be prepaid, write or stamp here: "To be Prepaid."

Received \$ \_\_\_\_\_ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

Per \_\_\_\_\_ (The signature here acknowledges only the amount prepaid.)

Charges Advanced: \_\_\_\_\_

If the shipment moves between two parts by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE - Where the rate is dependent on value, shippers are required to advise specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

\*The bill has been used and has conformed to the specifications set forth in the tax meter's certificate thereon, and all other requirements of the Consolidated Freight Classification.

\* Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

Shipper, Per \_\_\_\_\_

Agent, Per \_\_\_\_\_

Permanent post-office address of shipper, \_\_\_\_\_

Tapes Unlimited, Inc.

1245 Hartrey Ave  
 Evanston, IL 60202  
 tel: 847-866-6060 Fax: 6146  
 tapesunlimitedinc@gmail.com

# Invoice

Date	Invoice #
4/6/2018	54937

Bill To
H.O.B.O. 2650 Belvidere Rd Waukegan IL 60085 jsutton@hoboonline.com

Ship To
Bridgeviw Whs #47 7557 S 78th St Bridgeview, IL 60455 tel:414-762-1600 x-101 Brian

P.O. Number	Terms
N20174	Net 15

Shipped	Via	F.O.B.
4/6/2018	Your Pick UP	Our Warehouse

Description	Cases	Pack	Total Pcs	U/M	Price	Amount
PET MATE CARRIER 19" UP TO 10 LBS.	28	5	140	each	8.00	1,120.00
PET MATE CARRIER 24" UP TO 20 LBS.	8	5	40	each	24.00	960.00
PET MATE CARRIER 28" UP TO 30 LBS.	6	3	18	each	30.00	540.00
PET MATE CARRIER 36" UP TO 70 LBS.	4	2	8	each	32.00	256.00
PET MATE CARRIER 40" UP TO 90 LBS.	4	2	8	each	35.00	280.00
PET MATE 2 DOOR KENNEL 24" UP TO 20 LBS.	12	4	48	each	12.00	576.00
GREAT CHOICE PORTABLE KENNEL 24" LONG 16 X 15	10	4	40	each	8.00	320.00
GREAT CHOICE PORTABLE KENNEL 24" LONG 16 X 15	10	6	60	each	8.00	480.00
PET MATE LARGE HOODED LITER PAN	8	6	48	each	8.00	384.00

Web: tapesunlimitedinc.com	<b>Total</b>	\$4,916.00
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*Handwritten:* 4/5/18, 2018, Bal. Due \$ 101.42



TO: TAPES UNLIMITED  
 1245 HARTREY AVENUE  
 EVANSTON IL 60202-1056  
 PHON: (847) 856-6060  
 FAX : (847) 856-6146

HOBOb 47  
 7557 S. 78TH AVE.  
 BRIDGEVIEW, IL 60455  
 (708) 924-9155

SHIP TO: HOBOb 47  
 7557 S. 78TH AVE.  
 BRIDGEVIEW, IL 60455

**PURCHASE ORDER**

P.O. #: 0000020782  
 Store : 47

Order Date: 4/4/18  
 Date Due : 4/25/18  
 Alt. PO # :  
 Order Type: NORMAL  
 Buyer : LMIL

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS			
TA156		F	N	HTR		HOB					
LINE#	STORE	QTY	ORD	ITEM/SKU	NUMBER	DESCRIPTION	MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
BILL TO: HOBOb 2650 BELVIDERE RD WAUKEGAN, IL 60085											
FRT: HOBOb TO ROUTE - EMAIL DISPATCH@HOBObONLINE.COM TO REQUEST A ROUTING FORM											
1243595		140				* PET MATE CARRIER 19" /10 LBS.			5.00	EA	1120.00
1243596		40				* PET MATE CARRIER 24" /20 LBS.			24.00	EA	960.00
1243597		18				* PET MATE CARRIER 28" /30 LBS.			30.00	EA	540.00
1243598		8				* PET MATE CARRIER 36" /70 LBS.			32.00	EA	256.00
1243599		8				* PET MATE CARRIER 40" /90 LBS.			35.00	EA	280.00
1243600		48				* PET MATE 2 DR KENNEL 24" /20 LB			12.00	EA	576.00
1243601		40				* PORTABLE KENNEL 24" L 16 X 15			8.00	EA	320.00
1243602		60				* PORTABLE KENNEL 24" L 16 X 15			8.00	EA	480.00
1243603		48				* LARGE HOODED LITER PAN			8.00	EA	384.00

TOTAL UNITS 410

FIG. Approved BY:

Date:

TOTAL COST 4916.00  
 TOTAL FREIGHT .00  
 OTHER CHARGES .00  
 TOTAL P.O. 4916.00

Original-Not Negotiable **Straight Bill of Lading Short Form**

Shipper's No. \_\_\_\_\_

(Name of Carrier)

Carrier's No. \_\_\_\_\_

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at **1245 HARTREY AVE. EVANSTON, IL 60202** *4-6-18* From **TAPES UNLIMITED, INC.**

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to *John W. Warchouse #41 2337 S. 18th St* (Mell or street address at consignee—For purposes of notification only.)

Destination *Bridgeway* State *IL* Zip *60433* County \_\_\_\_\_ Delivery Address \* \_\_\_\_\_  
 \* To be filled in only when shipper desires and governing tariffs provide for delivery thereof.

Route \_\_\_\_\_

Delivering Carrier \_\_\_\_\_ Car or Vehicle Initials \_\_\_\_\_ No. \_\_\_\_\_

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	WEIGHT (Subject to Correction)	Class or Rate	Check Column	Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Signature of Consignor) <i>[Signature]</i> If charges are to be prepaid, write or stamp here: "To be Prepaid." <i>Collected</i> Received \$ _____ to apply in prepayment of the charges on the property described hereon. Agent or Cashier Per _____ (The signature here acknowledges only the amount prepaid.) Charges Advanced: \$ _____ * Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.
<i>70</i>	<i>PAPER SEALING TAPE on 5-5 kits</i> <i>PO # 77 207 82</i>		<i>55</i>		



\* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.  
 NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The amount or declared value of the property is hereby specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_.

The blue labels used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Commodity Freight Classification.

Shipper, Per *[Signature]* 4/6/18 Agent, Per *John S. P. O'S*

Domestic post-office address of shipper: \_\_\_\_\_

# 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):**

<b>Creditor:</b> (27205122) TAPES UNLIMITED 1245 HARTREY AVENUE EVANSTON, IL 60202	<b>Claim No: 73</b> <i>Original Filed</i> Date: 01/25/2019 <i>Original Entered</i> Date: 01/28/2019	<b>Status:</b> Filed by: CR Entered by: Maria Garcia Modified:
Amount claimed: \$4861.42		

*History:*  
[Details](#) [73-1](#) 01/25/2019 Claim #73 filed by TAPES UNLIMITED, Amount claimed: \$4861.42 (Garcia, Maria)

*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>	\$4861.42
<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>		