

**Fill in this information to identify the case:**Debtor 1 Belvidere Associates LLC

Debtor 2 \_\_\_\_\_

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

United States Bankruptcy Court Northern District of IllinoisCase number: 18-30043

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**

<b>1. Who is the current creditor?</b>	<u>Jerome J. Brezinski &amp; Assoc., Ltd.</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>Jerome J. Brezinski &amp; Assoc., Ltd.</u>	<u>3900 HALL AVE</u>
	Name	Name
	P.O. Box 600 3900 Hall Ave., Suite B MARINETTE, WI 54143	
	Contact phone <u>715-732-7000</u>	Contact phone _____
	Contact email <u>cindy@jjba.net</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____	
	MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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**

<b>6. Do you have any number you use to identify the debtor?</b>	<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>BOBV</u>										
<b>7. How much is the claim?</b>	\$ <u>22752.00</u> <div style="float: right; text-align: right;"> <b>Does this amount include interest or other charges?</b>  <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).       </div>										
<b>8. What is the basis of the claim?</b>	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.  <u>Goods sold (Pre-Hung Doors)</u>										
<b>9. Is all or part of the claim secured?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <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: _____  <b>Basis for perfection:</b> _____  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.)  <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Value of property:</b></td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td><b>Amount of the claim that is secured:</b></td> <td>\$ _____</td> </tr> <tr> <td><b>Amount of the claim that is unsecured:</b></td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;"><b>Amount necessary to cure any default as of the date of the petition:</b></td> <td style="width: 40%;">\$ _____</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;"><b>Annual Interest Rate</b> (when case was filed)</td> <td style="width: 40%;">_____ %</td> </tr> </table> <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<b>Value of property:</b>	\$ _____	<b>Amount of the claim that is secured:</b>	\$ _____	<b>Amount of the claim that is unsecured:</b>	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)	<b>Amount necessary to cure any default as of the date of the petition:</b>	\$ _____	<b>Annual Interest Rate</b> (when case was filed)	_____ %
<b>Value of property:</b>	\$ _____										
<b>Amount of the claim that is secured:</b>	\$ _____										
<b>Amount of the claim that is unsecured:</b>	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)										
<b>Amount necessary to cure any default as of the date of the petition:</b>	\$ _____										
<b>Annual Interest Rate</b> (when case was filed)	_____ %										
<b>10. Is this claim based on a lease?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____										
<b>11. Is this claim subject to a right of setoff?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____										

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><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). \$ _____</p> <p><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). \$ _____</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies \$ _____</p>	<b>Amount entitled to priority</b>
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\* 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/ Cynthia J. Wenzel

Signature

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

Name	<u>Cynthia J. Wenzel</u>		
	First name	Middle name	Last name
Title	<u>Exec. V.P.</u>		
Company	<u>Jerome J. Brezinski &amp; Assoc., Ltd.</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>3900 Hall Ave., Suite B</u>		
	Number Street		
	<u>Marinette, WI 54143</u>		
	City State ZIP Code		
Contact phone	<u>715-732-7000</u>	Email	<u>cindy@jjba.net</u>

P. 1 of 9

## Fill in this information to identify the case:

Debtor 1 Belvidere Associates LLCDebtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois - Eastern Div

Case number 18-30043

## 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?

Jerome J. Brezinski + Assoc., Ltd.

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?

Where should notices to the creditor be sent?

Where should payments to the creditor be sent? (if different)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Jerome J. Brezinski + Assoc., Ltd.(same.)

Name

Name

\* P.O. Box 600 / 3900 Hall Ave.,

Number

Street

Suite BMarinette, WI54143

City

State

ZIP Code

Number

Street

City

State

ZIP Code

Contact phone (715) 732-7000

Contact phone

Contact email cindy@jjba.net

Contact email

contact name: Cindy Wenzel

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: B O B V

7. How much is the claim? \$ 22,752.<sup>00</sup> 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 (Pre-hung Doors)

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).

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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

01/26/2019  
MM / DD / YYYY

Signature

Cynthia J. Wenzel Exec. VP.

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

Name

Cynthia Jaye Wenzel

First name

Middle name

Last name

Title

Exec. V.P.

Company

Jerome J. Brezinski &amp; Assoc., Ltd.

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

Address

\* PO Box 400 / 3900 Hall Ave., Suite B

Number

Street

Marinette,

WI

54143

City

State

ZIP Code

Contact phone

(715) 732-7000

Email

cindy@jjba.net

# INVOICE

**Jerome J. Brezinski & Assoc., Ltd.**

P.O. Box 600  
Marinette, WI 54143-0600

Phone: (715) 732-7000  
E-mail: jerry@jjba.net

INVOICE DATE 08/15/18  
INVOICE NO. 051280  
SHIP DATE 08/15/18  
CUSTOMER NO. H050BV

SOLD TO:

HOME OWNERS BARGAIN OUTLET #47  
2650 BRIVIERE ROAD  
WAUKEGAN, IL 60085

SHIPPED TO:

HOME OWNERS BARGAIN OUTLET #47  
7557 78TH AVENUE  
BRIDGEVIEW, IL 60455

PAGE

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ITEM NO. / SERIAL NO.	FO.B. POINT	CUSTOMER ORDER NO.	SHIP VIA	TERMS	SALESPERSON	OUR ORDER NO.
CRIVITT, WI		N000021764	CUSTOMER PICKUP	NET 30 DAYS	CW	024684
DESCRIPTION	UNIT	ORDERED	QUANTITY BACK ORDERED	SHIPPED	UNIT PRICE	EXTENDED AMOUNT
COM PH METAL/SM FBROGS INS DO OR-PANEL-2/6 16 EA. - 2/6 L.H. / 16 EA. - 2/6 R.H. / 6-PANEL	EACH	32.00	0.00	32.00	72.000	2304.00
COM PH METAL/SM FBROGS INS DO OR-1/2 MOON LITE-PANEL-2/10 16 EA. - 2/10 L.H. / 16 EA. - 2/10 R.H.	EACH	32.00	0.00	32.00	100.000	3200.00
COM PH METAL/SM FBROGS INS DO OR-1/2 MOON LITE-PANEL-2/8 4 EA. - 2/8 L.H. / 4 EA. - 2/8 R.H.	EACH	16.00	8.00	8.00	100.000	800.00
SALES TOTAL 22752.00 TRADE DISCOUNT 0.00 FREIGHT 0.00 MISC. CHARGES 0.00 TAX TOTAL 0.00						22752.00
<b>TOTAL</b>						<b>22752.00</b>

ALL INVOICES ARE DUE IN US\$ - THANK YOU FOR YOUR ORDER.



CONTINUED



**This Shipping Order**

must be filled in, in ink, in indelible pencil, or in Carbon, and retained by the Agent

(Name of Carrier)

Carrier's Pro No. \_\_\_\_\_  
Shipper's Bill of Lading No. \_\_\_\_\_  
Consignee's Reference/PO No. \_\_\_\_\_  
Carrier's Code (SCAC) \_\_\_\_\_

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request.

at CHVIZ WI

2018

From Shop/Jerome J. Brezinski &amp; Assoc., Ltd.

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract) is retaining 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 route, otherwise to deliver to another carrier on the route to said destination. It is further agreed, as to each 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 said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Freight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date hereof, if this is a rail or a 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 Jerome Owners Bargain Outlet #47

7557 78th Ave

(Mail or street address of consignee - For purposes of notification only.)

Destination BridgeviewState ILZIP 60455

County \_\_\_\_\_

★ To be filled in only when shipper desires and governing tariffs provide for delivery thereof.

Route HPBDDelivering Carrier CHVIZ WICHVIZ WICar or Vehicle Initials 1015115No. 1015115No. Packages 222Kind of Package, Description of Articles, Special Marks, and Exceptions Prehung Exterior DoorsWeight (Subject to Correction) 18,944#Class or Rate 850#Check Column 17

222

Prehung Exterior Doors

Weight (Subject to Correction) 18,944#Class or Rate 850#Check Column 17

PHOTO'S TAKEN OF THIS SHIPMENT

For driver's convenience: Receiving 708-924-9155

Any shortage, damage, or evidence of tampering must be noted on this bill of lading. Notation must include quantity, description, date, and signature of delivering carrier and Consignee. Shortage or damage discovered after unloading must be reported to Shipper within five (5) days of receipt of goods.

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 \_\_\_\_\_

Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).

The three 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.

Jerome J. Brezinski &amp; Assoc., Ltd.

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

Jerome J. Brezinski

Agent must detach and retain this shipping Order and must sign the original bill of lading.

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

P.O. Box 600, Mannette, WI 54143

REDIFORM®

Carbonless Speediset® Forms  
Rediform, Inc. Made in U.S.A.44-301 • Triplicate  
44-302 • Quadruplicate



TO: Jerome Brezinski &amp; Associates

P.O.: Box 600 54143  
 Marinette WI 732-7000  
 PHONE: (715) 732-7000  
 FAX : (715) 732-4392

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

Page: 1

P.O. #: 0000021764  
 Store : 47

Order Date: 7/27/18  
 Date Due : 8/3/18  
 Alt. PO # :  
 Order Type : NORMAL  
 Buyer : CROB

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS	UNIT COST	U/M	EXTENDED COST
JE185		F	N	PPD		PRE		NET 30 DAYS			
LINE#	STORE	QTY	ORD	ITEM/SKU	NUMBER	DESCRIPTION	MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
						BILL TO:					
						HOB0 2650 BELVIDERE RD WAUKEGAN, IL 60085					
						PLEASE CALL FOR DELIVERY APPOINTMENT.					
14	47	16		1246369		6 PANEL STEEL/FBGL 30X80 HL #2			72.00	EA	1152.00
15	47	16		1246370		6 PANEL STEEL/FBGL 30X80 HL #2			72.00	EA	1152.00
16	47	40		1246371		6 PANEL STEEL 32X80 HL A-			84.00	EA	3360.00
17	47	40		1246372		6 PANEL STEEL 32X80 HL A-			84.00	EA	3360.00
18	47	24		1246373		6 PANEL STEEL/FBGL 34X80 HL #2			72.00	EA	1728.00
19	47	24		1246374		6 PANEL STEEL/FBGL 34X80 HL #2			72.00	EA	1728.00
20	47	16		1246375		1/2 MOON FIBGL 34X80 HL #2			100.00	EA	1600.00
21	47	16		1246376		6 PANEL STEEL 36X80 HL A-			84.00	EA	1344.00
22	47	16		1246377		6 PANEL STEEL 36X80 HL A-			84.00	EA	1344.00
23	47	16		1246378		FAN LITE STEEL 36X80 HL A-			112.00	EA	1792.00
24	47	16		1246379		FAN LITE STEEL 36X80 HL A-			112.00	EA	1792.00
25	47	16		1246380		1/2 MOON FIBGL 34X80 HL #2			100.00	EA	1600.00
26	47	8		1246381		FAN LITE STEEL/FBGL 32X80 HL #2			100.00	EA	800.00
27	47	8		1246382		FAN LITE STEEL/FBGL 32X80 HL #2			100.00	EA	800.00
TOTAL UNITS										272	

TOTAL COST 23552.00  
 TOTAL FREIGHT 952.00  
 OTHER CHARGES .00  
 TOTAL P.O. 24504.00

P.O. Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

C.R.L.

**Home Owners Bargain Outlet**

REQUEST FOR PICK-UP INFORMATION PLEASE COMPLETE AND RETURN ASAP

PHONE: 708-924-9155 EXT 17

FAX: 708-924-1094

SCHEDULE INBOUND APPOINTMENTS : INBOUND@HOBONLINE.COM (708)924-9155 EXT #13

DATE: 000021764  
PO#: 000021764

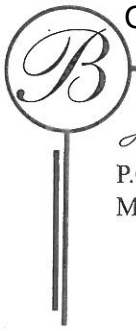
SPECIAL INSTRUCTIONS

SHIPPER:	Jerome J. Brezinski + Assoc, Ltd. - Door Shop									
Address	N7227 Hwy. 141									
City, ST zip	GRIVITZ, WI 54114									
Phone	(715) 923-6922 call# of contact: DAN									
Contact(s)	DAN									
Shipping Email Address	dan@jba.net									
P/U #	HOB0									
SHIPPING HOURS	8am - 3:30 pm									
P/U APT REQUIRED?	Yes									
# of Pallets or feet on trlr	34 pallets, must be 53' dry van.									
# of pallets per store	#47	#21	#22	#23	#24	#25	#26	#27		
Weight (lbs.)	25,000 lbs									
Equipment size needed	p 48' b 53' Dryvan R DV only									
Slid size	<input checked="" type="checkbox"/> Standard sized Other: <input type="checkbox"/>									
LTL FREIGHT:	CLASS: NMFC CODE:									
5 PLTS OR LESS	PALLET SIZES W/HEIGHT:									

Y ☒ N ☐ Please indicate if PO is ready to ship complete (i.e. shipping ALL locations, NO backorder)  
Y ☐ N ☒ Please indicate if product is FLOORLOADED. on TUES, 8/7/18

PLEASE FAX OR E-MAIL TO BARB BRAASCH - BBRAASCH@HOBONLINE.COM

Store #21 800 S. 108th St West Allis, WI 53214 414-302-4626 KELLY	STORE #22 7630 ROOSEVELT ROAD FOREST PARK, IL 60130 708-488-9800 TALION	Store #23 1693 Plainfield Road Crest Hill, IL 60435 815-730-8340 DOUG/JOHN	Store #24 2650 Belvidere Rd Waukegan, IL 60085 847-263-1612 DAN
Store #25 8716 S Cicero Ave Oak Lawn, IL 60453 708-423-4656 BILL	Store #26 250 W North Ave Villa Park, IL 60181 630-833-3200 RENE	Store #27 3545 S 27th St Milwaukee, WI 53221 414-643-1226 ZACH	#47 / BYDC 7557 78th Ave Bridgeview, IL 60455 708 924-9155 EXT 13 HEATHER



STATEMENT

Jerome J. Brexinski & Assoc., Ltd.

P.O. Box 600  
Marinette, WI 54143

Pho: 715-732-7000  
Fax: 715-732-4392  
E-mail: jerry@jjba.net

DATE
09/17/18
ACCOUNT NUMBER
HOB0BV

HOME OWNERS BARGAIN OUTLET #47  
2650 BELVIDERE ROAD

WAUKEGAN, IL

60085

\$ \_\_\_\_\_  
AMOUNT ENCLOSED

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT.

PAGE

1

REFERENCE	DATE	TYPE	DESCRIPTION	AMOUNT	BALANCE
051280	08/15/18	I Order	#024684	22752.00	22752.00
<div>Due 9/15/18 Please pay. We appreciate if you'd call &amp; advise when payment has been/or will be sent. Thank you, Cindy</div>					
AMOUNT DUE ►					22752.00
CURRENT	1 TO 10	11 TO 31	32 TO 45	OVER 45	
0.00	22752.00	0.00	0.00	0.00	

# 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> (27482822) Jerome J. Brezinski & Assoc., Ltd. P.O. Box 600 3900 Hall Ave., Suite B MARINETTE, WI 54143	<b>Claim No: 76</b> <i>Original Filed</i> Date: 01/28/2019 <i>Original Entered</i> Date: 01/28/2019	<b>Status:</b> <i>Filed by:</i> CR <i>Entered by:</i> EPoc ADI <i>Modified:</i>
Amount claimed: \$22752.00		

**History:**

[Details](#) [76-1](#) 01/28/2019 Claim #76 filed by Jerome J. Brezinski & Assoc., Ltd., Amount claimed: \$22752.00 (ADI, EPoc)

**Description:**

**Remarks:** (76-1) Account Number (last 4 digits):BOBV

## 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>	\$22752.00
<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>		