

## 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  
FEB 04 2019

JEFFREY P. ALLSTEADT, CLERK  
TEAM - CA

## Official Form 410

**Proof of Claim**

12/15

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?	<u>C.H. Robinson Worldwide, Inc.</u> 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)	<b>Where should notices to the creditor be sent?</b>  <u>C.H. Robinson Worldwide, Inc.</u> Name <u>14701 Charlson Road</u> Number Street <u>Eden Prairie</u> <u>MN</u> <u>55347</u> City State ZIP Code Contact phone <u>952-937-7896</u> Contact email <u>bill.glad@chrobinson.com</u>  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b>  Name _____ Number Street _____ City State ZIP Code _____ 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) _____	
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? _____	

Filed on \_\_\_\_\_  
MM / DD / YYYY

**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?	<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>8 0 8 1</u> <span style="margin-left: 20px;">4</span> <div style="text-align: right; margin-top: -10px;">0149</div>
7. How much is the claim?	\$ <u>33,700.19</u> 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).
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.  <u>Services Performed</u>
9. Is all or part of the claim secured?	<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.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ <u>33,700.19</u> (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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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 all that apply:

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 \$2,775\* 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 \$12,475\*) 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 4/01/16 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.

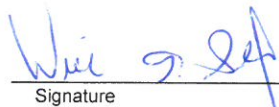
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 01/25/2019  
MM / DD / YYYY

  
Signature

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

Name	William	A.	Glad
	First name	Middle name	Last name
Title	Accounts Receivable Manager		
Company	C.H. Robinson Worldwide, Inc.		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	14701 Charlson Road		
	Number	Street	
	Eden Prairie	MN	55347
	City	State	ZIP Code
Contact phone	952-937-7896	Email	bill.glad@chrobinson.com





Statement Date: November 30, 2018

 Remit To:  
 P.O. Box 9121  
 Minneapolis, MN 55480-9121

**C.H. Robinson Worldwide, Inc. and  
 Subsidiaries**

 Statement Prepared for:  
 C2588081

 ATTN: ACCOUNTS PAYABLE  
 BELVIDERE DBA HOBO-HOME OWNERS BARGAIN OUTLET  
 7557 78TH AVE  
 BRIDGEVIEW, IL 60455-1245

### Statement of Account

Status	Invoice	Branch	CHR #	Ship Date	Reference Number	Due Date	Total Invoice	Credited	Balance	Age
Open^	6084376426	0426	270837277	7/26/2018	45801	8/25/2018	2,095.00	0.00	2,095.00	127
Open^	6086216180	0426	273914696	8/29/2018	45927	9/28/2018	780.00	0.00	780.00	93
Open^	6086307703	0426	273929309	8/30/2018	45925	9/29/2018	1,150.00	0.00	1,150.00	92
Open^	6086366046	0426	273642117	8/31/2018	45922	9/30/2018	3,075.00	0.00	3,075.00	91
Open^	6086497979	0426	273936740	9/4/2018	456929	10/4/2018	1,100.00	0.00	1,100.00	87
Open^	6086529500	0426	274010935	9/5/2018	45934	10/5/2018	3,150.00	0.00	3,150.00	86
Open^	6086597339	0426	274128042	9/6/2018	45942	10/6/2018	1,300.00	0.00	1,300.00	85
Open^	6086805783	0426	273757517	9/10/2018	45921	10/10/2018	3,445.00	0.00	3,445.00	81
Open^	6086911874	0426	274988224	9/12/2018	45968	10/12/2018	1,045.00	0.00	1,045.00	79
Open^	6086974169	0426	274992644	9/13/2018	45967	10/13/2018	1,125.00	0.00	1,125.00	78
Open^	6087165609	0426	275208287	9/17/2018	45978	10/17/2018	1,550.00	0.00	1,550.00	74
Open^	6087183313	0426	275011566	9/17/2018	45969	10/17/2018	1,600.00	0.00	1,600.00	74
Open^	6087370219	0426	275600576	9/20/2018	46010	10/20/2018	1,320.00	0.00	1,320.00	71
Open^	6087385758	0426	275223344	9/20/2018	45979	10/20/2018	1,045.00	0.00	1,045.00	71
Open^	6087398548	0426	275722349	9/20/2018	46023	10/20/2018	1,200.00	0.00	1,200.00	71
Open^	6087432203	0426	275839184	9/21/2018	46015	10/21/2018	745.00	0.00	745.00	70
Open^	6087597324	0426	276062387	9/25/2018	46039	10/25/2018	1,115.00	0.00	1,115.00	66
Open^	6087600572	0426	276055130	9/25/2018	46040	10/25/2018	975.00	0.00	975.00	66
Open^	6087614804	0426	275937276	9/25/2018	46029	10/25/2018	1,345.00	0.00	1,345.00	66
Open^	6087964508	0426	276400731	10/1/2018	46054	10/31/2018	885.00	0.00	885.00	60
Open^	6087965492	0426	276595884	10/1/2018	46064	10/31/2018	250.00	0.00	250.00	60
Open^	6088073703	0426	276178593	10/3/2018	46041	11/2/2018	3,240.00	0.00	3,240.00	58
<b>Total Outstanding Amount:</b>		USD					33,535.00	0.00	33,535.00	
<b>Total Overdue Amount:</b>		USD							33,535.00	

If you have questions regarding this invoice or your account, please call Iloany Gomez at 630-766-4445 or email at [Iloany.Gomez@chrobinson.com](mailto:Iloany.Gomez@chrobinson.com).

**Statement Date:** November 30, 2018**C.H. Robinson Worldwide, Inc. and  
Subsidiaries****Statement Prepared for:**  
C2588081ATTN: ACCOUNTS PAYABLE  
BELVIDERE DBA HOBO-HOME OWNERS BARGAIN OUTLET  
7557 78TH AVE  
BRIDGEVIEW, IL 60455-1245

### Statement Summary

		<b>Total Invoice</b>	<b>Credited</b>	<b>Balance</b>
<b>Total Outstanding Amount:</b>	USD	33,535.00	0.00	33,535.00
<b>Total Overdue Amount:</b>	USD			33,535.00
<b>Total Unallocated Amount:</b>	USD			0.00

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**Statement Date:** November 30, 2018

**Remit To:**  
**P.O. Box 9121**  
**Minneapolis, MN 55480-9121**

**C.H. Robinson Worldwide, Inc. and  
 Subsidiaries**

**Statement Prepared for:**  
 C1390149

ATTN: ACCOUNTS PAYABLE  
 BELVIDERE- LTL DBA HOBO- HOME OWNERS BARGAIN  
 OUTLE  
 7557 78TH AVE  
 BRIDGEVIEW, IL 60455-1245

## Statement of Account

Status	Invoice	Branch	CHR #	Ship Date	Reference Number	Due Date	Total Invoice	Credited	Balance	Age
Open^	6087402736	0426	274879101	9/20/2018	N21915	10/20/2018	165.19	0.00	165.19	71
<b>Total Outstanding Amount:</b>		USD					165.19	0.00	165.19	
<b>Total Overdue Amount:</b>		USD							165.19	

**If you have questions regarding this invoice or your account, please call Iloany Gomez at 630-766-4445 or email at [Iloany.Gomez@chrobinson.com](mailto:Iloany.Gomez@chrobinson.com).**

**Statement Date:** November 30, 2018**C.H. Robinson Worldwide, Inc. and  
Subsidiaries****Statement Prepared for:**  
C1390149ATTN: ACCOUNTS PAYABLE  
BELVIDERE- LTL DBA HOBO- HOME OWNERS BARGAIN  
OUTLE  
7557 78TH AVE  
BRIDGEVIEW, IL 60455-1245

### Statement Summary

		<b>Total Invoice</b>	<b>Credited</b>	<b>Balance</b>
<b>Total Outstanding Amount:</b>	USD	165.19	0.00	165.19
<b>Total Overdue Amount:</b>	USD			165.19

**If you have questions regarding this invoice or your account, please call Iloany Gomez at 630-766-4445 or email at [Iloany.Gomez@chrobinson.com](mailto:Iloany.Gomez@chrobinson.com).**

# 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:** (27505509)  
C.H. Robinson Worldwide Inc  
14701 Charlson Road  
Eden Prairie MN 55347

**Claim No: 87**  
*Original Filed Date:* 02/04/2019  
*Original Entered Date:* 02/04/2019

**Status:**  
*Filed by:* CR  
*Entered by:* Kevin Lyons  
*Modified:*

Amount claimed: \$33700.19

*History:*

[Details](#) [87-1](#) 02/04/2019 Claim #87 filed by C.H. Robinson Worldwide Inc, Amount claimed: \$33700.19 (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>	\$33700.19
<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
Secured		
Priority		
Administrative		