

**FILED**  
 UNITED STATES BANKRUPTCY COURT  
 NORTHERN DISTRICT OF ILLINOIS  
 NOV 27 2018  
 JEFFREY P. ALLSTEADT, CLERK  
 TEAM - CA

Fill in this information to identify the case:

Debtor 1 FP Retail Associates LLC

Debtor 2 \_\_\_\_\_  
 (Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois

Case number 18-30046

**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?** Mark A. Rangel  
 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)

Mark A. Rangel Name  
9232 Washington Avenue Number Street  
Brookfield IL 60513 City State ZIP Code  
 Contact phone 312-342-7682 Contact phone \_\_\_\_\_  
 Contact email marcpa@comcast.net Contact email \_\_\_\_\_

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? \$ 5,141.25. 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.  
Customer Deposit - No Goods Delivered

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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check one:

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.

Amount entitled to priority

\$ \_\_\_\_\_

\$ 2,850.00

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

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

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

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

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 11/19/2018  
MM / DD / YYYY

Signature Mark A Rangel

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

Name Mark Anthony Rangel  
First name Middle name Last name

Title \_\_\_\_\_

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

Address 9232 Washington Avenue  
Number Street

Brookfield IL 60513  
City State ZIP Code

Contact phone 312-342-7682 Email marcpa@comcast.net



# ORDER CONTRACT

Thank you for your cabinetry purchase at HOBOb.

Please read the contract below. If you have any questions, please address them with your salesperson prior to signing this document.

PURCHASER INFORMATION	
NAME	MARK & KELLY RANGEL
ADDRESS	9232 WASHINGTON AVE.
CITY	BROOKFIELD, IL. 60513
PHONE	312.342.7682 (MARK - Call 1st)
ALT PHONE	708.785.2082 (KELLY)
EMAIL	MARCPA@COMCAST.NET

SALE INFORMATION	
SALESPERSON	DEBIE ALPORT BY JW
DATE OF SALE	9/7/18
VENDOR	KOUNTRY WOOD
FINAL PRICE	\$5,842.32 - 20% + DELIVERY + TAX
PROMO?	20% - OK PER TALION
INSTALLED BY	NO INSTALLATION

HOBOb WILL ARRANGE FOR THE VENDOR LISTED ABOVE TO COMPLETE (purchaser to initial all applicable)

*YES 9.7.18*  
 \_NO\_ Measurement for fabrication of the cabinetry  
 \_YES\_ Delivery of the cabinetry  
 \_NO\_ Installation of the cabinetry

INSTALLATION ADDRESS (IF DIFFERENT)	
NAME	
ADDRESS	
CITY, ST, ZIP	

These cabinets are custom made for YOU. Once this order is processed and payment for this Order is made in full, the Order cannot be changed, cancelled or returned.

*MM* **DIMENSIONS**  
 All measurements have been provided by you prior to ordering, unless you have paid to have HOBOb arrange for the vendor listed above to verify measurements. Purchaser is 100% responsible for appliance dimension verification. HOBOb cannot be held responsible for any errors in measurements.

*MM* You have reviewed, approved, signed and received a copy of the final cabinet design drawing.

*MM* **DELIVERY**  
 Approximate delivery lead-times are as follows: Haas/Lifestyle (4-6 weeks); Lifestyle Quick Ship (2-3 weeks); Springville (1-3 weeks); KWP Choice (4-5 weeks); KWP QuickShip (1-2 weeks) This contract does not guarantee delivery time frames, and can be extended due to supply issues or other events beyond HOBOb's control. All estimated delivery time frames are in business days. If your order is for 4 cabinets or more, delivery will be directly to the address listed above. The delivery company, ML MATTHEWS, will contact you to schedule the delivery. ML MATTHEWS will not contact you until the cabinets have arrived to their warehouse. Springville cabinetry is delivered by Eagle Cabinetry, a subsidiary of LW Mountain Inc.  
**ALL OTHER-FIRST FLOOR DELIVERY ONLY; ANY ADDITIONAL FLOOR WILL INCUR A \$2.00 PER CABINET/FLOOR ADDITIONAL CHARGE.**  
 The definition of "first floor" is anything (5) steps or less. Anything more than (5) steps will incur a charge. If your order is 3 cabinets or less, the cabinets will be delivered to our store. The HOBOb store will contact you upon receipt of your order. These delivery estimates are provided by the manufacturer. HOBOb cannot be held responsible for delays for any reason. HOBOb strongly recommends that you do not schedule installation or demolition of kitchen or room without a firm date of delivery. Deliveries are made Monday through Friday, 8:00-4:00 CST, excluding holidays (Springville deliveries are made Monday through Friday 8AM to 2PM) Adequate access is required to unload your product. Product will be delivered to customers garage or nearest dry storage, if there is no garage. You will be charged \$70.00 per hour if additional labor is required at the jobsite for conditions such as long walkways, no parking, etc.. You will be charged a \$50.00 trip charge if you miss a scheduled appointment. HOBOb's delivery service will store goods at no charge for up to two weeks. There will be a \$2.00 per cabinet, per week surcharge for storage beyond two weeks.

*MM* **DAMAGE OR DEFECTS**  
 Purchaser has ten days from date of receipt to notify their HOBOb salesperson of any damage or issues. Please deal only with your HOBOb salesperson as they have the most knowledge of your project. For all claims of warped, defective, or damaged door/drawer fronts, the item must be brought into the store for inspection. HOBOb will not replace doors due to the natural characteristics of the wood. It is normal for minor damage to occur during installation. This will not be considered defective. HOBOb recommends the purchase of a touch up kit for these issues. Purchaser understands that any reorders of damaged or defective products will take 2-4 weeks to receive, dependent on what the item is. For all claims of damaged or defective cabinets (non-door/drawer front), a photo must be provided of the damage. This photo can either be brought into the store, or can be emailed to hobokitchens@hoboonline.com

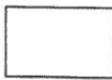
*MM* HOBOb, ITS OWNERS AND EMPLOYEES ARE NOT RESPONSIBLE FOR ANY ERRORS, DAMAGE OR DEFECTS DURING MEASUREMENT, DELIVERY, AND/OR INSTALLATION OF PRODUCTS PURCHASED UNDER THIS ORDER CONTRACT.

I have read and understand the above. By signing this document, I am in complete acceptance and understand what is being ordered for my project. I also have reviewed, accepted and signed all required forms shown above.

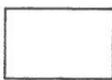
*Marka Rangel* 9/7/18  
 Purchaser Signature Date

*Debie Alport* 9.7.18  
 Sales Associate Signature Date

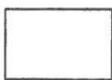
PLEASE CONTACT THIS HOBOb STORE WITH ANY QUESTIONS



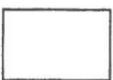
HOBOb #21  
 800 S. 108th  
 West Allis, WI  
 PH: (414) 302-4626  
 FX: (414) 302-4630



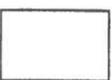
HOBOb #23  
 1693 Plainfield Rd  
 Crest Hill, IL  
 PH: (815) 730-8340  
 FX: (815) 730-0297



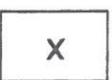
HOBOb #24  
 2650 Belvidere Rd  
 Waukegan, IL  
 PH: (847) 263-1612  
 FX: (847) 360-9616



HOBOb #25  
 8716 S. Cicero Ave  
 Oak Lawn, IL  
 PH: (708) 423-4656  
 FX: (708) 423-5058



HOBOb #26  
 300 W. North Ave  
 Villa Park, IL  
 PH: (630) 833-3200  
 FX: (630) 758-0915



HOBOb #22  
 7630 W. Roosevelt Rd.  
 Forest Park, IL.  
 PH: (708) 488-9800  
 FX: (708) 488-8075



## KOUNTRYWOOD CHOICE SPECIAL ORDER CHECKLIST

**BASIC INFORMATION**

DOOR STYLE	GEORGETOWN
PANEL INSERT TYPE	N/A
WOOD SPECIES	HDF
FINISH	LIMESTONE (PAINT)
OTHER	N/A


WALL CABINET HEIGHTS	
30" HEIGHT / 84" SOFFIT	
36" HEIGHT / 90" SOFFIT	
42" HEIGHT / 96" SOFFIT	X
STAGGERED ?	

*MA*

CUSTOMER INITIALS

I, THE CLIENT / PURCHASER, HAVE SEEN AN ACTUAL SAMPLE OF THE DOOR STYLE AND THE FINISH COLOR SAMPLE. I AGREE THAT SAMPLE IS WHAT I AM ORDERING.


SLIDING SHELVES	
NONE	X
SLIDING SHELVES	
FULL ACCESS ROLL OUTS	
TOM MOUNTED ROLL OUTS	

	YES	NO	
PREP FOR GLASS ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SELECT TYPE (MULLION, ETC.?) _____
FINISHED INTERIOR ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
UPPER MOULDINGS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IF SO, WHAT TYPE? <u>COVE CROWN</u>
LOWER MOULDINGS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IF SO, WHAT TYPE? _____
BASE MOULDINGS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IF SO, WHAT TYPE? <u>MATCHING TOE-KICK</u>
OTHER MOULDINGS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IF SO, WHAT TYPE? _____
MATCHING VENEER ENDS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IF SO, WHAT TYPE? _____
FLUSH FINISHED ENDS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NOTE _____
DECORATIVE ENDS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NOTE _____
SOFT CLOSE HINGES & GLDES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTE _____
DOMESTIC CONSTRUCTION (PLYWOOD BOX)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTE _____
	<input type="checkbox"/>	<input type="checkbox"/>	IF SO, WHAT TYPE? _____
	<input type="checkbox"/>	<input type="checkbox"/>	IF SO, WHAT TYPE? _____
	<input type="checkbox"/>	<input type="checkbox"/>	NOTE _____

I have read and understand the above. By signing this document,

<p><i>Maula Rongal</i>      <u>9/7/18</u></p> <p>Customer Signature      Date</p>	<p><i>[Signature]</i>      <u>9.7.18</u></p> <p>Sales Associate Signature      Date</p>
---	---

PLEASE CONTACT THIS HOBO STORE WITH ANY QUESTIONS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HOBO #21 800 S. 108th West Allis, WI PH: (414) 302-4626	HOBO #23 1693 Plainfield Rd Crest Hill, IL PH: (815) 730-8340	HOBO #24 2650 Belvidere Rd Waukegan, IL PH: (847) 263-1612	HOBO #25 8716 S. Cicero Ave Oak Lawn, IL PH: (708) 423-4656	HOBO #26 300 W. North Ave Villa Park, IL PH: (630) 833-3200	HOBO #22 7630 W. Roosevelt Rd. Forest Park, IL. PH: (708) 488-9800



## WOOD & FINISH ACCEPTANCE

Thank you for your cabinetry purchase at HOBO.

Please read the disclaimer below.

**Be aware: NONE OF THE NATURAL OCCURRENCES DESCRIBED BELOW SHALL BE CONSIDERED A REASON FOR REPLACEMENT, RETURN OR REFUND OF YOUR PURCHASE.**

In nature, trees will never grow identical to each other and woods from the same tree will often differ in color and grain. For that reason, wood finishes on all products will, at times, vary in color and grain characteristics, sometimes quite drastically.

Heartwood, usually having a slightly reddish-brown color, will result in a gray or blueish appearance. Mineral streaks will appear as a small black stain. Therefore, we cannot guarantee a match between individual cabinets or pieces on cabinets.

These wood characteristics shall not be considered defects.

Variations must be accepted as the beauty of a natural product that only nature can create.

Under no circumstance will the natural characteristics of wood be considered a defect or warranty issue.

Each specialty finish has been formulated to provide a unique way of enhancing the beauty of wood. To ensure your full understanding and satisfaction with this unique finish process, please review the "Specialty Finish Acceptance Form" (Form C).

Solid hardwoods and hardwood veneers will have variations in color and grain patterns.

Expect differences in each piece of wood used.

Depending on your selection, the colors and grain patterns may be partially to completely visible though the finish and should be accepted as characteristic of the final product.

Exposure to changing temperatures and humidity levels causes hardwoods to naturally expand and contract. Over time, these changes may cause slight separations at the cabinet joints, making visible hairline cracks in these finishes. These hairline cracks do not affect the structural integrity of the cabinet. Natural and artificial lighting conditions and other external elements (e.g., cigarette smoke, grease) can also cause color variations.

**Natural Wood Expansion / Contraction**

All wood pieces will take on and/or give off moisture to balance their new environments. Some door warping and center panel contraction is considered a normal occurrence. Over time, the product should return to equilibrium. For this reason, we ask that all solid wood products be allowed to process through one complete heating and cooling cycle

I have read and understand the above. By signing this document, I am in complete acceptance and understand what is being ordered for my project.

Maria A. Brown 9/7/18  
Customer Signature Date

[Signature] 9.7.18  
Sales Associate Signature Date

PLEASE CONTACT THIS HOBO STORE WITH ANY QUESTIONS

- |  |  |   |  |  |   |
|--|--|---|--|--|---|
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   |
| HOBO #21<br>800 S. 108th<br>West Allis, WI<br>PH: (414) 302-4626<br>FX: (414) 302-4630 | HOBO #23<br>1693 Plainfield Rd<br>Crest Hill, IL<br>PH: (815) 730-8340<br>FX: (815) 730-0297 | HOBO #24<br>2650 Belvidere Rd<br>Waukegan, IL<br>PH: (847) 263-1612<br>FX: (847) 360-9616 | HOBO #25<br>8716 S. Cicero Ave<br>Oak Lawn, IL<br>PH: (708) 423-4656<br>FX: (708) 423-5058 | HOBO #26<br>300 W. North Ave<br>Villa Park, IL<br>PH: (630) 833-3200<br>FX: (630) 758-0915 | HOBO #22<br>7630 W. Roosevelt Rd.<br>Forest Park, IL.<br>PH: (708) 488-9800<br>FX: (708) 488-8075 |

PAGE NO: 1

**FP Retail Associates LLC**  
**7630 ROOSEVELT RD**  
**FOREST PARK, IL**  
**60130**  
**PHONE: (708) 488-9800**

SOLD TO: **MARK RANGEL**  
**9232 WASHINGTON AVE.**

CUSTOMER: **48312**      JOB: **000**  
 TERMS: CASH/CHECK/BANKCARD

DATE / TIME: **9/7/18**      4:56  
 CLERK: **APAL**  
 TERMINAL: **31**

**BROOKFIELD IL 60513**      312-342-7682      REFERENCE: **HC K\* KWC GTH LIMESTONE U4 1**

SHIP TO: **MARK A RANGEL** /

**ORDER: 314226/O**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOKW	SPECIAL ORDER KWP CHOICE Kountry Wood Select Custom Kitchen Cabinets are SPECIAL ORDER. Cancellations within 48 hours are subject to a mandatory 10% restocking fee. After 48 hours absolutely no cancellations or returns will be accepted. Any modifications / alterations to the design may be subject to an additional charge and delay estimated delivery. Free delivery available within the		5842.32	/EA	5,842.32

CONTINUED...



**FP Retail Associates LLC**  
**7630 ROOSEVELT RD**  
**FOREST PARK, IL**  
**60130**  
**PHONE: (708) 488-9800**

**SOLD TO:** MARK RANGEL  
 9232 WASHINGTON AVE.

**CUSTOMER:** 48312 **JOB:** 000  
**TERMS:** CASH/CHECK/BANKCARD

**DATE / TIME:** 9/ 7/18 **4:56**  
**CLERK:** APAL  
**TERMINAL:** 31

**BROOKFIELD IL 60513** **REFERENCE:** HC K\* KWC GTH LIMESTONE U4 1

**SHIP TO:** MARK A RANGEL /

**ORDER: 314226/O**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
-1	EA	SOKW % OFF	Chicago and Milwaukee metro areas subject to a minimum purchase of four cabinets. Please allow 4-6 weeks for delivery. See design contract for additional terms and conditions. KOUNTRY WOOD % OFF DISCOUNT CREDIT RETURN DISCOUNT: \$1,168.46 SELECTION: GEORGETOWN HDF - LIMESTONE - SOFT CLOSE HINGES/ GLIDES - PLYWOOD CONSTRCTION (DOMESTIC OPTION) - DOORS ROUTED		1168.46	/EA	-1,168.46

CONTINUED...



**FP Retail Associates LLC**  
 7630 ROOSEVELT RD  
 FOREST PARK, IL  
 60130  
 PHONE: (708) 488-9800

DATE / TIME: 9/ 7/18 4:56  
 CLERK: APAL  
 TERMINAL: 31

CUSTOMER: 48312 JOB: 000  
 TERMS: CASH/CHECK/BANKCARD

SHIP TO: MARK RANGEL IL 60513 312-342-7682 REFERENCE: HC K\* KWC GTH LIMESTONE U4 1

SHIP TO: MARK A RANGEL /

**ORDER: 314226/O**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
			FOR GLASS - GLASS BY OTHERS CUSTOMER: MARK & KELLY RANGEL 9232 WASHINGTON AVE. BROOKFIELD, IL. 60513 MARK: 312.342.7682 (CALL 1ST) KELLY: 708.785.2082 SP: DEBI ALPORT BY JW				

TAXABLE 4673.86  
 NON-TAXABLE 0.00  
 SUB-TOTAL 4673.86  
 TAX AMOUNT 467.39  
**TOTAL 5141.25**

BANKCARD PAYMENT 1641.25  
 DEPOSIT AMT 1641.25  
 BALANCE DUE 3500.00

BKCRD# XXXXXXXXXXXXX9169  
 MID: 324990119996  
 APP: 026275  
 XR: 314234



X \_\_\_\_\_

THANK YOU FOR SHOPPING AT HOBO  
HOBO 22  
7630 ROOSEVELT RD  
FOREST PARK, IL  
60130  
(708) 488-9800

09/07/18 4:58PM APAL 31 DEPOSIT

SUB-TOTAL:\$ 4673.86 TAX: \$ 467.39  
TOTAL: \$ 5141.25  
HELP CARD USD\$ 3500.00  
DEPOSIT : 3500.00  
PRIOR DEP : 1641.25



ORDER# 314226/22  
CUST NO: 48312  
Customer Copy

Acct: MARK RANGEL  
REF: HC K\* KWC GTH LIMESTONE U4 1  
- ALL RETURNS AND EXCHANGES MUST BE IN ORIGINAL CONDITION IN FACTORY SEALED CARTON AND ACCOMPANIED BY ORIGINAL REGISTER RECEIPT WITHIN 30 DAYS OF PURCHASE.  
- HOBO RESERVES THE RIGHT TO DENY ANY RETURN OR EXCHANGE AND MAY REQUEST IDENTIFICATION AS A CONDITION OF RETURN OR EXCHANGE.  
- SPECIAL ORDER, CUSTOM, AND MANUFACTURER DIRECT ITEMS ARE NON-REFUNDABLE.  
- GIFT CARDS ARE NON-REFUNDABLE AND LOST OR STOLEN GIFT CARDS ARE NON-REPLACEABLE.  
- PLEASE SEE FULL RETURN POLICY FOR ADDITIONAL EXCLUSIONS / LIMITATIONS  
- Text BARGAIN to 555888 to join the Bargain Squad and receive exclusive subscriber benefits and savings!!!

THANK YOU FOR SHOPPING AT HOB0  
HOB0 22  
7630 ROOSEVELT RD  
FOREST PARK, IL  
60130  
(708) 488-9800

09/07/18 4:56PM APAL 31- ORDER

SUB-TOTAL:\$ 4673.86 TAX: \$ 467.39  
TOTAL: \$ 5141.25  
BC AMT: \$ 1641.25

BK CARD#: XXXXXXXXXXXX9169  
MID: 324990119996  
AUTH: 026275 AMT: \$ 1641.25  
Host reference #:314234 Bat#

Authorizing Network: VISA

Chip Read  
CARD TYPE:VISA EXPR: XXXX  
AID : A0000000031010  
TVR : 8080008000  
IAD : 06010A03602000  
TSI : 6800  
ARC : 00  
MODE : Issuer  
CVM :  
Name : VISA DEBIT  
ATC :0141  
AC : BA448B0348320C4C  
TxnID/ValCode: 066271

Bank card USD\$ 1641.25  
DEPOSIT : 1641.25



ORDER# 314226/22  
CUST NO: 48312

THANK YOU MARK A RANGEL  
FOR YOUR PATRONAGE

Name : X  
I agree to pay above total amount  
according to card issuer agreement  
(merchant agreement if credit voucher)  
Acct: MARK RANGEL  
REF: HC K\* KWC GTH LIMESTONE U4 1

Customer Copy

- ALL RETURNS AND EXCHANGES MUST BE IN ORIGINAL CONDITION IN FACTORY SEALED CARTON AND ACCOMPANIED BY ORIGINAL REGISTER RECEIPT WITHIN 30 DAYS OF PURCHASE.  
- HOB0 RESERVES THE RIGHT TO DENY ANY RETURN OR EXCHANGE AND MAY REQUEST IDENTIFICATION TO A CUSTOMER OF SERVICE

# Northern District of Illinois Claims Register

[18-30046 FP Retail Associates LLC](#)

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

*Creditor:* (27210837)      **Claim No:** 14      *Status:*  
 MARK A RANGEL      *Original Filed*      *Filed by:* CR  
 9232 WASHINGTON AVE.      *Date:* 11/27/2018      *Entered by:* Maria Garcia  
 BROOKFIELD, IL 60513      *Original Entered*      *Modified:*  
    *Date:* 11/28/2018

Amount claimed: \$5141.25  
 Priority claimed: \$2850.00

*History:*  
[Details](#)    [14-1](#) 11/27/2018 Claim #14 filed by MARK A RANGEL, Amount claimed: \$5141.25 (Garcia, Maria)  
*Description:*  
*Remarks:*

## Claims Register Summary

**Case Name:** FP Retail Associates LLC  
**Case Number:** 18-30046  
**Chapter:** 11  
**Date Filed:** 10/25/2018  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$5141.25
<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>	\$2850.00	
<b>Administrative</b>		