Fill in this information to identify the case:			
Debtor 1	FP RETAIL ASSOCIATES LLC		
Debtor 2			
United States Ba	nkruptcy Court for the: NOCTHEM District of		
Case number _	18-30046		

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

FEB 15 2019

JEFFREY P. ALLSTEADT, CLERK
TEAM - CA

## Official Form 410

# **Proof of Claim**

442 LL 474 41 61 1

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.

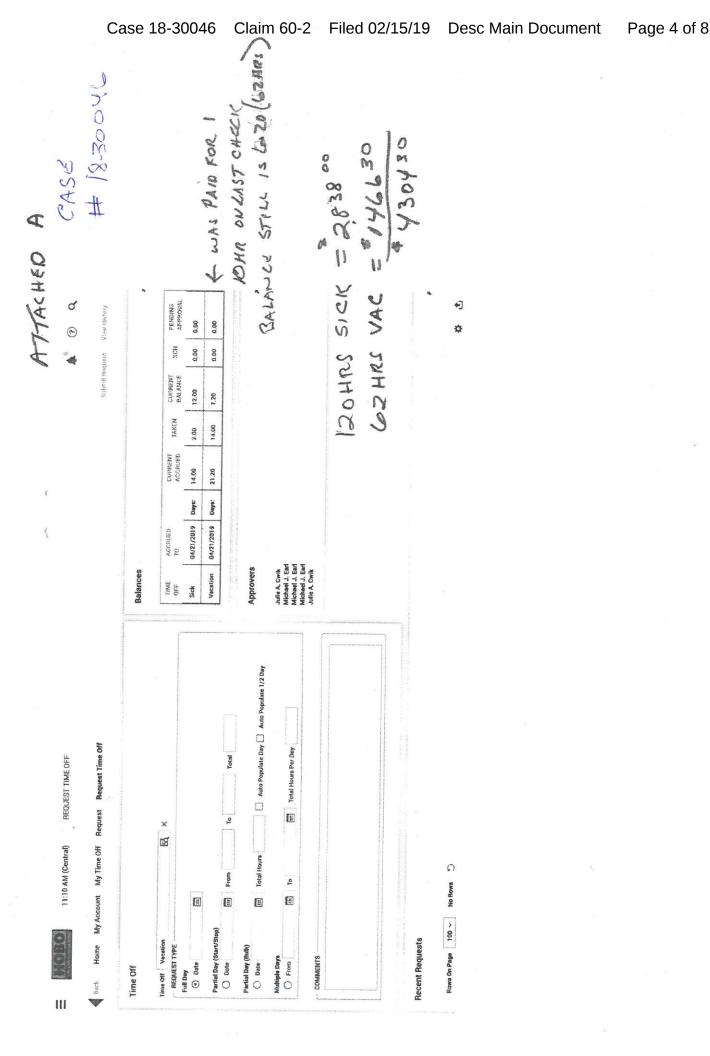
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

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.

1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this cl	laim)
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)	Name 5104 W BYROD ST	Name
		Number Street  CH 60 FL 60641  City State ZIP Code	Number Street  City State ZIP Code
		Contact phone 173-735 4590  Contact email 650816KQATT HET	Contact phone
		Uniform claim identifier for electronic payments in chapter 13 (if you u	Contact email
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	1 2 1 - 2
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filling?	

you use to identify the debtor?	er 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?	Poes 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).
3. 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.  CUAGES / URC MION / SICK  MTTACH MRNT "A"
. 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 state of the security state of t
	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
	Amount necessary to cure any default as of the date of the petition:  \$
	Annual Interest Rate (when case was filed)%  Fixed Variable
Is this claim based on a lease?	□ No □ Yes. Amount necessary to cure any default as of the date of the petition. \$
Is this claim subject to a right of setoff?	□ No

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.	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.  \$		
	* 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	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.		
5005(a)(2) authorizes courts to establish local rules specifying what a signature is.  A person who files a fraudulent claim could be	I understand that an authorized signature on this <i>Proof of Claim</i> 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 <i>Proof of Claim</i> and have a reasonable belief that the information is true		
fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.	and correct.  I declare under penalty of perjury that the foregoing is true and correct.		
	Executed on date MM / DD / YYYY  Signature  Signature		
	Print the name of the person who is completing and signing this claim:		
	Name ROBERT SOBIELS First name Middle name Last name		
	Title  ASST MANAGER  Company  Light Title  Company  Compa		
	Address  Slot w Brown ST.  Number Street  SHICAGO JL 60641		
	Contact phone  City  State  ZIP Code  Email  Sobie ( ATT.NET)		



	Transaction Type	Range	Days Authorized Days	Days Taken Updated To Date	vate Comment	Created By	Created By
09/28/2018 03:46p	Time Entry	10/07/2018		1.00		Freddie I DeRamis	110
09/28/2018 03:46p	Time Entry	10/05/2018		1.00		Freddie I. DeRamiis	110
08/18/2018 11:24a	Time Entry	08/27/2018		1.00		Freddie L. DeRamus	110
08/18/2018 11:24a	Time Entry	08/26/2018		1.00		Freddie L. DeRamus	110
08/18/2018 11:24a	Time Entry	08/24/2018	•	1.00		Freddie L. DeRamus	110
07/09/2018 12:07p	Time Entry	07/29/2018		1.00		Freddie I DeRamis	110
07/09/2018 12:05p	Time Entry	07/30/2018		1.00		Freddio L Oobserie	110
07/09/2018 11:56a	Time Entry	07/27/2018		1.00		Freddio I Dobracio	110
07/09/2018 11:54a	Time Entry	07/26/2018	•	1.00		rieddie L. Dekamus	110
05/23/2018 03:17p	Time Entry	06/14/2018	•	1.00		rredule L. Dekamus	110
05/17/2018 04:56p	Time Entry	07/16/2018	•	1.00		rreddie L. Dekamus	110
05/17/2018 04:55p	Time Entry	07/15/2018	,	1.00		Freddle L. Dekamus	110
05/17/2018 04:54p	Time Entry	07/13/2018		1.00		Freddie L. Dekamus	110
05/10/2018 02:59p	Time Entry	05/21/2018	4	1 00		Freddie L. Dekamus	110
04/21/2018 03:03a	Automatic Accruals Execution	04/21/2018 - 04/21/2019	15.00	- 04/21/2019		rreddie L. Dekamus	110
04/21/2018 03:03a	Carry Over Rule	04/21/2018	6.20	- 04/21/2018		System Administrator	
04/21/2018 03:03a	Carry Over Rule Prev Year Adjustment	04/21/2018	(-6.20	) - 04/21/2018		System Administrator	
03/12/2018 10:37a	Time Entry	03/30/2018	)	1.00		Freddie I Departie	110
03/12/2018 10:36a	Time Entry	03/29/2018	ı	1.00		Freddie I Debamin	110
03/12/2018 10:36a	Time Entry	03/28/2018	1	1.00		Freddie   DeBamis	110
03/12/2018 10:33a	Time Entry	03/26/2018		1.00		Freddle I Debemie	110
03/12/2018 10:33a	Time Entry	03/25/2018	,	1.00		Freddie I DeRamie	110
11/20/2017 11:30a	Time Entry	12/22/2017		1.00		Freddle I DeRamiis	110
11/20/2017 11:30a	Time Entry	12/24/2017	,	1.00		Freddle L. DeRamus	110
11/20/2017 11:29a	Time Entry	12/27/2017		1.00		Freddie L. DeRamus	110
10/11/2017 01:08p	Manual Information Modification	04/20/2018		- 04/21/2018	Correct Updated To Date	System Administrator	
10/11/2017 01:07p	Manual Information Modification	04/20/2017		- 04/21/2017	Correct Updated To Date	System Administrator	
10/11/2017 12:43p	Manual Information Modification	08/12/2017	t	- 08/13/2017	Correct Updated to Date	System Administrator	
10/07/2017 03:39p	Time Entry	10/22/2017	2	1.00		Freddie L. DeRamus	110
10/06/2017 08:59a	Initial Import Adjustment	08/13/2017	15.20	- 11/14/2017		System Administrator	
Report Total							
			30.20	23.00			
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		52 65		TOLD NOT TO TAKE	GE BECAUSE	000	
		000	~	CP REMAIL ASS.	S. (New STORE	RES	
		7145	CAS.	to AL OF	6	ASSOCIATES	
Sorted By: Added Descending	ding		Bradenton	***************************************		General	Generated: 12/20/2018 02:485
			· intinantina			General	401-CO 8100/00/CF -F-4

u can complete a claim in the bankruptcy.

ou are entitled to file a bankruptcy claim for any time accrued that we are not allowed to par R will provide a record to each employee after termination that shows how much you accru

Tyou were to leave today your final paycheck would include **0** vacation hours plus **8.65004** vac

From 10/25/2018 to present (11/16/2018) you are:
Accruing 0.28846 days of vacation per week for 0 weeks or 8.65004 hours of vacation
Totaling 8.65004 hours of vacation since 10/25/2018

75 vacation hours accrued — 140 vacation hours used = 0 vacation hours available for payout on your will need to file a bankruptcy claim for all your accrued vacation time)

Between 04/28/2018 and 10/25/2018 you used 140 hours of vacation.

Between 04/28/2018 and 10/25/2018 you: Accrued 0.28846 vacation days per week for 0 weeks or 0 hours of vacation Accrued 0.28846 vacation days per week for 26 week or 75 hours of vacation Totaling 75 hours of vacation accrued over the 180 days prior to filing bankruptcy Totaling 75 hours of vacation accrued over the 180 days prior to filing bankruptcy

psukruptcy orders.

Bankruptcy law allows us to payout on your last check any time you accrued in the 180 days before we to time you used during that 180 days (04/28/2018 to 10/25/2018). I apologize for the formats of the accrumding issues, but this should give you a good idea of how your vacation payout is being calculated to

- During year 6 and on you are accruing 0.28846 days of vacation per week (15 days per year)
  - During years 2-5 you are accruing 0.19231 days of vacation per week (10 days per year)
- Vacation Accruals. Despite the way the policy is written, Illinois law says we are accruing time. therefore • During your 1st year of employment you are accruing 0.09615 days of vacation per week. (5 days

As you can imagine, I've been inundated with similar requests and I'm trying my best to explain it as I've I instructed. Hopefully this will clarify the insane way we will have to calculate this for each person:

Name: Sobiek, Gary FT Employment Date: 4/21/2002

Store; 22

SOURIES HOUSE

Case 18-30046 Claim 60-2 Filed 02/15/19 Desc Main Document Page 7 of 8

United States Bankruptcy Court Northern District of Illinois

Jeffrey P. Allsteadt, Clerk of Court

Date: 02/07/2019



Gary Sobiek 5104 W Bryon St Chicago, IL 60641

Letter to Filer:		19 20046		
Letter to riier:	Case Number, if applicable:			
	Case Name, if applicable:	FP Retail Associates LLC		
RETURN CHECK /MONEY ORDER/CASHIER'S CHECK				
Unsigned				
Debtor(s) or Company check unacceptable				
No fee is required				
OTHER: Please refer to last page – ADDITIONAL INFORMATION section.				
NEW BANKRUPTCY CASE				
We were unable to process your case because the following documents are missing and required at case opening:				
Voluntary Petition (Official Form 101 or 201)				
No form of payment (one of the following is required)				
<ul> <li>Full Filing Fee</li> <li>Application/Order for Individuals to Pay the Filin</li> </ul>	g Fee in Installments (Official I	Form 103A)		
- Application/Order to Have the Chapter 7 Filing Fee Waived (Official Form 103B)				
OTHER: Please refer to last page – ADDITIONAL INFORMATION section.				
CORRECTION(S) REQUIRED				
Alias Summons:				
Amended Adversary Complaint:				
Affertued Adversary Complaint.				
Adversary Proceeding Coversheet:				
Amended Petition to Correct:				

	Letter to Filer – Page
	Motion to Redact and Proposed Order <sup>1</sup>
	OTHER: Please refer to ADDITIONAL INFORMATION section below.
DEFICIE	NCY – Please make all necessary corrections to the document(s) listed below:
	Amended Schedule/List of Creditors is deficient for payment. Please submit payment.
	Motion is deficient for payment. Please submit payment.
	Notice of Motion – please complete and submit.
Ш	Proposed Order – please complete and submit.
	OTHER: Please refer to ADDITIONAL INFORMATION section below.
INFORM	
	<b>CREDIT BUREAU</b> – The bankruptcy court does NOT perform any activities with the credit bureaus. You must contact the individual credit bureaus for their procedure for removing your bankruptcy filing from their credit report.
	No record of the case name or number exists in our court; therefore we cannot process your request and we're returning the enclosed documents to you.
Ш	Case name/number is missing. Please provide the case name/number.
	There are several debtors listed. Please provide the correct case number.
tilei pari	n to redact personal information prohibited under Fed.R. Bankr. P. 9037(A) should be filed without notice of motion and without serving ries. The motion must be accompanied by a redacted version of the filed document and a proposed order requiring the clerk to substitute ried document for the un-redacted document. A proposed order can be found on the courts website http://www.ilnb.uscourts.gov under
orms/Lo	cal Bankruptcy Forms titled Order to Redact. We are attaching a sample of the order.
nclude ti	IF APPLICABLE ne name of the debtor/joint debtor, the case number, the signature of the debtor/joint debtor on all required documents.
	Include the signature of the attorney representing the debtor/joint debtor.
	FORM OF PAYMENT REQUIREMENT – Cashier's check or money order payable to Clerk, U. S. Bankruptcy Court.
	Mail the required document(s) or payment listed above, including this Letter to my attention at:
	Deputy Clerk Marilynn Camacho
	Contact Number 312-697-7428

# Northern District of Illinois Claims Register

#### 18-30046 FP Retail Associates LLC

**Honorable Judge:** Jacqueline P. Cox **Chapter:** 11

Office: Eastern Division

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (27512985) Claim No: 60 Status: GARY SOBIEK Original Filed Filed by: CR

5104 W. BYRON ST. Date: 02/06/2019 Entered by: Kimetha Collier CHICAGO, IL 60641 Original Entered Modified: 02/07/2019

Date: 02/06/2019 Last Amendment Filed: 02/15/2019 Last Amendment Entered: 02/15/2019

Amount claimed: \$5890.74 Priority claimed: \$5890.74

History:

<u>Details</u> 60-1 02/06/2019 Claim #60 filed by GARY SOBIEK, Amount claimed: (Collier, Kimetha)

Details 60-2 02/15/2019 Amended Claim #60 filed by GARY SOBIEK, Amount claimed: \$5890.74 (Collier,

Kimetha)

Description:

Remarks: (60-1) 2/7/2019.....Incorrect PDF, Filer Notified to File an Amended Claim (mc)

(60-2) 2/7/2019.....Incorrect PDF, Filer Notified to File an Amended Claim (mc)

## **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>	\$5890.74
<b>Total Amount Allowed*</b>	

<sup>\*</sup>Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority	\$5890.74	
Administrative		