

Fill in this information to identify the case:

Debtor 1 <u>KLS Acquisition Corp.</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Northern District of Illinois</u>
Case number: <u>18-30052</u>

FILED
 U.S. Bankruptcy Court
 Northern District of Illinois
 11/7/2018
 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

1. Who is the current creditor?	<u>EULER HERMES N.A as Agent for LEON KOROL COMPANY</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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>EULER HERMES N.A as Agent for LEON KOROL COMPANY</u> Name 800 Red Brook Blvd, #400C Owings Mills, MD 21117 Contact phone <u>410-753-0640</u> Contact email <u>insolvency@eulerhermes.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name 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) _____ Filed on _____ MM / DD / YYYY	
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? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>3765</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>58477.12</u></p> <p>Does this amount include interest or other charges?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p><u>Goods and Services</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property:</p> <p><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>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed</p> <p><input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	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.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<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).	\$ _____
	<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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* 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 11/7/2018
MM / DD / YYYY

/s/ Sonia Thomas

Signature

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

Name Sonia Thomas

First name Middle name Last name

Title Insolvency Processor

Company Euler Hermes N.A

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

Address 800 Red Brook Blvd, #400C

Number Street

Owings Mills, MD 21117

City State ZIP Code

Contact phone 410-753-0640 Email insolvency@eulerhermes.com

ACCOUNTS RECEIVABLE AGING REPORT

Aged As Of 10/31/2018 Customer Aging Range: 000000016295 Through 000000016295

Printed In Customer Number, Apply-To Number Order, Detail, Open Items Only

Minimum Balance Due: All

In Aging Period Or Older: All

Balance Forward Totals to Current Period Only

Document Types I = Invoice P = Payment C = Cr Memo D = Dr Memo B = Balance Forward F = Finance Charge

Notes: Types I, B And F Are Aged By Their Doc Date. Types P, C And D Are Aged By Doc Date Of The Document To Which They Apply.

On Types I, B, C And D Amount-1 Is Sale Amt. On Type P Amount-1 Is Cash Receipt Amt. On Type F Amount-1 Is Fin Charge Amt.
 On Types I, C, and D Amount-2 Is Other Charges. On Type P Amount-2 Is Discount And Allowance. (No Amount-2 For Types F & B).

Cust-No	Name	Phone-No	***** Aged Customer Balance *****			
Bal-Mthd	Contact		Current	31-60 Days	61-90 Days	Over 90 Days
	Terms	Slsman Cllctr Terr Loc	Crdt-Lmt			
16295	KLS CORP	8472631240				
Opn-Itm	DWIGHT DELONG					
	NET 30 DAYS	08 12 IL LK				

Doc-No	Doc-Date	Tp	Apply-To	Due-Date	Amount-1	Amount-2	Doc Total	Apply-To Balance	Reference
172225	08/07/2018	I	172225	09/06/18	2,990.87	.00	2,990.87	2,990.87	Po: N000021703Our Ord: 45041
172227	08/07/2018	I	172227	09/06/18	3,894.00	.00	3,894.00	3,894.00	Po: N000021657Our Ord: 45481
172228	08/07/2018	I	172228	09/06/18	945.50	.00	945.50	945.50	Po: M000019967Our Ord: 45482
172229	08/07/2018	I	172229	09/06/18	718.00	.00	718.00	718.00	Po: O000002195Our Ord: 45483
172230	08/07/2018	I	172230	09/06/18	361.00	.00	361.00	361.00	Po: P000011341Our Ord: 45484
172231	08/07/2018	I	172231	09/06/18	560.80	.00	560.80	560.80	Po: Q000012318Our Ord: 45485
172232	08/07/2018	I	172232	09/06/18	1,064.90	.00	1,064.90	1,064.90	Po: R000018402Our Ord: 45486
172233	08/07/2018	I	172233	09/06/18	998.60	.00	998.60	998.60	Po: S000018536Our Ord: 45487
172234	08/07/2018	I	172234	09/06/18	1,074.80	.00	1,074.80	1,074.80	Po: T000012003Our Ord: 45488
172381	08/20/2018	I	172381	09/19/18	10,614.00	.00	10,614.00	10,614.00	Po: N000021878Our Ord: 45591
172397	08/21/2018	I	172397	09/20/18	10,725.00	.00	10,725.00	10,725.00	Po: N000021878Our Ord:45591555
172463	08/30/2018	I	172463	09/29/18	5,440.00	.00	5,440.00	5,440.00	Po: N000021935Our Ord: 45594
172467	08/30/2018	I	172467	09/29/18	1,310.40	.00	1,310.40	1,310.40	Po: N000021878Our Ord:45591001
172564	09/13/2018	I	172564	10/13/18	1,512.00	.00	1,512.00	1,512.00	Po: N000022067Our Ord: 45979
172565	09/13/2018	I	172565	10/13/18	6,059.05	.00	6,059.05	6,059.05	Po: N000022065Our Ord: 45980
172566	09/13/2018	I	172566	10/13/18	1,105.60	.00	1,105.60	1,105.60	Po: O000002339Our Ord: 45984
172567	09/13/2018	I	172567	10/13/18	1,021.60	.00	1,021.60	1,021.60	Po: P000011483Our Ord: 45985
172568	09/13/2018	I	172568	10/13/18	1,051.60	.00	1,051.60	1,051.60	Po: Q000012487Our Ord: 45986
172569	09/13/2018	I	172569	10/13/18	1,129.60	.00	1,129.60	1,129.60	Po: R000018608Our Ord: 45987
172570	09/13/2018	I	172570	10/13/18	1,129.60	.00	1,129.60	1,129.60	Po: S000018770Our Ord: 45988
172571	09/13/2018	I	172571	10/13/18	1,051.60	.00	1,051.60	1,051.60	Po: T000012158Our Ord: 45989
172572	09/13/2018	I	172572	10/13/18	1,015.60	.00	1,015.60	1,015.60	Po: M000020259Our Ord: 45990
172722	09/27/2018	I	172722	10/27/18	654.00	.00	654.00	654.00	Po: M000020388Our Ord: 46205
172723	09/27/2018	I	172723	10/27/18	501.00	.00	501.00	501.00	Po: O000002412Our Ord: 46206
172724	09/27/2018	I	172724	10/27/18	393.00	.00	393.00	393.00	Po: P000011549Our Ord: 46207
172726	09/27/2018	I	172726	10/27/18	609.00	.00	609.00	609.00	Po: R000018720Our Ord: 46209
172727	09/27/2018	I	172727	10/27/18	546.00	.00	546.00	546.00	Po: S000018925Our Ord: 46210

Customer Total: 58,477.12 .00 40,697.87 17,779.25 .00

1 Cust Printed Grand Totals: 58,477.12 .00 40,697.87 17,779.25 .00

% Of Balance: .00 69.60 30.40 .00

Outstand B,D,I 58,477.12 .00 40,697.87 17,779.25 .00

ACCOUNTS RECEIVABLE AGING REPORT

Unapplied C,P	.00	.00	.00	.00	.00
Finance Charges	.00	.00	.00	.00	.00

Northern District of Illinois Claims Register

[18-30052 KLS Acquisition Corp.](#)

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

Creditor: (27281341) **Claim No: 3** *Status:*
EULER HERMES N.A as Agent *Original Filed* *Filed by:* CR
for LEON KOROL COMPANY *Date:* 11/07/2018 *Entered by:* EPoc ADI
800 Red Brook Blvd, #400C *Original Entered* *Modified:*
Owings Mills, MD 21117 *Date:* 11/07/2018

Amount claimed: \$58477.12

History:

[Details](#) [3-1](#) 11/07/2018 Claim #3 filed by EULER HERMES N.A as Agent for LEON KOROL COMPANY,
Amount claimed: \$58477.12 (ADI, EPoc)

Description:

Remarks: (3-1) Account Number (last 4 digits):3765

Claims Register Summary

Case Name: KLS Acquisition Corp.
Case Number: 18-30052
Chapter: 11
Date Filed: 10/25/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$58477.12
Total Amount Allowed*	

*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		