

Fill in this information to identify the case:

Debtor 1 KLS Acquisition Corp., Jular Media, Hillcrest Ent.
 Debtor 2 Belvidere Associates, North Ave Associates, Loomis Enterprises
 (Spouse, if filing)
 United States Bankruptcy Court for the: Northern District of Illinois 18-30039
 Case number 18-30052, 7, 9, 0, 4, 3, 5, 6, 18-30043, 6, 7

FILED
 UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS
DEC 12 2018

JEFFREY P. ALLSTEADT, CLERK
 TEAM - CA

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?

NIDICO GROUP INC.

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?

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

Where should notices to the creditor be sent?

NIDICO GROUP INC.

Name

775 AMERICAN DRIVE

Number

Street

BENSALEM, PA

City

State

19020

ZIP Code

Contact phone (215) 604-1010

Contact email nitin@nidico.com

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

Name

Number

Street

City

State

ZIP Code

Contact phone _____

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? _____

PROOF OF CLAIM FILING INFORMATION FOR

MORGAN ADMINISTRATION, INC.

CASE NO. 18-30039

US BANKRUPTCY COURT, NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

| Debtor Name | Case Number |
|-----------------------------|-------------|
| Morgan Administration, Inc. | 18-30039 |
| Belvidere Associates LLC | 18-30043 |
| Deforab LLC | 18-30057 |
| FP Retail Associates LLC | 18-30046 |
| Hillcrest Enterprises, LLC | 18-30047 |
| Jular Media LLC | 18-30050 |
| KLS Acquisition Corp. | 18-30052 |
| Loomis Enterprises LLC | 18-30053 |
| North Avenue Associates LLC | 18-30054 |
| Oak Creek Distribution LLC | 18-30055 |
| OL Enterprises LLC | 15-30056 |

General Bar Date: TBD

General Administrative Bar Date: TBD

Governmental Bar Date: TBD

NOTE: The Bar Date motion has not been filed. Until such time, you may send completed Proofs of Claims to:

US Bankruptcy Court – Northern District of Illinois – Eastern Division
Everett McKinley Dirksen United States Courthouse
219 South Dearborn Street
Chicago, IL 60604

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: H O B I

7. How much is the claim? \$ 3444.00 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.

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

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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 12/05/2018
MM / DD / YYYY

Signature

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

Name

NITIN

K.

KHANNA

First name

Middle name

Last name

Title

N.P.

Company

NIDICO GROUP INC.

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

Address

775 AMERICAN DRIVE

Number Street

BENSALEM

City

PA

State

19020

ZIP Code

Contact phone

(215) 604-1010 x12

Email

nitin@nidico.com

Page 1 of 1

Invoice printed

Cash



TO: NIDICO GROUP, INC.
775 AMERICAN DRIVE
BENSALAM PA 19020
PHONE: (215) 604-1010
FAX : (215) 604-1110

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

P.O. #: 0000021516
Store : 47

Order Date: 6/29/18
Date Due : 8/15/18
Alt. PO # :
Order Type: NORMAL
Buyer : JORI

| VENDOR | ASSIGNED CUST# | STATUS | BACK | REFER# | CODES | FREIGHT POLICY | SHIP VIA | TERMS | Order Date: 6/29/18 | | |
|---|----------------|--------|------|----------|--------|----------------------------------|-----------|-------------|---------------------|-----|---------------|
| N1100 | | F | N | HTR | | HOB | FALL | NET 30 DAYS | Date Due: 8/15/18 | | |
| 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 | | | | | | | | | | | |
| 7 | C | 1008 | | 1232859 | | * OWL TAPESTRY KITCHEN SET | 505-KPS | | .70 | EA | 705.60 |
| 15 | C | 168 | | 1232860 | | * 2PK HALLOWEEN KITCHEN TOWEL | H1031-KT | | 2.50 | EA | 420.00 |
| 22 | C | 336 | | 1232861 | | * Love My Pet Kitchen Towels | F1124-KT | | 2.50 | EA | 840.00 |
| 29 | C | 420 | | 1245889 | | * CLASSIC WOVEN KITCHEN SET | 206-KT | | 1.00 | EA | 420.00 |
| 33 | C | 576 | | 1245890 | | * FALL & HARVEST TOWEL | 287-KS | | .70 | EA | 403.20 |
| 40 | C | 504 | | 1245891 | | * TAPESTRY KITCHEN ST RED TRUCK | 366-KT | | .70 | EA | 352.80 |
| 48 | C | 1008 | | 1245892 | | * HAVEST PLACEMATE ASST | 506-KPS | | .70 | EA | 705.60 |
| 56 | C | 504 | | 1245893 | | * SCROLL PUMPKIN PRINTED KIT SET | 179-P | | .70 | EA | 352.80 |
| 64 | C | 504 | | 1245894 | | | 607-KS | | .70 | EA | 352.80 |

delete 287-KS

Ship Ato

TOTAL UNITS

5028

Order Date: 6/29/18

Date Due: 8/15/18

Alt. PO #:

Order Type: NORMAL

Buyer: JORI

delete 287-KS

Ship Ato

TOTAL UNITS 5028

P.O. Approved By:

Date:

TOTAL COST 4552.80
TOTAL FREIGHT .00
OTHER CHARGES .00
TOTAL P.O. 4552.80

49941



Nidico Group Inc.

775 American Drive
Bensalem, PA 19020

Tel: (215) 604-1010
Fax: (215) 604-1110
support@nidico.com

INVOICE

| DATE | INVOICE NO. |
|-----------|-------------|
| Aug 30 18 | 059183 |

Sold To

HOB0 24
2650 BELVIDERE RD
WAUKEGAN, IL 60085

Ship To Imiller@hoboonline.com

HOB0 47
7557 S. 78TH AVE
BRIDGEVIEW, IL 60455

HOB001

| PO NO. | ACCT. NO. | TERMS | SALESPERSON | SHIP VIA | REFERENCE | SO NO. |
|------------|-----------|-------------|---------------|-------------------|-----------|----------|
| N000021516 | 00002209 | Net 30 Days | Satish Khanna | CUST ROUT'G GUIDE | | 049941-0 |

| Line | ITEM NO. | SHIPPED | BO | DESCRIPTION | UPC CODE | UNIT | MASTER | PRICE | EXT PRICE |
|------|----------|---------|------|---|--------------|------|--------|-------|-----------|
| A | 179-P | 504 | | Harvest Printed Placemat 3 Designs 13"x19" | 743598017646 | EA | 72 | .700 | 352.80 |
| B | F1124-KT | 336 | | 2pk Fall Flat Woven Kitchen Towel 16"x28", 4 Asstd Designs INNER: 12 | 743598020745 | EA | 48 | 2.500 | 840.00 |
| C | H1031-KT | 168 | | 2pk Halloween Flat Woven Kit. Towel 16"x28", 3 Designs INNER: 8 | 743598020769 | EA | 24 | 2.500 | 420.00 |
| D | 505-KPS | 1008 | | Owl Tapestry Kitchen Set Happy Owl /Gold Luex PM/60, KT/36, PH/24, OM/2 | 743598014836 | EA | 144 | .700 | 705.60 |
| E | 366-KT | 504 | | Fall & Harvest Saying Tea Towel 15"x25", 6 Asstd Inner: 12 | 743598020530 | EA | 72 | .700 | 352.80 |
| F | 506-KPS | | 1008 | Tapestry Kitchen Set Red Truck Hello Fall 60PM, 36KT, 24OM, 24PH | 743598017653 | EA | 144 | .700 | .00 |
| G | 607-KS | 504 | | Scroll Pumpkin Printed Kitchen Set KT/48, PH/12, OM/12, Inner: 12 | 743598020523 | EA | 72 | .700 | 352.80 |
| H | 206-KT | 420 | | love My Pet Kitchen Towels 16"x28"; 6 Designs, 3 Tan Base, 3 White Base | 743598022787 | EA | 60 | 1.000 | 420.00 |

Comments

Make checks payable to Nidico Group Inc.
Please note invoice number on checks.
Please pay by invoice terms.
Thank you for your business.

| | |
|--------------|-----------------|
| Sub Total | 3,444.00 |
| Freight | .00 |
| Total | 3,444.00 |

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: (27222214)
NIDICO GROUP, INC.
775 AMERICAN DRIVE
BENSALEM, PA 19020

Claim No: 22
Original Filed
Date: 12/12/2018
Original Entered
Date: 12/13/2018

Status:
Filed by: CR
Entered by: Michelle O'Neal
Modified:

Amount claimed: \$3444.00

History:

[Details](#) [22-1](#) 12/12/2018 Claim #22 filed by NIDICO GROUP, INC., Amount claimed: \$3444.00 (O'Neal, Michelle)

Description:

Remarks:

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* | \$3444.00 |
| 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 | | |