Fill in this info	rmation to identify the case:
Debtor 1 KI	LS Acquisition Corp.
Debtor 2 _ (Spouse, if filing)	
United States Ba	nkruptcy Court for the: Northern District of Illinois
Case number	18-30052

#### 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.

G	art 1: Identify the Cla	aim					
1.	Who is the current creditor?	The Mazel Company Name of the current creditor (the					
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 Coface North America Name 650 College Road East Number Street Princeton, City	Insurance st, Suite 20 NJ State	Company	Where should partification of the different of the differ	et  State	zip Code
		Contact phone 609-469-0  Contact email amy.schmi  Uniform claim identifier for electrons	dt@coface		Contact email		
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 ea	rlier filing?				

Official Form 410 Proof of Claim page 1

P	art 2: Give Information	on 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 6 2 1
7.	How much is the claim?	\$\$ Does this amount include interest or other charges?
		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	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	claim?	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	<b>☑</b> No
	secured?	☐ 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.
		Attachment (Official Form 410-A) with this <i>Proof of Claim.</i> ☐ 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: \$
		According to the Accident and the Accide
		Annual Interest Rate (when case was filed)%  ☐ Fixed
		☐ Variable
10	. Is this claim based on a	☑ No
	lease?	☐ Yes. Amount necessary to cure any default as of the date of the petition. \$
11	. Is this claim subject to a	☑ No
	right of setoff?	☐ Yes. Identify the property:

Official Form 410

12. Is all or part of the claim	<b>☑</b> No							
entitled to priority under 11 U.S.C. § 507(a)?	☐ Yes. Check	k one:			Amount entitled to priorit			
A claim may be partly priority and partly		tic support obligations (including ali .C. § 507(a)(1)(A) or (a)(1)(B).	mony and child support) und	der	S			
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$ person	2,850* of deposits toward purchase al, family, or household use. 11 U.S	e, lease, or rental of property .C. § 507(a)(7).	or services for	\$			
entitied to phonity.	bankru	, salaries, or commissions (up to \$1 ptcy petition is filed or the debtor's b.C. § 507(a)(4).	2,850*) earned within 180 d business ends, whichever is	lays before the earlier.	<u> </u>			
		or penalties owed to governmental	units. 11 U.S.C. § 507(a)(8)		S			
	☐ Contrib	outions to an employee benefit plan.	11 U.S.C. § 507(a)(5).	;	S			
		Specify subsection of 11 U.S.C. § 5		;	S			
		are subject to adjustment on 4/01/19 and		ses hegun on or after	the date of adjustment			
	Amounts	are subject to adjustment on 4/01/19 and	every 3 years after that for cas	ses begun on or alter				
Part 3: Sign Below								
The person completing	Check the appr	opriate box:						
this proof of claim must sign and date it.	☐ I am the cr	editor.						
FRBP 9011(b).	☑ I am the cr	editor's attorney or authorized agen	t.					
If you file this claim		ustee, or the debtor, or their authoriz		3004.				
electronically, FRBP	☐ 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	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the							
is.		at an authorized signature on this P laim, the creditor gave the debtor c						
A person who files a	amount of the c	mann, the oreater gave the desice of	can for any payments recen					
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examine and correct.	d the information in this <i>Proof of Cla</i>	aim and have a reasonable	belief that the inform	nation is true			
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under	penalty of perjury that the foregoing	is true and correct.					
3571.	Executed on da	tte 12/17/2018						
	/s/ Amy S	Schmidt						
	Signature	Sommac						
	Print the name	of the person who is completing	and signing this claim:					
	Name	Amy Schmidt						
		First name	Middle name	Last name				
	Title	agent						
	Company	Coface North America Ins	surance Company					
	ar a	Identify the corporate servicer as the	company if the authorized ager	nt is a servicer.				
	Address	650 College Road East, S	uite 2005					
		Number Street						
		Princeton,	NJ	08540				
		City	State	ZIP Code				
	Contact phone	609-469-0459	Fmail	amy schmid	lt@coface.com			

ARCUS GASE 18-30052 Claim 17-1 Part 2 Chiled 17/17/18 Desc Exhibits GAR 2011 of 13 11/30/18 09:37 A/R History Inquiry HOME OWNERS BARGAIN CustNo: 09026 HOME OWNERS BARGAIN 2650 BELVIDERE ROAD 2650 BELVIDERE ROAD S1sm: 38 WAUKEGAN IL 60085 60085 WAUKEGAN IL CoCode: M Sort : HOME BillTo: 00000 Del App: Y Hold: A/R HOLD & ACCT HOLD Contact: 847-888-8583 Phone : 4147621600 0 Limit: XrefNo: 00000 102,227 High Credit: 0 Open Orders: A/R AGEING ---+ Generic Notes: YES .00 < 31: .00 > 90 : History Info: YES > 120: .00 > 30: .00 Invoice Notes: YES .00 > 150: > 45: .00 .00 > 180: > 60: 12,959.56 12,975.58 > 75: 25,935.14 Total A/R:

4-Search

3-Search return 9-A/R hold

CMD:7-END program

1-New custno

2-BOL Inquiry

8-Current A/R

10-Closed A/R

11-Open Orders

12-Generic Notes

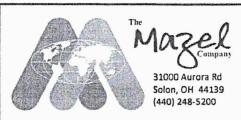
24-Reporting

ARCURGASE 18-30052 Claim 27-1 Part 200 File of 12/17/18 Desc Exhibits GAROUS of 13 A/R Current Receivables 11/30/18 09:37

CustNo: 09026	HOME OWNE	CRS BARGAIN	OPEN	A/R INVOICES	
* InvNo Dat 01 * 428920 09/1 02 * 428924 09/1 03 * 428925 09/1 04 * 429173 09/2	3/18 INV/01 3/18 INV/01 3/18 INV/01	Reference INVOICE INVOICE INVOICE INVOICE	Amount 5,957.58 720.00 6,298.00 12,959.56	Balance 5,957.58 720.00 6,298.00 12,959.56	Frt .00 .00 .00

On screen: 1 Last screen: 1 Notes: \_\_

0:3-return 9-last screen ENTER-Note inquiry roll up/down 10-first screen 12-Note Add CMD:3-return



## INVOICE

Invoice Number	
	100
428920	
Invoice Date	
09/13/2018	
Terms	
NET 30 DAYS	

#### Bill To:

HOME OWNERS BARGAIN 2650 BELVIDERE ROAD WAUKEGAN IL 60085

#### Shipped To:

HOME OWNERS BARGAIN #47 7557 S 78TH AVENUE BRIDGEVIEW IL 60455

#### Remit to:

PAY THIS

AMOUNT

COMPLETE P.O.

5,957.58

THE MAZEL COMPANY
P.O. BOX 932351
CLEVELAND, OH 44193-2351

Page 1 SHOW: 330 Order No.: Cust. No.: Cust. PO No.: Ship VIA Ship Date COL PPD Salesman 09/13/2018 SCHNEIDER 38 611741 28673 N000022063 Miscellaneous Information BOL No.: 73491 SPLIT: 610522 List Unit Qty. Shipped Cartons Pack Item No. Price Price Amount 21.99 10.00 TOTE, BLAZER BLU, 36GAL 2,160.00 216 36 6 RMC5360001 1248118 2,274 5.99 1.67 3,797.58 758 SB0119 STACK BIN, MED, WHT 3 1248122 W/03399 5,957.58 794 C/02146 NOTICE: Acceptance of above described goods constitutes customer's agreement to 1-1/2% per month (18% annually) service charge on all amounts 30 days past due. Request for credit because of

shortages, damages/defective merchandise, price difference and returns must be communicated in writing within ten (10) days of receipt of goods.



TO: Mazel Co.

31000 Aurora Rd.

PHONE: (605) 371-5455 FAX: (301) 576-7392

Solon OH 44139

HOBO 47 7557 S. 78TH AVE. BRIDGEVIEW, IL 60455 (708) 924-9155

SHIP TO: HOBO 47 7557 S. 78TH AVE. BRIDGEVIEW, IL 60455

Page:

1

**PURCHASE ORDER** 

P.O. #: n000022063 Store : 47

Order Date: 8/27/18 Date Due : 9/17/18

IAL

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS	Date Due : 9/1/ Alt. PO # :
MA115		F	N	HTR		нов		NET 30 DAYS	Order Type: NORMA Buyer : JORI
STATE OF THE STATE				J. 100 100 100 100 100 100 100 100 100 10	Same distance	and response to the contract of the contract o			

MA115			F	N	HTR	нов		NET 30 DAYS	Buyer	: 'ɔo	RI
LINE#	STORE	QTY ORD	ITEM/SKU	NUMBER		DESCRIPTION	MFG#/SI	PCL SPEC ORD#	UNIT COST	U/M	EXTENDED COST
7 14 18 25 33 41 48	CCCCCC	112 288 88 288 306 2274 180		LL TO:	HOB 265 WAU HOB DIS REQ * T T * T T * T * S		EMAIL M TO . L BLUE RMRT35000 RMCC336000 RMCC71000 RMCC15000 L BLUE RMRT250000 SB0119	01 01 03 05	12.00 10.00 7.00 2.25 10.00 1.67 3.50	EA EA EA EA EA	1344.00 2880.00 616.00 648.00 3060.00 3797.58 630.00

TOTAL UNITS 3536

Date:

12975.58 .00 .00 12975.58

TOTAL COST

TOTAL P.O.

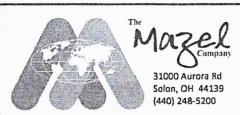
TOTAL FREIGHT

OTHER CHARGES

P.O. Approved By:

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Case 18-30052 Claim 27-1 Part 2 Filed 12/17/18 Desc Exhibit Page 6 of 13



## INVOICE

Invoice Number
120001
428924
Invoice Date
09/13/2018
Terms
NET 30 DAYS

#### Bill To:

HOME OWNERS BARGAIN 2650 BELVIDERE ROAD WAUKEGAN IL 60085

### Shipped To:

HOME OWNERS BARGAIN #47 7557 S 78TH AVENUE BRIDGEVIEW IL 60455

### Remit to:

THE MAZEL COMPANY
P.O. BOX 932351
CLEVELAND, OH 44193-2351

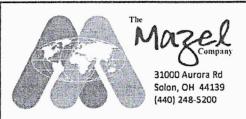
720.00

**AMOUNT** 

SHOW: 33 Order No.:	Cust. No.	:	Cust. PO No.:	Ship VIA	Ship Dat	te COL PPD	Salesman
611989	28673	NØ	00022063	SCHNEIDER	09/13/20	18	38
		Mis	scellaneous Inform	ation	7240		
			SPLIT: 61174	11	BOL No.: 7349 List	Unit	
ty. Shipped	Cartons	Pack	Item No.		Price	Price	Amount
72	12	6	RMCS360001	TOTE,BLAZER BLU,36GAL 1248118	21.99	10.00	720.
	12			W/00552 C/00137			720.
NOTICE: Acce	entance of abo	nve descr	ihed anode constituted	es customer's agreement to 1-1/2% per me	poth		

writing within ten (10) days of receipt of goods.

Case 18-30052 Claim 27-1 Part 2 Filed 12/17/18 Desc Exhibit Page 7 of 13



## INVOICE

rage rorizo
Invoice Number
428925
Invoice Date
09/13/2018
Terms
NET 30 DAYS

#### Bill To:

HOME OWNERS BARGAIN 2650 BELVIDERE ROAD WAUKEGAN IL 60085

#### Shipped To:

HOME OWNERS BARGAIN #47 7557 S 78TH AVENUE BRIDGEVIEW IL 60455

#### Remit to:

**PAY THIS** 

**AMOUNT** 

COMPLETE P.O.

6,298.00

THE MAZEL COMPANY
P.O. BOX 932351
CLEVELAND, OH 44193-2351

Page 1 Ship Date COL PPD Salesman Ship VIA Cust. No.: Cust. PO No.: Order No.: 09/13/2018 38 SCHNEIDER 611742 28673 N000022063 Miscellaneous Information BOL No.: 73494 SPLIT: 610522 Unit List Price Price Amount Qty. Shipped Cartons Pack Item No. 6.99 2.25 648.00 8 RMCC150005 TOTE, CLEAR BASE, BLU LID, 15QT 288 36 1248120 TOTE, CLEAR BASE & LID, 71QT 13.99 7.00 616.00 RMCC710003 88 22 4 1248119 27.99 10.00 3,060.00 34 9 RMRT250000 TOTE, ROUGHNECK, 25GAL, BLU 306 1248121 35.99 12.00 1,344.00 28 4 RMRT350001 TOTE, ROUGHNECK, 35GAL, BLU 112 1248117 TU0291 TUB, REC, W/ROPE HNDL, BLK, 20GA 13.99 3.50 630.00 180 45 4 1248123 165 W/04781 C/01319 6,298.00 NOTICE: Acceptance of above described goods constitutes customer's agreement to 1-1/2% per month

(18% annually) service charge on all amounts 30 days past due. Request for credit because of

shortages, damages/defective merchandise, price difference and returns must be communicated in

writing within ten (10) days of receipt of goods.



VENDOR

ново 47 7557 S. 78TH AVE. BRIDGEVIEW, IL 60455 (708) 924-9155

CODES FREIGHT POLICY

**PURCHASE** 

Page:

1

TO: Mazel Co.

31000 Aurora Rd. Solon OH 44139

ASSIGNED CUST#

PHONE: (605) 371-5455 FAX: (301) 576-7392

STATUS

BACK REFER#

SHIP TO: HOBO 47

7557 S. 78TH AVE.

SHIP VIA

BRIDGEVIEW, IL 60455

TERMS

P.O. #: n000022063 Store : 47

**ORDER** 

Order Date: 8/27/18 Date Due : 9/17/18

Alt. PO # : Order Type: NORMAL

MA115			F	N	HTR	нов			NET 30 DAYS	Buyer		RI NORMAL
LINE#	STORE	QTY ORD	ITEM/SKU	NUMBER		DESCRIPTION		MFG#/SPCL	. SPEC ORD#	UNIT COST	U/M	EXTENDED COST
	STORE	112 288 88 288 306 2274 180	ITEM/SKU	NUMBER	HOB 265 WAU HOB DIS REQ * R * T * T * T	DESCRIPTION	OM TO  AL BLUE  15 QT AL BLUE	RMRT350001 RMC3360001 RMCC710003 RMCC150005 RMRT250000 SB0119 TU0291	SPEC ORD#			

TOTAL UNITS

3536

Date:

12975.58 .00 .00

TOTAL COST

TOTAL FREIGHT

OTHER CHARGES

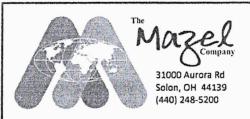
TOTAL P.O.

12975.58

P.O. Approved By:

Date: 9/13/18 BILL OF I	_ADING Page 1 of 1
SHIP FROM	
Name: THE MAZEL COMPANY	Bill of Lading Number: 06453360000734948
Address: 31000 AURORA RD	73494
City/State/Zip: SOLON OH 44139 SID#: FOB:	
SHIP TO SHIP T	CARRIER NAME: SCHNEIDER
Name: Location #:	Trailer number: 208
Address: HOME OWNERS BARGAIN #47 7557 S 78TH AVENUE	Seal number(s): 2455107
City/State/Zip: BRIDGEVIEW IL 60455	SCAC: SCNN
CID#: FOB:	Pro number:
THIRD PARTY FREIGHT CHARGES BILL TO:	Freight Charge Terms: <u>(freight charges are prepaid</u>
Name: Address:	unless marked otherwise)
City/State/Zip:	
SPECIAL INSTRUCTIONS: CALL FOR APPT: 414-762-1600	Prepaid Collect X 3 <sup>rd</sup> Party
CALL FOR THE F. T.	Master Bill of Lading: with attached
	(check box) underlying Bills of Lading
CUSTOMER ORDE	
CUSTOMER ORDER NUMBER #PKGS WEIGHT N000022063 12 552	PALLET ADDITIONAL SHIPPER INFO.
N000022063	611989
177 5 223	
GRAND TOTAL 177 5,333 GARRIER IN	FORMATION
HANDLING PACKAGE CARRIERING	FORMATION COMMODITY DESCRIPTION LTL ONLY
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HANDLING PACKAGE UNIT  QTY TYPE QTY TYPE WEIGHT H.M. Commodification of the source of	COMMODITY DESCRIPTION LTL ONLY
HANDLING PACKAGE UNIT  QTY TYPE QTY TYPE WEIGHT H.M. Commodition must be so a Section	COMMODITY DESCRIPTION LTL ONLY  es requiring special or additional care or etlention in handling or stowing marked and packaged as to ensure safe transportation with ordinary care  NMFC # CLASS  2(a) of NMFC Item 360
HANDLING PACKAGE UNIT  QTY TYPE QTY TYPE WEIGHT H.M. Commodition (X) See Section  177 CTN 5,333 SUBB F	COMMODITY DESCRIPTION  LTL ONLY  es requiring special or additional care or ettention in handling or stowling narked and packaged as to ensure safe transportation with ordinary care  7(a) of NMFC Item 150
HANDLING PACKAGE UNIT  QTY TYPE QTY TYPE WEIGHT H.M. Commodition must be so a Section	COMMODITY DESCRIPTION  LTL ONLY  es requiring special or additional care or etiention in handling or stowling marked and packaged as to ensure safe transportation with ordinary care  Z(v) of NMFC item 360  LASTIC ARTICLES 12-15 PCF  156600 85.00
HANDLING PACKAGE UNIT  QTY TYPE QTY TYPE WEIGHT H.M. Commodition must be so a Section	COMMODITY DESCRIPTION  LTL ONLY  es requiring special or additional care or etiention in handling or stowling marked and packaged as to ensure safe transportation with ordinary care  Z(v) of NMFC item 360  LASTIC ARTICLES 12-15 PCF  156600 85.00
HANDLING PACKAGE UNIT  QTY TYPE QTY TYPE WEIGHT H.M. Commodition must be so a Section	COMMODITY DESCRIPTION  LTL ONLY  es requiring special or additional care or etiention in handling or stowling marked and packaged as to ensure safe transportation with ordinary care  Z(v) of NMFC item 360  LASTIC ARTICLES 12-15 PCF  156600 85.00
HANDLING PACKAGE UNIT  QTY TYPE QTY TYPE WEIGHT H.M. Commodition must be so a Section	COMMODITY DESCRIPTION  es requiring special or additional care or ettention in handling or stowing narked and packaged as to ensure safe transportation with ordinary care  TLASTIC ARTICLES 12-15 PCF  LLET WEIGHT  LLET WEIGHT  LTL ONLY  NMFC #  CLASS  156600 85.00 199550 70.00
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HANDLING PACKAGE UNIT  QTY TYPE QTY TYPE WEIGHT H.M. Commodifications of the commodition	COMMODITY DESCRIPTION  es requiring special or additional care or etientan in handling or stowling harked and packaged as to ensure safe transportation with ordinary care  Ziol of NMFC (Item 169)  PLASTIC ARTICLES 12-15 PCF 156600 85.00 199550 70.00  GRAND TOTAL 2 Ys Iw  Fee Terms: Collect: □ Prepaid: □
HANDLING PACKAGE UNIT  QTY TYPE QTY TYPE WEIGHT H.M. Commodification of the property as follows:  177 CTN 5,333 SUB8 PACKAGE 27 PLT 945  Where the rate is dependent on value, shippers are required to state specifically in writing the agreed declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding	COMMODITY DESCRIPTION  es requiring special or additional care or ettention in handling or stowing narked and packaged as to ensure safe transportation with ordinary care  Ziol of NMFC (team 369)  LLASTIC ARTICLES 12-15 PCF
HANDLING PACKAGE UNIT  QTY TYPE QTY TYPE WEIGHT H.M. Commodification of the property as follows:  The agreed or declared value of the property is specifically stated by the shipper to be not exceeding per NOTE Liability Limitation for loss or damage in this shipment may	COMMODITY DESCRIPTION  es requiring special or additional care or ettention in handling or stowing narked and packaged as to ensure safe transportation with ordinary care  REASTIC ARTICLES 12-15 PCF
HANDLING UNIT  QTY TYPE QTY TYPE WEIGHT H.M. Commodified Solid Sol	COMMODITY DESCRIPTION  es requiring special or additional care or etientian in handling or stowling harked and packaged as to ensure safe transportation with ordinary care  Ziol of NMFC item 169  LLASTIC ARTICLES 12-15 PCF
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HANDLING UNIT  QTY TYPE QTY TYPE WEIGHT H.M. Commodified to some section (X)  177 CTN 5,333 SUB8 PA  27 PLT 945  Where the rate is dependent on value, shippers are required to state specifically in writing the agreed declared value of the property as follows:  'The agreed or declared value of the property is specifically stated by the shipper to be not exceeding per  NOTE Liability Limitation for loss or damage in this shipment may RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the same the shipper, on request. The shipper hereby certifies that hot she is familiar with all the terms and conditions of the NMEP Straight Bill of Lading, including those on the heak thereof, and the said terms and conditions are hereby agreed to by the and accepted for him/herself and his/her assigns.  SHIPPER SIGNATURE / DATE Trailer Loaded: Freight Coulomb.	COMMODITY DESCRIPTION  es requiring special or additional care or etientian in handling or stowling harked and packaged as to ensure safe transportation with ordinary care  Ziel of NMFC item 159  LASTIC ARTICLES 12-15 PCF 156600 85.00  LLET WEIGHT 199550 70.00  GRAND TOTAL 2451w  COD Amount: \$  Fee Terms: Collect: □ Prepaid: □  Customer check acceptable: □  be applicable. See 49 U.S.C. = 14706(c)(1)(A) and (B).  Subject to Section 7 of conditions, if this higher it is to be delivered to the consignee without recourse on the consignor, the consignor shall stign the following statement:  The carrier shall not make delivery of this shipment without payment of freight and all other taxful charges.  THE MAZEL COMPANY Shipper Signature  CARRIER SIGNATURE / PICKUP DATE  CARRIER SIGNATURE / PICKUP DATE
HANDLING UNIT  QTY TYPE QTY TYPE WEIGHT H.M. Commodified to some season of the property as follows:  177 CTN 5,333 SUB8 PART 945  Where the rate is dependent on value, shippers are required to state specifically in writing the agreed declared value of the property as follows:  The agreed or declared value of the property as follows:  NOTE Liability Limitation for loss or damage in this shipper to be not exceeding per  NOTE Liability Limitation for loss or damage in this shipper and the said person of the property is specifically stated by the carrier and are any thipper, an request. The shipper hereby certifies that he shall be shipper, on request. The shipper hereby certifies that he shall terms and conditions of the NMFC Straight Bill of Lading, including those on the bask thereof, and the said terms and econditions of the NMFC Straight Bill of Lading, including those on the bask thereof, and the said terms and econditions of the NMFC Straight Bill of Lading, including those on the bask thereof, and the said terms and econditions of the NMFC Straight Bill of Lading, including those on the bask thereof, and the said terms and econditions of the NMFC Straight Bill of Lading, including those on the bask thereof, and the said terms and econditions of the NMFC Straight Bill of Lading, including those are the bask thereof, and the said terms and econditions of the NMFC Straight Bill of Lading. Enablished by the carrier and second terms and econditions of the NMFC Straight Bill of Lading. Enablished Bill of Ladin	COMMODITY DESCRIPTION  es requing special or additional care or ettendan in handling or stowing narked and packaged as to ensure safe transportation with ordinary care  200 of NMFC Item 169  LASTIC ARTICLES 12-15 PCF 156600 85.00  LLET WEIGHT 199550 70.00  GRAND TOTAL 2 45 w  Fee Terms: Collect: □ Prepaid: □  Customer check acceptable: □  be applicable. See 49 U.S.C. = 14706(c)(1)(A) and (B).  Fier and slabite to Uniform the Consignor, the consignor shall sign the following statement: a shipper shall not make delivery of this shipment without payment of freight and all other tawful charges.  THE MAZEL COMPANY Shipper Signature  CARRIER SIGNATURE / PICKUP DATE  Carear astronyledges recept of packages and required placares. Carrier certifiles smergerioy response information was made available and/or carrier has the DOT smergerioy response information was made available and/or carrier has the DOT smergerioy response information was made available and/or carrier has the DOT smergerioy response information was made available and/or carrier has the DOT smergerioy response information was made available and/or carrier has the DOT smergerioy response information was made available and/or carrier has the DOT smergerioy response information was made available and/or carrier has the DOT smergerioy response information was made available and/or carrier has the DOT smergerioy response information was made available and/or carrier has the DOT smergerioy response information was made available and/or carrier has the DOT smergerioy response information was made available and/or carrier has the DOT smergerioy response information was made available and/or carrier has the DOT smergerioy response information was made available and/or carrier has the DOT smergerioy response information was made available and/or carrier has the DOT smergerioy response information was made available and/or carrier has the DOT smergerioy response information was made available and/or carrier has the DOT smergerior and the propertion was made availab
HANDLING UNIT  QTY TYPE QTY TYPE WEIGHT H.M. Commodified to some season of the some season of the some season of the some season of the shipper to be not exceeding the shipper, on request. The shipper kereby certifies that he shipper, on request. The shipper including including these on the back the rest, and the said terms and conditions of the NIFE Streight Bill of Lading, including those on the hand the rest, and accepted for him/berself and his/her assigns.  SHIPPER SIGNATURE / DATE This is to carbly that the above a neared materials are properly consisted, described, packaged, marked and laceled, and are in proper concilion for transportation according to the applicable. Trailer Loaded:  Freight Coulombian Sylvier Shipper (and successful and laceled, and are in proper concilion for transportation according to the applicable regulators of the Dot To DATE This is to carbly that the above named materials are properly clossified, described, packaged, marked and laceled, and are in proper concilion for transportation according to the applicable proper or proper concilion for transportation according to the applicable proper or proper concilion for transportation according to the applicable proper concilion for transportation according to the proper concilion for transportation according to the applicable proper concilion	COMMODITY DESCRIPTION  es requing special or additional care or ettention in handling or stowing narked and packaged as to ensure safe transportation with ordinary care  200 of NMFC item 169  LASTIC ARTICLES 12-15 PCF 156600 85.00  LLET WEIGHT 199550 70.00  COD Amount: \$  Fee Terms: Collect: □ Prepaid: □  Customer check acceptable: □  be applicable. See 49 U.S.C. = 14706(c)(1)(A) and (B).  Fier and slable to Uniform the consignor, the consignor shall sign the following statement: a shipper shall sign the following statement: a thipper shall not make delivery of this shipment without payment of freight and all other than the care shall not make delivery of this shipment without payment of freight and all other samples.  THE MAZET COMPANY Shipper Signature  CARRIER SIGNATURE / PICKUP DATE Carms abscrowledges recept of packages and required placads. Carrier certifies among superiory response information was made available and for carrier has the Optimer generic presponse information was made available and for carrier has the Optimer personse information was made available and for carrier has the Optimer personse information was made available and for carrier has the Optimer personse information was made available and for carrier has the Optimer personse information in the world.
HANDLING UNIT  QTY TYPE QTY TYPE WEIGHT H.M. Commodified to some season of the some season of the some season of the some season of the shipper to be not exceeding the shipper, on request. The shipper kereby certifies that he shipper, on request. The shipper including including these on the back the rest, and the said terms and conditions of the NIFE Streight Bill of Lading, including those on the hand the rest, and accepted for him/berself and his/her assigns.  SHIPPER SIGNATURE / DATE This is to carbly that the above a neared materials are properly consisted, described, packaged, marked and laceled, and are in proper concilion for transportation according to the applicable. Trailer Loaded:  Freight Coulombian Sylvier Shipper (and successful and laceled, and are in proper concilion for transportation according to the applicable regulators of the Dot To DATE This is to carbly that the above named materials are properly clossified, described, packaged, marked and laceled, and are in proper concilion for transportation according to the applicable proper or proper concilion for transportation according to the applicable proper or proper concilion for transportation according to the applicable proper concilion for transportation according to the proper concilion for transportation according to the applicable proper concilion	COMMODITY DESCRIPTION  es requiring special or additional care or ettention in handling or stowing narked and packaged as to ensure safe transportation with ordinary care  2(e) of NMFC (tem 160)  LASTIC ARTICLES 12-15 PCF

Case 18-30052 Claim 27-1 Part 2 Filed 12/17/18 Desc Exhibit Page 10 of 13



## INVOICE

r age 10 or 10								
Invoice Number								
429173								
Invoice Date								
09/27/2018								
Terms								
NET 30 DAYS								

#### Bill To:

HOME OWNERS BARGAIN 2650 BELVIDERE ROAD IL 60085 WAUKEGAN

#### Shipped To:

HOME OWNERS BARGAIN #47 7557 S 78TH AVENUE IL 60455 BRIDGEVIEW

#### Remit to:

**AMOUNT** 

12,959.56

THE MAZEL COMPANY P.O. BOX 932351 CLEVELAND, OH 44193-2351

Page 1 COL PPD Ship VIA Ship Date Salesman Order No.: Cust. No.: Cust. PO No.: 09/27/2018 38 28673 N000021954 611316 Miscellaneous Information BOL No.: 69218 DROPSHIP/29579378 Unit List Amount Qty. Shipped | Cartons Pack Item No. Price Price 1 15-811-DS PLST, DECK BOX SIT ON 71 GAL 80.00 38.14 4,386.10 115 115 1225305 28-811-DS 119.00 31.96 1,789.76 PLST, DECK BOX 60 GAL 56 56 1 1247531 70 41-811-DS PLST, STORAGE SHED HORIZONTAL .00 96.91 6,783.70 70 1 1247540 241 W/02761 C/01876 12,959.56 NOTICE: Acceptance of above described goods constitutes customer's agreement to 1-1/2% per month (18% annually) service charge on all amounts 30 days past due. Request for credit because of **PAY THIS** COMPLETE P.O.

shortages, damages/defective merchandise, price difference and returns must be communicated in

writing within ten (10) days of receipt of goods.

HOME OWNERS BARGAIN OUTLET

TO: Mazel Co.

31000 Aurora Rd.

PHONE: (605) 371-5455 FAX: (301) 576-7392

VENDOR ASSIGNED CUST# STATUS BACK REFER# CODES FREIGHT POLICY SHIP VIA

Solon OH 44139

ново 47 7557 S. 78TH AVE. BRIDGEVIEW, IL 60455 (708) 924-9155

Page:

1

SHIP TO: HOBO 47

7557 S. 78TH AVE.

BRIDGEVIEW, IL 60455

**TERMS** 

## **PURCHASE ORDER**

P.O. #: n000021954 Store : 47

Order Date: 8/20/18 Date Due : 9/24/18 Alt. PO # :

VENDOR	A331	LGNED CUST#	SIATUS	Drieit	KLILK	CODES	TREESIN FOLICE	21121	***		-1413	Order		: NORMAL
MA115			F	N	PPD		PRE			NET 30	DAYS	Buyer		
LINE#	STORE	QTY ORD	ITEM/SKU	NUMBER			DESCRIPTION		MFG#/SPC	L SP	EC ORD#	UNIT COST	U/M	EXTENDED COST
			BI SPECIAL		265 WAU FRE 708 DEL	O BELVI KEGAN, IGHT PF -924-91	IDERE RD IL 60085 REPAID. CALL LS5 TO SCHEDUI APPT 24HRS IN	LE A ADVANCE						
8 16 24	CCC	115 60 70	1225305 1247531 1247540		* 6	O GAL V	ON DECK BOX DANHEELED DECK STORAGE SI	BOX DK BRN	15-811-DS 28-811-DS 41-811-DS			38.14 31.96 96.91	EA EA EA	4386.10 1917.60 6783.70
,														

TOTAL UNITS 245

Date:

13087.40 .00 .00 13087.40

TOTAL COST

TOTAL P.O.

TOTAL FREIGHT OTHER CHARGES

P.O. Approved By:

of 13

Case 18 See website for large version of the reverse	-30052 CI	aim 27-1 Part 2	2 Filed 12	2/17/18 С	esc [	Exhibit <sup>医神条性体循见网络(</sup> ~	Page 12 c
	NEAN SHIPPIN	G COMPANY S.A.	SEA WAY	BILL No.	ME	DUHA0239	0-Port" or "Combined port" (see Clause 1)
SC Website: www.msc.com		SCAC Code: MSCU	NO. & SEQUENCE C	F ORIGINAL B/L's		ER PAGES	
SHIPPER:			1/1 CARRIER'S AGENTS	ENDORSEMENTS: (	nclude Age		
STARPLAST INDUSTRIES	3 (1967)			ED FROM NOTI			
32 HAMEGINIM ST 7 FI			NOTIFY-II				
HAIFA 3326226				USA LLC (FOR			
ISRAEL CONSIGNEE: This B/L is not necotiable	a unless marked "To Orde	r" or "To Order of " here		COD AVE, CLI , UNITED STA			
MAZEL STORES INC	e uniess marked 10 Orde	di lo ordei di Here.	FAX: 718-69				
31000 AURORA ROAD				ITTA RITTA@S	TARPLA	STUSA.COM	
SOLON, OHIO, 44139 TEL:0014402485200 FA		:52	FCL/FCL	MO Number =	93014	83	
				ger of confi			d vessel
NOTIFY PARTIES: (No responsibility sh see Clause 20)	all attach to the Carrier or t	o his Agent for failure to notity -	is not to	call at port	s and	not to ente	er the
MAZEL STORES INC				l waters of t to the sta			
31000 AURORA ROAD SOLON, OHIO, 44139 T	NITTED STATES			ED IN DESC.			
TEL:0014402485200 F		553					
***CONTINUED IN CAR	RIER'S AGENTS	ENDORSEMENTS***					
VESSEL & VOYAGE NO. (see Clause	s 8 & 9)	PORT OF LOADING		PLACE OF RECEIP	T: (Combine	d Transport ONLY - s	ee Clauses 1 & 5.2)
MSC PARIS V. IU834A		HAIFA		xxxxxxxx			
BOOKING REF. (or)	SHIPPER'S REF.	PORT OF DISCHARGE		PLACE OF DELIVER	Y: (Combine	ed Transport ONLY -	see Clauses 1 & 5.2)
BKIN1834190	xxxxx	NEW YORK		BRIDGEVIEW	IL 60	455	
PARTICULARS FURNIS	HED BY THE S	HIPPER - NOT CHEC	KED BY CARRI	ER - CARRIER	NOT RE	SPONSIBLE	(see Clause 14)
Container Numbers, Seal Numbers and Marks		Description of Pac (Continued on attached Bill of La	ckages and Goods ding Rider page(s), if a	applicable)		Gross Cargo Welght	Measurement
						KGS	CBM
MSCU9712419/40HC		;				4658.000	67.030
SEAL1/166261	The same of the sa	PACKS OF PLASTIC		****			
Tare Wt :3940	H.S.#392490	NATION: BRIDGEVI	EW,IL 60455	USA			
		D IN CARRIER'S A	GENTS ENDORS	EMENTS***			
		n Israel unless	in distress	or			
		force majeure	COMPENDS	ITATICATOURI C NIC	m		
	A THE RESIDENCE OF THE PARTY OF	BOARD QUANTITIES CONTROLED BY; CAR		ONKNOWN & NC	1		
m 1 m	**************************************	4659 000	0 VCC m-+-1		2 CDM		
Total Tare wgt. 3940	KGS TOTAL GI	coss wgt. 4656.000	KGS TOTAL	volume. 67.0	3 CBM		
FREIGHT & CHARGES Cargo	o shall not be delivered un	nless Freight & Charges are paid	(see Clause 16)	ECEIVED by the Carrier	in apparent	good order and conditi	on (unless otherwise
TALIOTT & OTTALOED Galge	S. S. Hot Do delivered di	I Torgett & Orlanges and pare	s	lated herein) the total nur adicated in the box entitle	nber or quan	ity of Containers or oth	ner packages or units
FREIGHT PREPAID			a	nd conditions hereof from ischarge or Place of Deli	the Place overy, whichev	of Receipt or Port of Li er is applicable. IN AC	cading to the Port of CEPTING THIS BILL
			10	OF LADING THE MERCI THE TERMS AND CO	HANT EXPR	ESSLY ACCEPTS AN	D AGREES TO ALL
			19	THERWISE INCORPOR HIS BILL OF LADING	ATED ON THE	IS SIDE AND ON THE TERMS AND CON	REVERSE SIDE OF IDITIONS OF THE
			i c	ARRIER'S APPLICABLE			
			If	this is a negotiable (To	Order / of) Bi	I of Lading, one origin	al Bill of Lading, duly
			0	ndorsed must be surrecutstanding Freight and ch	arges) in exc	change for the Goods of	or a Delivery Order. If
			l th	nis is a non-negotiable (s r issue a Delivery Orde	raignt) Bill of	nent of outstanding F	reight and charges)

against the surrender of one original Bill of Lading or in accordance with the national law at the Port of Discharge or Place of Delivery whichever is applicable.

IN WITNESS WHEREOF the Carrier or their Agent has signed the number of Bills of Lading stated at the top, all of this tenor and date, and wherever one original Bill of Lading has been surrendered all other Bills of Lading shall be vold. SIGNED on behalf of the Carrier MSC Mediterranean Shipping Company S.A.

CARRIER'S RECEIPT (No. of Cntrs or Pkgs rovd by Carrier - see Clause 14.1)

1 CNTR DECLARED VALUE (only applicable if Ad Valorem Charges paid - see Clause 7.3) PLACE AND DATE OF ISSUE HAIFA 03-SEP-2018 SHIPPED ON BOARD DATE 03-SEP-2018

MSC (ISRAEL) LTD HAIFA

29579378

TOD LOGISTIC	6200 W 51st Street • ( Tel: 708-929-4960 F 5 Email: chidispatch@	ax: 708-546-0384	2101St 2211 0⊍™ 2010
	DELIVERY / PICE	C-UP TICKET	
DATE 9/27/18	co	ONTROL#	
45 CU 97/Z CONT.	41-9 AINER#	CHASS	SIS # DE SIS
ORIGIN (SX			AME GNA ATE: VIDS: PT
DELIVERED TO HOM	ES OWNERS 7 S 78 TH A	BANGALU	2 o o o 4 o
DESTINATION 755	7 5 78 TH A	UE BRIDGE	EVLEWZI
REMARKS			- J
	10c TRK#6018		TIME IN
CUSTOMER SIGNATURE		DATE	TIME OUT
THE ABOVE UNIT	WAS DELIVERED/RECEIVED IN GO	OOD CONDITION EXCEPT A	S NOTED ABOVE

# Northern District of Illinois Claims Register

### 18-30052 KLS Acquisition Corp.

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

Office: Eastern Division

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (27380420) Claim No: 27 Status:
The Mazel Company Original Filed Filed by: CR

Coface North America Insurance Date: 12/17/2018 Entered by: Amy Schmidt

Company Original Entered Modified:

650 College Road East, Suite Date: 12/17/2018

2005

Princeton, NJ 08540

Amount claimed: \$25935.14

History:

<u>Details</u> 27-1 12/17/2018 Claim #27 filed by The Mazel Company, Amount claimed: \$25935.14 (Schmidt,

Amy)

Description: (27-1) 57621

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

<b>Total Amount Claimed*</b>	\$25935.14
<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		
Administrative		