

Fill in this information to identify the case:Debtor 1 KLS Acquisition Corp.

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court Northern District of IllinoisCase number: 18-30052

FILED

U.S. Bankruptcy Court
Northern District of Illinois

12/18/2018

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>Rachel Luckey</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? <u>Rachel Luckey</u> Name 4967 S 67th St Greenfield, WI 53220 Contact phone <u>4147932667</u> Contact email <u>rachel.bobinger@gmail.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ 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 _____ <div style="text-align: right;">MM / DD / YYYY</div>	
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

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>0925</u>										
7. How much is the claim?	\$ <u>2369.30</u> <div style="float: right; text-align: right;"> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). </div>										
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 healthcare information. <u>Goods sold</u>										
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <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> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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.) <table style="width: 100%;"> <tr> <td style="width: 50%;">Value of property:</td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td>Amount of the claim that is secured:</td> <td>\$ _____</td> </tr> <tr> <td>Amount of the claim that is unsecured:</td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;">Amount necessary to cure any default as of the date of the petition:</td> <td style="width: 40%;">\$ _____</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;">Annual Interest Rate (when case was filed)</td> <td style="width: 40%;">_____ %</td> </tr> </table> <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	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)	_____ %
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)	_____ %										
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____										
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____										

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	\$ _____
<small>* 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.</small>		

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 12/18/2018
MM / DD / YYYY

/s/ Rachel Rose Luckey
Signature

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

Name Rachel Rose Luckey
First name Middle name Last name

Title _____

Company _____

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

4967 S 67th Street

Number Street

Greenfield, WI 53220

City State ZIP Code

Contact phone 4147932667

Email rachel.bobinger@gmail.com



ORDER CONTRACT

Thank you for your cabinetry purchase at HOBO.

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

PURCHASER INFORMATION

NAME	Rachel & Chris Luckey
ADDRESS	4967 S. 67 St
CITY	Greenfield, WI 53220
PHONE	262.617.2432
ALT PHONE	
EMAIL	rachel.bobinger@gmail.com

SALE INFORMATION

SALESPERSON	GSLATER@HOBOONLINE.COM
DATE OF SALE	9/16/18
VENDOR	KOUNTRY WOOD
FINAL PRICE	\$2,369.30
PROMO?	20%
INSTALLED BY	NO INSTALLATION

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

- ☐ Measurement for fabrication of the cabinetry
- ☐ Delivery of the cabinetry
- ☐ 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.

DIMENSIONS

All measurements have been provided by you prior to ordering, unless you have paid to have HOBO arrange for the vendor listed above to verify measurements. Purchaser is 100% responsible for appliance dimension verification. HOBO cannot be held responsible for any errors in measurements. All items covered in this contract are **NON-RETURNABLE**.

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

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); Kabinart Quick Ship (3-4 weeks); Kabinart Full Line (5-6 weeks); **This contract does not guarantee delivery time frames, and can be extended due to supply issues or other events beyond HOBO'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 \$150/FLOOR ADDITIONAL CHARGE.

The definition of "first floor" is anything (5) steps or less. Anything more than (5) steps will incur a charge.

If you order is 3 cabinets or less, the cabinets will be delivered to our store. The HOBO store will contact you upon receipt of your order. These delivery estimates are provided by the manufacturer. HOBO cannot be held responsible for delays for any reason. HOBO 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. HOBO'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.

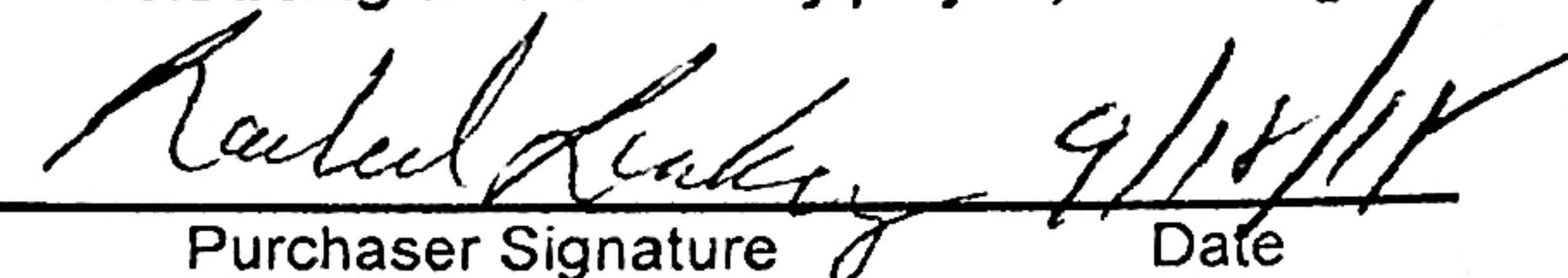
DAMAGE OR DEFECTS

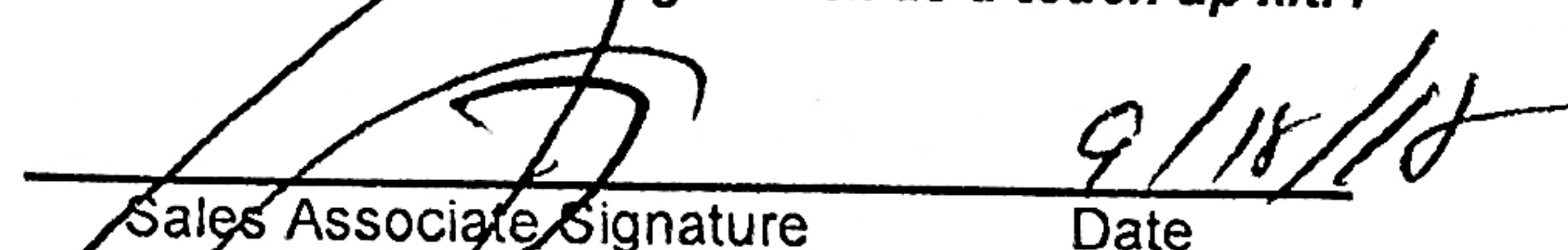
Purchaser has ten days from date of receipt to notify their HOBO salesperson of any damage or issues. Please deal only with your HOBO salesperson as they have the most knowledge of your project. For all claims of warped, defective, or damaged door/drawer fronts, the item must be brought into the store for inspection. HOBO 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. HOBO 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 jclaussen@hoboonline.com

→ INSTALLATION CONSTITUTES ACCEPTANCE OF THE PRODUCT. If you perceive an issue, DO NOT INSTALL THE PRODUCT. Hobo cannot replace items that have been modified or installed. As necessary, Hobo will only replace damaged parts or cabinets on a case-by-case basis. No compensation for inconvenience or delay of your project is either implied or promised.

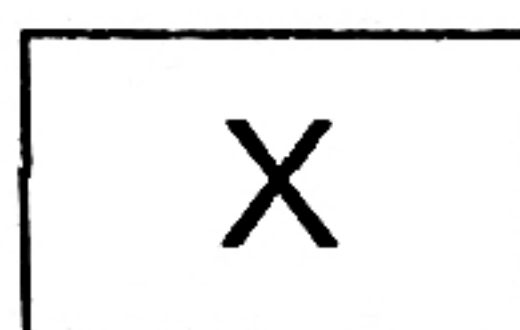
HOBO, ITS OWNERS AND EMPLOYEES ARE NOT RESPONSIBLE FOR ANY ERRORS, DAMAGE OR DEFECTS DURING MEASUREMENT,

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, including amounts of all trim and/or finish molding as well as a touch up kit. I

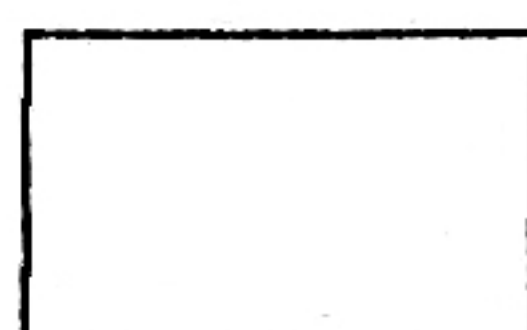

Purchaser Signature Date


Sales Associate Signature Date

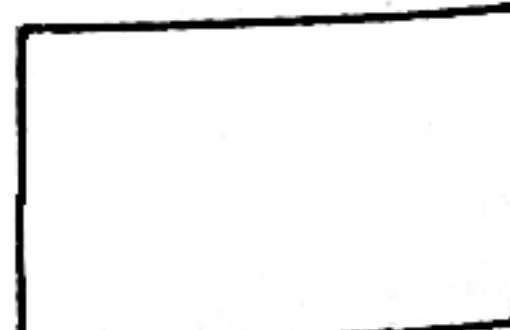
PLEASE CONTACT THIS HOBO STORE WITH ANY QUESTIONS



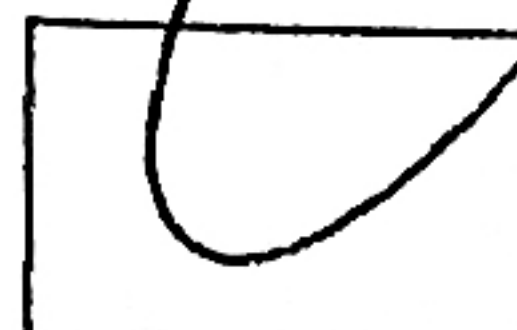
HOBO #21
800 S. 108th
West Allis, WI
PH: (414) 302-4626
FX: (414) 302-4630



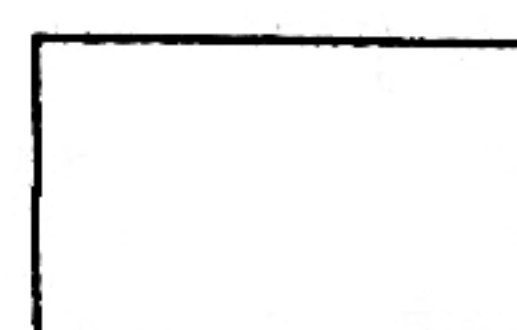
HOBO #23
1693 Plainfield Rd
Crest Hill, IL
PH: (815) 730-8340
FX: (815) 730-0297



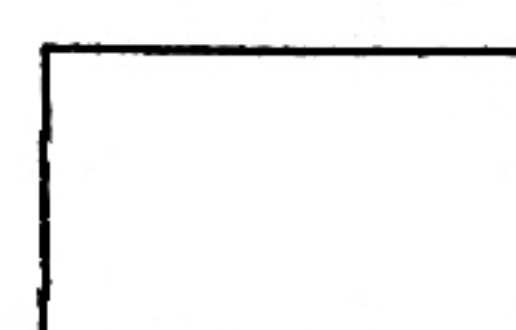
HOBO #24
2650 Belvidere Rd
Waukegan, IL
PH: (847) 263-1612
FX: (847) 360-9616



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



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



HOBO #27
3545 S. 27th St
Milwaukee, WI
PH: (414) 643-1226
FX: (414) 643-1715

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: (27387906)

Claim No: 29

Status:

Rachel Luckey

Original Filed

Filed by: CR

4967 S 67th St

Date: 12/18/2018

Entered by: EPoc ADI

Greenfield, WI 53220

Original Entered

Modified:

Date: 12/18/2018

Amount claimed: \$2369.30

History:

[Details](#) [29-1](#) 12/18/2018 Claim #29 filed by Rachel Luckey, Amount claimed: \$2369.30 (ADI, EPoc)

Description:

Remarks: (29-1) Account Number (last 4 digits):0925

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*	\$2369.30
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		