

**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  
 1/13/2019  
 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**

<b>1. Who is the current creditor?</b>	<u>Kelley J. Rivera</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>Kelley J. Rivera</u>	_____
	Name	Name
	<u>2542 s. 34th st. Milwaukee, WI 53215</u>	_____
	Contact phone <u>414-418-6648</u>	Contact phone _____
	Contact email <u>kelleyr697@gmail.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM / DD / YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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?  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? \$ 335.00  
 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 healthcare information.  
 unpaid medical bills from August 2018

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: \_\_\_\_\_

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
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 checked="" 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).	\$ 335.00
	<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 1/13/2019

MM / DD / YYYY

/s/ Kelley J. Rivera

Signature

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

Name Kelley J. Rivera

First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_

Address 2542 s. 34th st.

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

Number Street Milwaukee, WI 53215

City State ZIP Code

Contact phone 414-418-6648 Email kelleyr697@gmail.com



# Aurora Health Care

PO Box 091700  
Milwaukee, WI 53209-8700

Statement Date: 12/26/2018 Page 1 of 3

**Payment Options:**

- Pay Online: [aurora.org/billing](http://aurora.org/billing)
- Phone: 800-326-2250
- Mail: PO Box 809418 Chicago, IL 60680-9418

### Account Information

Guarantor Name: RIVERA, KELLEY  
Guarantor Account Number: 2921938

000730  
AUR12A 1196799 607167077  
Kelley Rivera  
2542 S 34th St  
Milwaukee WI 53215-2812



Guarantor Account Summary	
<b>Total Amount Owed</b>	<b>\$335.00</b>
<i>Charge, payment, and adjustment detail can be found starting on Page 3</i>	
<b>Payment Plan Information</b>	
Monthly Amount:	\$0.00
Payment Plan Balance:	\$0.00
Overdue:	\$0.00
<b>Payment Plan Amount Due</b>	<b>\$0.00</b>
<b>Amount Due not on Payment Plan</b>	<b>\$335.00</b>
<b>Amount Due</b>	<b>\$335.00</b>

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for your health care needs!

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- Pay your bills online
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Please contact us for questions, or to discuss a possible payment plan or financial assistance based on need. **Contact us: (800) 326-2250**  
[customerservice@aurora.org](mailto:customerservice@aurora.org)

Para español favor llamara a (866) 629-6033



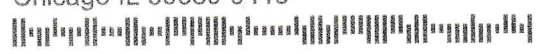
# Aurora Health Care

Statement Date  
12/26/2018

Account	Acct #	Date Due
RIVERA, KELLEY	2921938	1/8/2019
<b>Amount Due</b>	<b>Amount I am Paying</b>	
<b>\$335.00</b>	<b>\$</b>	

Make check payable to **Aurora Health Care**

AURORA HEALTH CARE  
PO Box 809418  
Chicago IL 60680-9418



Select One:  Payment Enclosed or Choose Card Below:

Card # \_\_\_\_\_  
Exp. Date \_\_\_\_\_  
Print Cardholder's Name \_\_\_\_\_  
Signature \_\_\_\_\_

# 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:* (27443115)  
Kelley J. Rivera  
2542 s. 34th st.  
Milwaukee, WI 53215

**Claim No:** 46  
*Original Filed*  
*Date:* 01/13/2019  
*Original Entered*  
*Date:* 01/13/2019

*Status:*  
*Filed by:* CR  
*Entered by:* EPoc ADI  
*Modified:*

Amount claimed: \$335.00

Priority claimed: \$335.00

*History:*

[Details](#) [46-1](#) 01/13/2019 Claim #46 filed by Kelley J. Rivera, Amount claimed: \$335.00 (ADI, EPoc)

*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

<b>Total Amount Claimed*</b>	\$335.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>	\$335.00	
<b>Administrative</b>		