

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

1. Who is the current creditor?	<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 _____	
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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<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): _____	
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

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? \$ 1948.56
 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.

 earned vacation time not paid

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)?	<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 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

Employee Information

Employee Information

Name Kelley Rivera
Social Security 374-86-3929
EIN KLS Acquisitions Corp
Employee Id 5
Username 05
Status Active
Time Zone Central
Primary Email krivera@hoboonline.com
Secondary Email kelleyr697@gmail.com
Work Phone 414-302-4626
Cell Phone 414-418-6648
Eagle ID KRIV
Salesperson ID ##
Commission Eligible No
401k A
Address 2542 S 34th St
 Milwaukee, WI 53215
Birthday 12/02/1979
Hired 12/30/1999
Started 12/30/1999
Seniority 12/30/1999
Review 12/30/1999
Adjusted Date of Hire 12/30/1999
Full Time Employment Date 09/07/2001
Original Date of Hire 12/30/1999

Account Demographics

Gender F
Ethnicity
Actual Marital Status Divorced

Managers

Direct Report Manager Harry Hulbert
Store Manager Harry Hulbert
HR Coordinator Melina M. Krstic

Contacts

Name Gerry Renner
Contact Type Emer - Primary
Relationship Emergency
Address 2542 S 34th St
 Milwaukee, WI 53215
Cell Phone 414-380-1393
Social Security 394-38-0048
Birthday 05/07/1940
Gender U

Name ADRIAN LUIS RIVERA
Contact Type Dep
Relationship Son
Address 2542 S 34th St
 Milwaukee, WI 53215
Social Security 669-60-9678
Birthday 01/31/2016
Gender M
Full Time Student No

-- More --

Contacts - Continued

Name Geraldine Renner
Contact Type Dep
Relationship Mother
Address 2542 S 34th St
 Milwaukee, WI 53215
Cell Phone 414-380-1393
Birthday 05/07/1940
Gender F
Full Time Student No

Profiles

Accruals FULL TIME
Benefit FULL TIME BENEFITS
Holiday Store Holidays
Pay Calculations Hourly
Pay Period KLS Acquisitions Corp
Pay Prep Regular
Points Attendance Occurences
Retirement Plan Fidelity 401k
Security Employee
Timesheet HOURLY Employee
TS Auto Population Holidays

Pay Information

	Amount	Hours
Annual	\$35,880.00	2080:00
Pay Period	\$1,380.00	80:00
Hourly	\$17.25	

Default Job Pricing Coordinator
Job Last Changed 04/23/2017
Job Length 1 Year, 7 Months, 19 Days
Standard Work Day 8:00
Employee Type Full Time Non-Exempt
Pay Type Hourly
Pay Grade
Medical Eligibility
EEO Classification Sales Workers
Default Workers Comp Cod 8058:WI

Cost Centers

Location Store 21 - West Allis
Department Operations
Schedule Group 21 OPS-HRC/MAINT/RECV/EXP
Employee Default Settings Full Time (Hourly Non-Exempt)
Jobs (HR) Pricing Coordinator

Accruals

Sick (Accrued to: 09/07/2019)

Accrd	Taken	Balance	Sch	Pnd Apr
6.06	2.37	3.69	0.00	0.00

Vacation (Accrued to: 09/07/2019)

Accrd	Taken	Balance	Sch	Pnd Apr
15.19	1.06	14.12	0.00	0.00

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):**

<p><i>Creditor:</i> (27443115) Kelley J. Rivera 2542 s. 34th st. Milwaukee, WI 53215</p>	<p>Claim No: 47 <i>Original Filed</i> Date: 01/13/2019 <i>Original Entered</i> Date: 01/13/2019</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> EPoc ADI <i>Modified:</i></p>
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Amount claimed: \$1948.56

History:

[Details](#) [47-1](#) 01/13/2019 Claim #47 filed by Kelley J. Rivera, Amount claimed: \$1948.56 (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

Total Amount Claimed*	\$1948.56
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		