Fill in this ir	formation to identify the case:
Debtor 1	KLS Acquisition Corp.
Debtor 2 (Spouse, if filing)	
United States	Bankruptcy Court for the: Northern District of Illinois - Eastern Div
Case number	18-30052

FILED UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS
JAN 1 5 2019

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?	ROBLAT MENEFEE Name of the cc. rent creditor (the person or entity to be paid for this claim Other names the creditor used with the debtor	17 a		
2.	Has this claim been acquired from someone else?	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? ROBERT MENERCE Name 9418 NICHOLAS LANE Number Street Street Street SPRING GROVE FL. LOUSI City State ZIP Code	different)	eet	sent? (if
		SPRING GROUP J.Z. L.D.O.81 City State ZIP Code Contact phone 815-675-1650 Contact email IMENERE FESSUE ADL. Com (SM CAPS) Uniform claim identifier for electronic payments in chapter 13 (if you use	Contact email _	State	ZIP Code
4.	Does this claim amend one already filed?	Ves. Claim number on court claims registry (if known)		Filed on	/ YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?			

0.	Do you have any numbe you use to identify the debtor?			ount or any number you use to identify the debtor:
7.	How much is the claim?	s_ 200 2	640.00	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).
	What is the basis of the claim?	Examples: Good	is sold, money loaned, le	ase, services performed, personal injury or wrongful death, or credit card.
	- and -	Attach redacted	copies of any documents	supporting the claim required by Bankruptcy Rule 3001(c).
		Limit disclosing	nformation that is entitled	to privacy, such as health care information.
		Accrue	O VACATION	PAY EARNED THAT WASN'T PAID.
1	s all or part of the claim secured?	No Yes. The cla	im is secured by a lien or) property.
			of property:	
		🗖 Rea	al estate. If the claim is se	ecured by the debtor's principal residence, file a Mortgage Proof of Claim
			Attachment (Off or vehicle	icial Form 410-A) with this Proof of Claim.
			er. Describe:	
			or perfection:	
		Attach r example been file	edacted copies of docum , a mortgage, lien, certific d or recorded.)	ents, if any, that show evidence of perfection of a security interest (for cate of title, financing statement, or other document that shows the lien has
		Value of	property:	2
			of the claim that is sec	ured: \$
		Amount	of the claim that is use	·
		, and and	of the claim that is uns	ecured: \$(The sum of the secured and unsecured amounts should match the amount in line 7.)
		Amount	necessary to cure any c	lefault as of the date of the petition: \$
		Annual Ir	terest Rate (when case	was filed)%
		U Variat	le	
thas	nis claim based on a	No		
	177. M	Yes. Amount ne	cessary to cure any def	ault as of the date of the petition.
th	is claim subject to a	No		- · · · · · · · · · · · · · · · · · · ·
gh	t of setoff? /			
		res. Identify the	property:	

¢.

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12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	entitled to priority under		
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	 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 perconal, 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). 	Amount entitled to priority \$ \$ \$ \$\$_2440.00 \$	
	 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. * Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after 	\$\$	
Part 3: Sign Below			
The person completing this proof of claim must sign and date it. FRBP 9011(b).	Check the appropriate box: I am the creditor. I am the creditor's attorney or authorized agent.		

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.

1/10/19 MM/DD/

- 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.

S Middle name

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

Mul Signature

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

Name

Title

Address

SST. STORE MGR. Home Owners BARG-AIN OUTLET Identify the corporate servicer as the company if the authorized agent is a servicer.

Company

 94/18
 NICHOLASLANE

 Number
 Street

 SPRING
 GROVE

 State
 ZIP Code

 815-675-1650
 Email

 Menerze
 830 R

 ADL.Com

 (Smerry)
 Contact phone

Meneree Last name

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Bradenton

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Northern District of Illinois Claims Register

Chapter: 11

18-30052 KLS Acquisition Corp.

Honorable Judge: Jacqueline P. Cox

Office: Eastern Division

Trustee:

Creditor: (27447691) Robert Menefee 9418 Nicholas Lane Spring Grove IL 60084 Claim No: 51 Original Filed Date: 01/15/2019 Original Entered Date: 01/15/2019 Status: Filed by: CR Entered by: Kevin Lyons Modified:

Last Date to file claims:

Last Date to file (Govt):

Amount claimed: \$2640.00 Priority claimed: \$2640.00

History:

Details 51-1 01/15/2019 Claim #51 filed by Robert Menefee, Amount claimed: \$2640.00 (Lyons, Kevin)

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* \$2640.00

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	\$2640.00	
Administrative		