

Fill in this information 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
FEB 12 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?

JEFFORY M. BURKE
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?

☒ 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 creditor be sent?

JEFFORY M. BURKE
Name
1202 S. 107TH ST
Number Street
WEST ALLIS WI 53214
City State ZIP Code
Contact phone 715-360-3086
Contact email 201056@HOTMAIL.COM

Where should payments to the creditor be sent? (if different)

JEFFORY M. BURKE
Name
1202 S. 107TH ST
Number Street
WEST ALLIS WI 53214
City State ZIP Code
Contact phone 715-360-3086
Contact email 201056@HOTMAIL.COM

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

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 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? \$ 938.90 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 health care information.

EMPLOYEE SICK + VACATION TIME NOT PAID OUT.
MEDICAL BILL FOR SEPTEMBER 2018 THAT SHOULD HAVE BEEN PAID BY COMPANY AT 100%

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)?

☐ No☐ Yes. Check one:

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.

☐ 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 personal, 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). \$ 292.90

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____

☐ 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. UNPAID MEDICAL BILLS \$ 641.00

* Amounts are subject to adjustment on 4/01/19 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 02/06/2019
MM DD YYYY

Jeffory M. Burke
Signature

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

Name JEFFORY MICHAEL BURKE
First name Middle name Last name

Title _____

Company _____

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

Address 1202 S. 107th ST
Number Street

WEST ALLIS WI 53214-2407
City State ZIP Code

Contact phone 715-360-3086 Email 201056@HOTMAIL.COM

**Aurora Health Care®**PO Box 091700
Milwaukee, WI 53209-8700

Statement Date: 1/8/2019

Page 1 of 3

Payment Options: Pay Online: aurora.org/billing

Phone: 800-326-2250

Mail: PO Box 809418 Chicago, IL 60680-9418

Account Information**Guarantor Name: BURKE,JEFFORY M****Guarantor Account Number: 480957**

AUR12A 1211406 612665501

Jeffory M Burke
1202 S 107th St
West Allis WI 53214-2407**Guarantor Account Summary****Total Amount Owed \$641.00***Charge, payment, and adjustment detail can
be found starting on Page 3***Payment Plan Information**Monthly Amount: \$0.00
Payment Plan Balance: \$0.00
Overdue: \$0.00Payment Plan Amount Due \$0.00
Amount Due not on Payment Plan \$641.00**Amount Due \$641.00**Thank you for choosing
Aurora Health Care
for your health care needs! **Sign up for Paperless Bills**

- Get e-mail reminders when your statement is ready
- Pay your bills online
- Save time, checks, & postage

Visit my.Aurorahealthcare.org**Customer Care**

Hours: Monday - Thursday 7:30am - 6:00pm, Friday 7:30am - 5:00pm

- Please contact us for questions, or to discuss a possible payment plan or financial assistance based on need.
- Para español favor llámara a (866) 629-6033

Contact us: **(800) 326-2250**
customerservice@aurora.org**Aurora Health Care®**Statement Date
1/8/2019

Account	Acct #	Date Due
BURKE,JEFFORY M	480957	1/21/2019
Amount Due	Amount I am Paying	
\$641.00	\$	

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

Detail of New Activity

Thank you for choosing Aurora Health Care. We appreciate your prompt payment.



Date of Service	Description	Charges	Payments/ Adjustments	Balance Due
Patient Name: BURKE,JEFFORY M		Provider: MANNINO, DENNIS P		
09/24/18	167011284	Location: AURORA ADVANCED HEALTHCARE NEW BERLIN CLINIC		
09/24/18	IMMUNIZATION ADMINISTRATION	55.00		
09/24/18	ADMINISTRATION, 2 OR MORE IMMUNIZ	25.00		
09/24/18	TETANUS/DIPHTHERIA/ACELLULAR PERTUSSIS	82.00		
09/24/18	PREVENTIVE VISIT	449.00		
09/24/18	INFLUENZA QUADRIVALENT SPLIT >3 YRS VACCINE	30.00		
Patient Balance				\$641.00
New Activity Balance Due				\$641.00

Total Amount Owed to Aurora (As of this Statement)	\$641.00
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Employee Information

Name Jeffery M. Burke
Social Security 399-72-0912
EIN KLS Acquisitions Corp
Employee Id 2236
Username 2236
Status Active
Time Zone Central
Primary Email zoid56@hotmail.com
Secondary Email zoid56@hotmail.com
Work Phone 414-302-4626
Cell Phone 715-360-3086
Home Phone 414-258-5445
Eagle ID JBUR
Salesperson ID B0
Commission Eligible Yes
401k A
Address 1202 S 107th St
West Allis, WI 53214
Birthday 07/24/1960
Hired 12/12/2013
Started 12/12/2013
Seniority 12/12/2013
Review 12/12/2013
Adjusted Date of Hire 12/12/2013
Full Time Employment Date 01/18/2015
Original Date of Hire 12/12/2013

Account Demographics

Gender M
Ethnicity
Actual Marital Status Single

Managers

Direct Report Manager Thomas P. Gessner
Store Manager Harry Hulbert
HR Coordinator Melina M. Krstic
Assistant Store Manager Thomas P. Gessner

Contacts

Name Jennifer Lynn Tromp
Contact Type Emer/Ben - Primary
Relationship FRIEND
Address 12650 W Center St
Brookfield, WI 53005
Cell Phone 262-498-6582
Social Security 398-84-7573
Birthday 05/28/1964
Gender F

Profiles

Accruals FULL TIME
Benefit FULL TIME BENEFITS
Holiday Store Holidays
Pay Calculations Hourly
Pay Period KLS Acquisitions Corp
-- More --

Profiles - Continued

Pay Prep Regular
Points Attendance Occurrences
Retirement Plan Fidelity 401k
Security Employee
Timesheet HOURLY Employee
TS Auto Population Holidays

Pay Information

	Amount	Hours
Annual	\$37,440.00	2080:00
Pay Period	\$1,440.00	80:00
Hourly	\$18.00	

Default Job Department Supervisor
Job Last Changed 07/29/2018
Job Length 4 Months, 13 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 Bath
Schedule Group 21 KTCN/BATH/PLMBNG/APL
Employee Default Settings Full Time (Hourly Non-Exempt)
Jobs (HR) Department Supervisor

Accruals

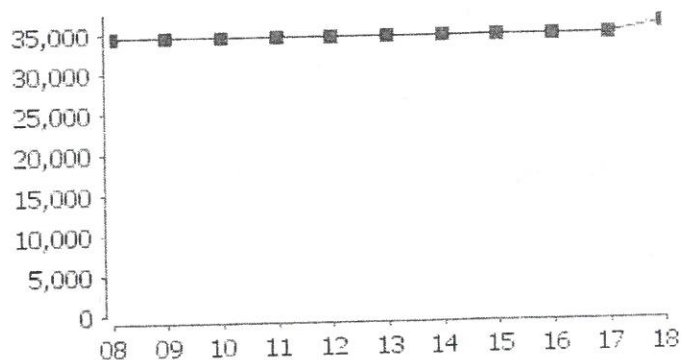
Sick (Accrued to: 01/18/2019)

Accrd	Taken	Balance	Sch	Pnd Apr
7.81	7.27	0.55	0.00	0.00

Vacation (Accrued to: 01/18/2019)

Accrd	Taken	Balance	Sch	Pnd Apr
10.00	8.00	2.00	0.00	0.00

Compensation By Year



Bradenton

PayServ
Systems.comGenerated: 12/12/2018 01:48p
Generated By: Melina M. Krstic

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: (27532296)

Claim No: 89

Status:

Jeffory M Burke

Original Filed

Filed by: CR

1202 S 107th St

Date: 02/12/2019

Entered by: Michelle O'Neal

West Allis WI 53214

Original Entered

Modified:

Date: 02/13/2019

Amount claimed: \$938.90

Priority claimed: \$938.90

History:

[Details](#) [89-1](#) 02/12/2019 Claim #89 filed by Jeffory M Burke, Amount claimed: \$938.90 (O'Neal, Michelle)

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*	\$938.90
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	\$938.90	
Administrative		