Case 18-30053 Claim 2-1 Filed 11/20/18 Desc Main Document Page 1 of 6

Fill in this information to identify the case: Loomis Enterprises LLC Debtor 1 Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: Northern District of Illinois Case number 18-30053

FILED UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS NOV 20 2018

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,

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.

	1. Who is the current creditor?		ators, LLC rent creditor (the person of					
2	Has this claim been acquired from someone else?	☑ No	ı whom?		***************************************		***************************************	
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should JMB Liquida Name 729 Zeigler Number St Enola City Contact phone 71 Contact email Minus	notices to the creditorators, LLC Lane reet PA State	17025 ZIP Code	Where show different) JMB Liquid Name 729 Zeigle Number Enola City Contact phone Contact email	ild payments to the c	reditor	17025 ZIP Code
	Does this claim amend one already filed?	☑ No ☐ Yes. Claim n	number on court claims	registry (if known)		Filed on	And the second state of the second second	
1	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who ma	ade the earlier filing?			ММ	/ DD	/ YYYY

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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: HOBO
7. How much is the claim?	\$ 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: Goods sold, money loaned, lease, services part
	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.
	GOODS SOLD
Is all or part of the claim	☑ No
	Yes. The claim is secured by a lien on property.
	Nature of property:
	Real estate. If the claim is secured by the debted and in the secured by th
	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
his claim based on a 🗹 N	No
	es. Amount necessary to cure any default as of the date of the petition.
nis claim subject to a 🛛 🛭 N	0
□ ү	es. Identify the property:

12. Is all or part of the cla entitled to priority und 11 U.S.C. § 507(a)?	dor	Check one:				
A claim may be partly priority and partly nonpriority. For example in some categories, the law limits the amount	D D 1'	omestic support obligations (inc 1 U.S.C. § 507(a)(1)(A) or (a)(1) o to \$2,850* of deposits toward ersonal, family, or household us	,(b).			Amount entitled to priori
entitled to priority.	□ w. ba 11	ages, salaries, or commissions nkruptcy petition is filed or the o U.S.C. § 507(a)(4).	(up to \$12,850*) earned	d within 180 whichever	days before the is earlier.	\$ \$
	□ Ta	xes or penalties owed to govern	nmental units. 11 U.S.C	. § 507(a)(8	3).	\$
	☐ Co	ntributions to an employee ben	efit plan. 11 U.S.C. § 50)7(a)(5).		S
	Oth	ner. Specify subsection of 11 U.	S.C. § 507(a)() that a	applies.		\$
	* Amou	unts are subject to adjustment on 4/	01/19 and every 3 years af	ter that for ca	ases begun on or after	r the date of adjustment
Part 3: Sign Below						
The person completing	Check the a	Doronsista t				40
this proof of claim must sign and date it.	Check the appropriate box: I am the creditor.					
RBP 9011(b).			en €normenous zo			
f you file this claim	☐ I am the	creditor's attorney or authorized agent. trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.				
electronically, FRBP 0005(a)(2) authorizes courts	☐ I am a g	uarantor, surety, endorser, or o	authorized agent. Bankr	uptcy Rule	3004.	
establish local rules pecifying what a signature		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	aner codebtor. Bankrup	icy Rule 30	05.	
s.	I understand	that an authorized signature on	this Proof of Claim sen	/00 00 on -	-1	
person who files a	I understand that an authorized signature on this <i>Proof of Claim</i> 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.					
audulent claim could be ned up to \$500,000, aprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true					
ears, or both. 3 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed on date 11/14/2018 MM / DD / YYYY					
	7/// Signature	Chod			_	
	Print the name	e of the person who is comple	eting and signing this	claim:		The second secon
	Name	Melanie C. Bock				
			Middle name		Last name	
	Title	Owner/CFO				**************************************
	Company	JMB LIQUIDATORS,	LLC			
		Identify the corporate servicer as	s the company if the author	rized agent is	a servicer.	
А	Address	729 Zeigler Lane				er central control de la contr
		Number Street				
		Enola		PA	17025	
		City		State	ZIP Code	
C	ontact phone	717-547-6300			anie@jmbliquid	

Official Form 410

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						TERMS	30 DAYS	SPEC ORD#						
			U	3221	-		NET	CL						
			10B0 27 3545 SOUTH 27TH	SCOIN ZZIN UKEE, WI S		VIA		MFG#/SPCI			136L418 136R418 P36HL418 P36HR418 P36HL318 P36HR318 136HR318			Date:
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		OME OWNERS BARGAIN OUTLET	JMB LI(ENOLA F PHONE:		ASSIGNED		STORE			2222222 2222222			UNITS roved By:
		OME OWNER!	T0:			ENDOR	JM390	INE#			10.64.00/8			TOTAL UNITS



LINE#

JM390 VENDOR

P.O. Approved By:

TOTAL UNITS

JMB Ligase 18, 30,058 Claim 2-1 Filed 11/20/18 Desc Main Document Page 5 of 6

Sales Order Number: 1654

Sales Order Date: Ship By:

Aug 28, 2018 Sep 28, 2018

Page:

Voice: 717-547-6300

Enola, PA 17025

Fax:

USA

To:	
HOBO CORPORATE OFFICE 2650 BELVIDERE ROAD WAUKEGAN, IL 60085	

Ship To:		
STORE 27		

2,160.00

CustomerID	PO Number	Sales Rep Name
НОВО	T000012078	odies rep leane
Customer Contact	Shipping Method	Payment Terms
	Freight	Net 10 Days

Quantity	Item	Description	Unit Price	Amount
4.00	Door	3/0 FIBERGLASS DECO 3/4 OVAL ZINC #418 DB NO BRICKMOULD (2 LH - 2 RH)	135.0000	540.00
4.00	Door	3/0 FIBERGLASS DECO 3/4 OVAL PATINA #418 DB NO BRICKMOULD (2 LH - 2 RH)	135.0000	540.00
4.00	Door	3/0 FIBERGLASS DECO 3/4 OVAL ZINC #318 DB NO BRICKMOULD (2 LH - 2 RH)	135.0000	540.00
4.00	Door	3/0 FIBERGLASS DECO 3/4 OVAL PATINA #318 DB NO BRICKMOULD (2 LH - 2 RH)	135.0000	540.00
- J		Subtotal		2.160.00
		Sales Tax		2,160.00
		Freight		0.00
		TOTAL ORDER AMOUNT		2,160.00

JMB LiGare 18-39,53 Claim 2-1 Filed 11/20/18 Desc Main Document Page 6 of 6 729 Zeigler Lane Enola, PA 17025 Invoice Number: 1625

Voice: 717-547-6300

Fax:

Invoice Date:

Sep 17, 2018

1

Page:

Duplicate

Bill To:	
HOBO CORPORATE OFFICE 2650 BELVIDERE ROAD WAUKEGAN, IL 60085	

Ship to:	
STORE 27	

Customer ID	Customer PO	/Europe	
	odstollier FO	Paymer	t Terms
НОВО	T000012078	Net 10 Days	
Sales Rep ID		Net 10	Due Date
	Shipping Method	Ship Date	
	Freight		
	oight		9/27/18

Quantity	Item	Description	Unit Price	
4.00	Door	3/0 FIBERGLASS DECO 3/4 OVAL ZINC	135.00	Amount
		#418 DB NO BRICKMOULD (2 LH - 2 RH)	133.00	540.00
4.00	Door	3/0 FIBERGLASS DECO 3/4 OVAL	135.00	540.00
		PATINA #418 DB NO BRICKMOULD (2 LH	135.00	540.00
		- 2 RH)		
4.00	Door	3/0 FIBERGLASS DECO 3/4 OVAL ZINC	405.00	
		#318 DB NO BRICKMOULD (2 LH - 2 RH)	135.00	540.00
		2 LH - 2 KH)		
4.00	Door	3/0 FIBERGLASS DECO 3/4 OVAL	135.00	540.00
		PATINA #318 DB NO BRICKMOULD (2 LH	135.00	540.00
		- 2 RH)		
		×		
		Subtotal		2,160.00
		Sales Tax		2,100.00
		Total Invoice Amount		2,160.00
eck/Credit Memo	No:	Payment/Credit Applied		2, 100.00
		TOTAL		2,160.00

Northern District of Illinois Claims Register

18-30053 Loomis Enterprises LLC

Honorable Judge: Jacqueline P. Cox Chapter: 11

Office: Chicago

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (27224389) Claim No: 2 Status:
JMB LIQUIDATORS LLC Original Filed Filed by: CR

729 ZEIGLER LANE Date: 11/20/2018 Entered by: Kimetha Collier

Enola, PA 17025-0000 Original Entered Modified:

Date: 11/20/2018

Amount claimed: \$2160.00

History:

<u>Details</u> <u>2-1</u> 11/20/2018 Claim #2 filed by JMB LIQUIDATORS LLC, Amount claimed: \$2160.00 (Collier,

Kimetha)

Description: Remarks:

Claims Register Summary

Case Name: Loomis Enterprises LLC

Case Number: 18-30053

Chapter: 11

Date Filed: 10/25/2018 Total Number Of Claims: 1

Total Amount Claimed*	\$2160.00
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		
Administrative		