

**Fill in this information to identify the case:**

Debtor 1 <u>Loomis Enterprises LLC</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Northern District of Illinois</u>
Case number: <u>18-30053</u>

FILED  
 U.S. Bankruptcy Court  
 Northern District of Illinois  
 11/28/2018  
 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>ANTONIO LOPEZ</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>ANTONIO LOPEZ</u>	_____
	Name	Name
	<u>3257 SOUTH 43RD ST GREENFIELD, WI 53219</u>	_____
	Contact phone <u>414-748-4535</u>	Contact phone _____
	Contact email <u>antoniolopez452@yahoo.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 _____ MM / DD / YYYY	
<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**

<p><b>6. Do you have any number you use to identify the debtor?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>
<p><b>7. How much is the claim?</b></p>	<p>\$ <u>209.96</u></p> <p><b>Does this amount include interest or other charges?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p><b>8. What is the basis of the claim?</b></p>	<p>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.</p> <p><u>Purchase of custom kitchen driftwood style cabinet</u></p>
<p><b>9. Is all or part of the claim secured?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p><b>Nature of property:</b>  <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.  <input type="checkbox"/> Motor vehicle  <input type="checkbox"/> Other. Describe: _____</p> <p><b>Basis for perfection:</b> _____</p> <p>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.)</p> <p><b>Value of property:</b> \$ _____</p> <p><b>Amount of the claim that is secured:</b> \$ _____</p> <p><b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p><b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____</p> <p><b>Annual Interest Rate</b> (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed  <input type="checkbox"/> Variable</p>
<p><b>10. Is this claim based on a lease?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____</p>
<p><b>11. Is this claim subject to a right of setoff?</b></p>	<p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Identify the property: _____</p>

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input 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 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 11/28/2018

MM / DD / YYYY

/s/ Antonio Lopez

Signature

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

Name Antonio Lopez

First name      Middle name      Last name

Title \_\_\_\_\_

Company \_\_\_\_\_

Address 3257 South 43rd Street

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

Number Street  
Greenfield, WI 53219,

City State ZIP Code

Contact phone 414-748-4535 Email antoniolopez452@yahoo.com

HOB0 27  
3545 SOUTH 27TH ST  
MELWICKLEY, WI 53221  
(414) 643-1226

09/13/18 1:50PM MELL 144 ORDER

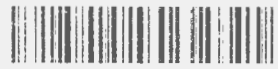
SUB-TOTAL:\$ 198.83 TAX: \$ 11.13  
TOTAL: \$ 209.95  
BC AMT: \$ 209.95

BK CARD#: XXXXXXXXXXXXX0E75  
MID: 324190890990  
AUTH: 034701 AMT: \$ 209.96  
Host reference #:515219 Eat#

Authorizing Network: VISA

Chip Read  
CARD TYPE:VISA EXPR: XXXX  
AID : AC00000031010  
TVR : 8080068000  
TAD : C6010A03508000  
TSE : 6E00  
ARC : 00  
MODE : Issuer  
CVV :  
Name : VISA DEBIT  
ATC :011B  
AC : ABFA00632A316D04  
TxnID/ValCode: 075881

Bank card USD\$ 209.96  
DEPOSIT : 209.96



ORDER# 515214/27  
CUST NO. 35203

THANK YOU ANTONIO LOPEZ  
FOR YOUR PATRONAGE

Name : X  
I agree to pay above total amount  
according to card issuer agreement  
(merchant agreement if credit voucher)  
Acct: ANTONIO LOPEZ  
REF: K\* KWC VISTA DRIFTWOOD NM 1

Customer Copy

- ALL RETURNS AND EXCHANGES MUST BE IN ORIGINAL CONDITION IN FACTORY SEALED CARTON AND ACCOMPANIED BY ORIGINAL REGISTER RECEIPT WITHIN 30 DAYS OF PURCHASE.

- HOB0 RESERVES THE RIGHT TO DENY ANY RETURN OR EXCHANGE AND MAY REQUEST IDENTIFICATION AS A CONDITION OF RETURN

**HOB0 27**  
**3545 SOUTH 27TH ST**  
**MILWAUKEE, WI 53221**

**PHONE: (414) 643-1226**

SOLD TO: **ANTONIO LOPEZ**  
**3257 SOUTH 43RD ST**

CUSTOMER: **35203**  
 TERMS: **CASH/CHECK/BANKCARD**

JOB: **000**

DATE / TIME: **9/13/18 1:50**

CLERK: **MELL**

TERMINAL: **144**

**GREENFIELD WI 53219**

414-748-4535 **REFERENCE: K\* KWC VISTA DRIFTWOOD NM 1**

SHIP TO: **LOPEZ/ANTONIO**

**ORDER: 515214/T**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE /PER	EXTENSION
1	EA	SOKW	SPECIAL ORDER KWP CHOICE Kountry Wood Select Custom Kitchen Cabinets are SPECIAL ORDER. Cancellations within 48 hours are subject to a mandatory 10% restocking fee. After 48 hours absolutely no cancellations or returns will be accepted. Any modifications / alterations to the design may be subject to an additional charge and delay estimated delivery. Free delivery available within the		173.55 /EA	173.55

**CONTINUED...**



HOB0-27

3545 SOUTH 27TH ST  
MILWAUKEE, WI 53221

PHONE: (414) 643-1226

SOLD TO: ANTONIO LOPEZ  
3257 SOUTH 43RD ST

CUSTOMER: 35203  
TERMS: CASH/CHECK/BANKCARD

JOB:000

DATE / TIME: 9/13/18 1:50  
CLERK: MELL  
TERMINAL: 144

GREENFIELD WI 53219

414-748-4535 REFERENCE: K\* KWC VISTA DRIFTWOOD NM 1

SHIP TO: LOPEZ/ANTONIO

**ORDER: 515214/T**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE /PER	EXTENSION
-1	EA	SOKW % OFF	Chicago and Milwaukee metro areas subject to a minimum purchase of four cabinets. Please allow 4-6 weeks for delivery. See design contract for additional terms and conditions. KOUNTRY WOOD % OFF DISCOUNT CREDIT RETURN 20% OFF \$34.71		34.71 /EA	-34.71 R
1	EA	CABDEL	CABINET DELIVERY CHARGE		59.99 /EA	59.99

TAXABLE	198.83
NON-TAXABLE	0.00
SUB-TOTAL	198.83

DEPOSIT AMT 209.96  
BALANCE DUE 0.00

BANKCARD PAYMENT 209.96

TAX AMOUNT	11.13
<b>TOTAL</b>	<b>209.96</b>

*X Antonio Lopez*

BKCRD# XXXXXXXXXXXXX0875  
MID: 324190890990  
APP: 034701 XR: 515219



BT9R



# ORDER CONTRACT

Thank you for your cabinetry purchase at HOBO.

Please read the contract below. If you have any questions, please address them with your salesperson prior to signing this document.

PURCHASER INFORMATION		SALE INFORMATION	
NAME	Antonio Lopez	SALESPERSON	Naomi Morones
ADDRESS	3257 South 43rd st	DATE OF SALE	9/13/18
CITY	Greenfield, WI, 53219	VENDOR	KOUNTRY WOOD
PHONE	414-748-4535	FINAL PRICE	
ALT PHONE		PROMO?	20% off
EMAIL	0	INSTALLED BY	NO INSTALLATION

HOBO WILL ARRANGE FOR THE VENDOR LISTED ABOVE TO COMPLETE (purchaser to initial all applicable)

- Measurement for fabrication of the cabinetry
- Delivery of the cabinetry *HOBO*
- Installation of the cabinetry

INSTALLATION ADDRESS (IF DIFFERENT)	
NAME	
ADDRESS	
CITY, ST, ZIP	

These cabinets are custom made for YOU. Once this order is processed and payment for this Order is made in full, the Order cannot be changed, cancelled or returned.

**DIMENSIONS**

All measurements have been provided by you prior to ordering, unless you have paid to have HOBO arrange for the vendor listed above to verify measurements. Purchaser is 100% responsible for appliance dimension verification. HOBO cannot be held responsible for any errors in measurements.

You have reviewed, approved, signed and received a copy of the final cabinet design drawing.

**DELIVERY**

Approximate delivery lead-times are as follows: Haas/Lifestyle (4-6 weeks); Lifestyle Quick Ship (2-3 weeks); Springville (1-3 weeks); KWP Choice (4-5 weeks); KWP QuickShip (1-2 weeks) This contract does not guarantee delivery time frames, and can be extended due to supply issues or other events beyond HOBO's control. All estimated delivery time frames are in business days. If your order is for 4 cabinets or more, delivery will be directly to the address listed above. The delivery company, ML MATTHEWS, will contact you to schedule the delivery. ML MATTHEWS will not contact you until the cabinets have arrived to their warehouse. Springville cabinetry is delivered by Eagle Cabinetry, a subsidiary of LW Mountain Inc. ALL OTHER-FIRST FLOOR DELIVERY ONLY! ANY ADDITIONAL FLOOR WILL INCUR A \$150/FLOOR ADDITIONAL CHARGE. The definition of "first floor" is anything (5) steps or less. Anything more than (5) steps will incur a charge. If you order is 3 cabinets or less, the cabinets will be delivered to our store. The HOBO store will contact you upon receipt of your order. These delivery estimates are provided by the manufacturer. HOBO cannot be held responsible for delays for any reason. HOBO strongly recommends that you do not schedule installation or demolition of kitchen or room without a firm date of delivery. Deliveries are made Monday through Friday, 8:00-4:00 CST, excluding holidays (Springville deliveries are made Monday through Friday 8AM to 2PM) Adequate access is required to unload your product. Product will be delivered to customers garage or nearest dry storage, if there is no garage. You will be charged \$70.00 per hour if additional labor is required at the jobsite for conditions such as long walkways, no parking, etc. You will be charged a \$50.00 trip charge if you miss a scheduled appointment. HOBO's delivery service will store goods at no charge for up to two weeks. There will be a \$2.00 per cabinet, per week surcharge for storage beyond two weeks.

**DAMAGE OR DEFECTS**

Purchaser has ten days from date of receipt to notify their HOBO salesperson of any damage or issues. Please deal only with your HOBO salesperson as they have the most knowledge of your project. For all claims of warped, defective, or damaged door/drawer fronts, the item must be brought into the store for inspection. HOBO will not replace doors due to the natural characteristics of the wood. It is normal for minor damage to occur during installation. This will not be considered defective. HOBO recommends the purchase of a touch up kit for these issues. Purchaser understands that any reorders of damaged or defective products will take 2-4 weeks to receive, dependent on what the item is. For all claims of damaged or defective cabinets (non-door/drawer front), a photo must be provided of the damage. This photo can either be brought into the store, or can be emailed to hobo.kitchens@hoboonline.com

HOBO, ITS OWNERS AND EMPLOYEES ARE NOT RESPONSIBLE FOR ANY ERRORS, DAMAGE OR DEFECTS DURING MEASUREMENT, DELIVERY, AND/OR INSTALLATION OF PRODUCTS PURCHASED UNDER THIS ORDER CONTRACT.

I have read and understand the above. By signing this document, I am in complete acceptance and understand what is being ordered for my project. I also have reviewed, accepted and signed all required forms shown above.

*[Signature]* 9-13-2018  
 Purchaser Signature Date

*[Signature]* 9/13/18  
 Sales Associate Signature Date

PLEASE CONTACT THIS HOBO STORE WITH ANY QUESTIONS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HOBO #21 800 S. 108th West Allis, WI PH: (414) 302-4626 FX: (414) 302-4630	HOBO #23 1693 Plainfield Rd Crest Hill, IL PH: (815) 730-8340 FX: (815) 730-0297	HOBO #24 2650 Belvidere Rd Waukegan, IL PH: (847) 263-1612 FX: (847) 360-9616	HOBO #25 8716 S. Cicero Ave Oak Lawn, IL PH: (708) 423-4656 FX: (708) 423-5058	HOBO #26 300 W. North Ave Villa Park, IL PH: (630) 833-3200 FX: (630) 758-0915	HOBO #27 3545 S. 27th St Milwaukee, WI PH: (414) 643-1226 FX: (414) 643-1715



## KOUNTRY WOOD CHOICE SPECIAL ORDER CHECKLIST

**BASIC INFORMATION**

<b>DOOR STYLE</b>	Vista
<b>FINISH</b>	Driftwood
<b>WOOD TYPE</b>	

**DOORS**

FULL OR STD OVERLAY

**WALL CABINET HEIGHTS**

30" HEIGHT / 84" SOFFIT

36" HEIGHT / 90" SOFFIT

42" HEIGHT / 96" SOFFIT

STAGGERED ?

**CUSTOMER INITIALS** I, THE CLIENT / PURCHASER, HAVE SEEN AN ACTUAL SAMPLE OF THE DOOR STYLE AND THE FINISH COLOR SAMPLE. I AGREE THAT SAMPLE IS WHAT I AM ORDERING.

**HINGE STYLE**

CONCEALED STANDARD

CONCEALED 6-WAY

**ROLL-OUT SHELVES**

BASE ROLL-OUTS

TALL ROLL-OUTS

	YES	NO	
PREP FOR GLASS ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IF SO, WHICH CABINETS? _____
FINISHED INTERIOR ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IF SO, WHICH CABINETS? _____
DOMESTIC CONSTRUCTION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTE _____
UPPER MOULDINGS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IF SO, WHAT TYPE? _____
LOWER MOULDINGS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IF SO, WHAT TYPE? _____
BASE MOULDINGS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IF SO, WHAT TYPE? _____
OTHER MOULDINGS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IF SO, WHAT TYPE? _____
SOFT CLOSE DRAWERS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IF SO, WHAT TYPE? _____
ALL WOOD DRAWERS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NOTE _____
5-PIECE DRAWER FRONTS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NOTE _____
ALL ENDS STANDARD?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NOTE _____
PLYWOOD VENEER ENDS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NOTE _____
BUTT DOORS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IF SO, WHICH CABINETS? _____

I have read and understand the above. By signing this document

 Customer Signature	9-13-2018 Date	 Sales Associate Signature	9/13/18 Date
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PLEASE CONTACT THIS HOBO STORE WITH ANY QUESTIONS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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HOBO #21  
800 S. 109th  
West Allis, WI  
PH: (414) 302-4626

HOBO #23  
1693 Plainfield Rd  
Crest Hill, IL  
PH: (815) 730-8340

HOBO #24  
2650 Belvidere Rd  
Waukegan, IL  
PH: (847) 263-1612

HOBO #25  
8716 S. Cicero Ave  
Oak Lawn, IL  
PH: (708) 423-4656

HOBO #26  
300 W. North Ave  
Villa Park, IL  
PH: (830) 833-3200

HOBO #27  
3545 S. 27th St  
Milwaukee, WI  
PH: (414) 643-1226



# 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:* (27228556)  
ANTONIO LOPEZ  
3257 SOUTH 43RD ST  
GREENFIELD, WI 53219

**Claim No: 5**  
*Original Filed*  
*Date:* 11/28/2018  
*Original Entered*  
*Date:* 11/28/2018

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

Amount claimed: \$209.96

*History:*

[Details](#) [5-1](#) 11/28/2018 Claim #5 filed by ANTONIO LOPEZ, Amount claimed: \$209.96 (ADI, EPoc)

*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

<b>Total Amount Claimed*</b>	\$209.96
<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.**

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		