

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
 1/11/2019
 Jeffrey P. Allstead, 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>Shana Miyoko Koutecky</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	<u>Shana Miyoko Mill</u>
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>Shana Miyoko Koutecky</u>	_____
	Name	Name
	<u>6260 S Lake. Dr. #300 Cudahy, WI 53110</u>	_____
	Contact phone <u>4145176848</u>	Contact phone _____
	Contact email <u>shana667@yahoo.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

<p>6. Do you have any number you use to identify the debtor?</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>7. How much is the claim?</p>	<p>\$ <u>1097.25</u></p> <p>Does this amount include interest or other charges? <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>8. What is the basis of the claim?</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. Vacation hours earned through services performed that were not paid out upon closure.</p> <p>_____</p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <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>Basis for perfection: _____</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>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" 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 checked="" 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).	\$ 311.25
	<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 1/11/2019
MM / DD / YYYY

/s/ Shana Miyoko Koutecky

Signature

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

Name Shana Miyoko Koutecky
First name Middle name Last name

Title _____

Company _____

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

6260 S Lake Dr. #300
Number Street
Cudahy, WI 53110
City State ZIP Code

Contact phone 414-517-6848 Email shana667@yahoo.com

Accruals History Report

Time Off: Vacation

Added	Transaction Type	Range	Days Authorized	Days Taken	Updated To Date	Comment	Created By	Created By Employee Id
18 04:11P	Manual Information Modification	11/13/2019	5.00	-	11/14/2019		Julie A. Cwik	389
18 04:10P	Manual Information Modification	11/13/2019	5.00	-	11/14/2019	Vacation Award	Julie A. Cwik	389
18 04:04a	Automatic Accruals Execution	11/14/2018 - 11/14/2019	-	-	11/14/2019		System Administrator	
18 04:04a	Carry Over Rule	11/14/2018	-	-	11/14/2018		System Administrator	
18 04:04a	Carry Over Rule Prev Year Adjustment	11/14/2018	-	-	11/14/2018		System Administrator	
18 07:21a	Time Entry (Deleted)	02/22/2019	-	-1.00			Shana M. Koutecky	2772
18 07:21a	Time Entry (Deleted)	12/24/2018	-	-1.00			Shana M. Koutecky	2772
18 07:21a	Time Entry (Deleted)	12/21/2018	-	-1.00			Shana M. Koutecky	2772
18 07:21a	Time Entry (Deleted)	12/21/2018	-	-1.00			Shana M. Koutecky	2772
18 13:35a	Time Entry	12/21/2018	-	1.00			Shana M. Koutecky	2772
18 13:35a	Time Entry	02/22/2019	-	1.00			Shana M. Koutecky	2772
18 13:23a	Time Entry	12/24/2018	-	1.00			Shana M. Koutecky	2772
18 04:05a	Time Entry	08/31/2018	-	1.00			Shana M. Koutecky	2772
18 04:05a	Time Entry	07/04/2018	-	1.00			Shana M. Koutecky	2772
18 04:30a	Time Entry	05/28/2018	-	1.00			Shana M. Koutecky	2772
18 04:30a	Time Entry	05/11/2018	-	1.00			Shana M. Koutecky	2772
18 04:11a	Time Entry	02/23/2018	-	1.00			Shana M. Koutecky	2772
17 03:05a	Automatic Accruals Execution	11/14/2017 - 11/14/2018	5.00	-	11/14/2018		System Administrator	
17 03:05a	Carry Over Rule	11/14/2017	-	-	11/14/2017		System Administrator	
17 03:05a	Carry Over Rule Prev Year Adjustment	11/14/2017	-	-	11/14/2017		System Administrator	
17 03:09p	Manual Information Modification	11/13/2017	-	-	11/14/2017	Correct Updated To Date	System Administrator	
17 04:43p	Manual Information Modification	08/12/2017	-	-	08/13/2017	Correct Updated to Date	System Administrator	
17 05:59a	Initial Import Adjustment	08/13/2017	-	-	05/22/2018		System Administrator	
Total			15.00	5.00				

Bradenton



Shana M. Koutceky
 6260 S Lake Dr Unit 300
 Cudahy, WI 53110

HOBO Group - Multi-EIN
 2650 Belvidere Road
 Waukegan, IL 60085

NON-NEGOTIABLE - THIS IS NOT A CHECK

Shana M. Koutceky
 6260 S Lake Dr Unit 300
 Cudahy, WI 53110

Deposited To The Account(s) Of
 Deposit # Account Type Account # Transf ABA
 1 Checking XXXXX3750 075000019 3,223.77

Voucher #: (32916)
 Pay Date: 12/21/2018

HOBO Group - Multi-EIN
 2650 Belvidere Road
 Waukegan, IL 60085

HOBO Group - Multi-EIN 2650 Belvidere Road, Waukegan, IL 60085 1 of 1

- 1 Reduces your Federal & State Withholding Taxable Wage
- 2 Reduces your Federal Withholding, OASDI & Medicare Taxable Wage
- 3 For information purposes only. No effect on your net pay.

Earnings		Rate		Hours		YTD		Current	
BER	157.20	8:00				907.27			
BON	471.60	24:00							
HOL	481.44	16:20							
OT									
REG	1,863.80	19.65	94:51	1884:41	37,034.06	1,863.80			
SICK		19.65	11:00	25:45	505.99	216.15			
TRA			21:23		420.18				
VAC		40:00			786.00				
VAC		24:16	19.65	24:16	476.91				
WC		3:58			77.95				
Gross Pay 3,464.13 41,318.60									
Deductions									
401K	103.92					1,239.56			
DENTAL125	17.60					444.62			
LTD	-465.92					-71.68			
MED125	161.45					4,303.30			
VISION125	5.33					138.58			
VOL ACCIDENT	11.04					287.04			
VOL LIFE EE	-182.32					64.48			
VOL LIFE SPOUSE	-44.75					78.76			
Taxes Withheld -393.65 6,484.66									
Taxable YTD Current YTD									
FTT	3,175.83					35,192.54			
FICA	3,279.75					36,432.10			
MEDI	3,279.75					36,432.10			
SIT:WI	3,175.83					35,192.54			
Total 6,574.98 634.01									
Net Pay 3,223.77 28,258.96									
Company Paid Benefits									
Tax Allowance Settings									
Federal: Married/6 Wisconsin: Allowances: 3 Filing Status: M									
Earnings									
Net Pay 3,223.77 28,258.96									
Company Paid Benefits									
Tax Allowance Settings									
Federal: Married/6 Wisconsin: Allowances: 3 Filing Status: M									
Earnings									
Net Pay 3,223.77 28,258.96									
Company Paid Benefits									
Tax Allowance Settings									
Federal: Married/6 Wisconsin: Allowances: 3 Filing Status: M									

Voucher # (32916)
 Pay Date: 12/21/2018
 Pay Period: 12/02/2018-12/15/2018

Northern District of Illinois Claims Register

[18-30053 Loomis Enterprises LLC](#)

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> (27440285) Shana Miyoko Koutecky 6260 S Lake. Dr. #300 Cudahy, WI 53110</p>	<p>Claim No: 14 <i>Original Filed</i> <i>Date:</i> 01/11/2019 <i>Original Entered</i> <i>Date:</i> 01/11/2019</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> EPoc ADI <i>Modified:</i></p>
--	--	---

Amount claimed: \$1097.25
 Priority claimed: \$311.25

History:

[Details](#) [14-1](#) 01/11/2019 Claim #14 filed by Shana Miyoko Koutecky, Amount claimed: \$1097.25 (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

Total Amount Claimed*	\$1097.25
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	\$311.25	
Administrative		