Case 18-30053 Claim 28-1 Filed 01/23/19 Desc Main Document Page 1 of 12

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

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

JAN 23 2019

JEFFREY P. ALLSTEADT, CLERK
TEAM - CA

### Official Form 410

200

### **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.

Who is the current creditor?	Romanita Quintanilla							
ordator:	Name of the current creditor (the person or entity to be paid for this claim)							
	Other names the creditor used with the debtor							
Has this claim been acquired from someone else?	No ☐ Yes. From whom?							
Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?  Romanita Quintanilla	Where should paym different)	nents to the creditor	be sent? (if				
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 3115 s. Avers Ave	Name						
	Number Street Chicago IL 60623	Number Street						
	City State ZIP Code	City	State	ZIP Code				
	Contact phone 773-719-5274	Contact phone						
	Contact email Ø713 iv @gmail.com	Contact email		_				
	Uniform claim identifier for electronic payments in chapter 13 (if you us	se one):	· —					
Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)		Filed on	/ YYYY				
Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?							

100	you have any number	Ž No		6. the adoletow
	ou use to identify the btor?	Yes. Last 4 digits of the debtor's account or any	number you use to identif	fy the debtor:
	2101	Q 14 ph.		
Н	ow much is the claim?	\$8,148.64 Does this	amount include interes	st or other charges?
				interest, fees, expenses, or other ruptcy Rule 3001(c)(2)(A).
1	hat is the basis of the aim?	Examples: Goods sold, money loaned, lease, service		
CI	allii ?	Attach redacted copies of any documents supporting		
		Limit disclosing information that is entitled to privac	y, such as health care info	ormation.
		Goods sold and not n	recieved	
	all or part of the claim	⊠ No		
Se	ecured?	☐ Yes. The claim is secured by a lien on property	<i>1</i> .	
		Nature of property:		Standard Droof of Claim
		Real estate. If the claim is secured by  Attachment (Official For	r the debtor's principal res n 410-A) with this <i>Proof o</i>	
		Motor vehicle		
		Other. Describe:	m cabinets	
		Basis for perfection:		
				AND THE PARTY OF T
		Attach redacted copies of documents, if a example, a mortgage, lien, certificate of t been filed or recorded.)	iny, that show evidence o tle, financing statement, o	f perfection of a security interest (for or other document that shows the lien has
		example, a mortgage, lien, certificate of t	any, that show evidence o tle, financing statement, o	or other document that shows the lien has
		example, a mortgage, lien, certificate of t been filed or recorded.)	tle, financing statement, o	or other document that shows the lien has
		example, a mortgage, lien, certificate of t been filed or recorded.)  Value of property:	tle, financing statement, of \$	or other document that shows the lien has
		example, a mortgage, lien, certificate of t been filed or recorded.)  Value of property:  Amount of the claim that is secured:	\$\$  \$: \$	or other document that shows the lien has (The sum of the secured and unsecured amounts should match the amount in line 7
		example, a mortgage, lien, certificate of t been filed or recorded.)  Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured.	\$s as of the date of the pe	or other document that shows the lien has (The sum of the secured and unsecured amounts should match the amount in line 7
		example, a mortgage, lien, certificate of the been filed or recorded.)  Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured.	\$s as of the date of the pe	or other document that shows the lien has (The sum of the secured and unsecured amounts should match the amount in line 7
D. Is	this claim based on a	example, a mortgage, lien, certificate of the been filed or recorded.)  Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured.  Amount necessary to cure any default.  Annual Interest Rate (when case was filed).	\$s as of the date of the pe	or other document that shows the lien has (The sum of the secured and unsecured amounts should match the amount in line 7
	this claim based on a ease?	example, a mortgage, lien, certificate of the been filed or recorded.)  Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  Amount necessary to cure any default  Annual Interest Rate (when case was filed):  Fixed  Variable	\$s as of the date of the pe	To other document that shows the lien has  (The sum of the secured and unsecured amounts should match the amount in line 7
1. Is	ease?	example, a mortgage, lien, certificate of the been filed or recorded.)  Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured.  Amount necessary to cure any default.  Annual Interest Rate (when case was filed in Fixed in Variable.)	\$s as of the date of the pe	To other document that shows the lien has  (The sum of the secured and unsecured amounts should match the amount in line 7
1. Is	ease?	example, a mortgage, lien, certificate of the been filed or recorded.)  Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  Amount necessary to cure any default  Annual Interest Rate (when case was file of the property of the claim that is unsecured.)  Annual Interest Rate (when case was file of the property of the claim that is unsecured.)  Annual Interest Rate (when case was file of the claim that is unsecured.)  Annual Interest Rate (when case was file of the claim that is unsecured.)  Annual Interest Rate (when case was file of the claim that is unsecured.)	\$s as of the date of the pe	The sum of the secured and unsecured amounts should match the amount in line tition:  \$

Official Form 410 Proof of Claim page 2

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?		one:	Amount entitled to priority						
A claim may be partly priority and partly	Domes 11 U.S.	\$							
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	☐ Up to \$	2,850* of deposits toward purchase, lease, or rental of property or services for I, family, or household use. 11 U.S.C. § 507(a)(7).	\$						
chance to phoney.	bankrup	salaries, or commissions (up to \$12,850*) earned within 180 days before the tcy petition is filed or the debtor's business ends, whichever is earlier. C. § 507(a)(4).	\$						
	☐ Taxes o	r penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$						
	☐ Contribu	tions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$						
		pecify subsection of 11 U.S.C. § 507(a)() that applies.	\$						
		re subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or aft	er the date of adjustment						
			er the date of adjustment.						
Part 3: Sign Below									
The person completing	Check the appro	priate box:							
this proof of claim must sign and date it.	☑ I am the cre	ditor.							
FRBP 9011(b).		ditor's attorney or authorized agent.							
If you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.								
5005(a)(2) authorizes courts to establish local rules	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.								
specifying what a signature is.	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 debter credit for any payments received toward the debter.								
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.								
fraudulent claim could be fined up to \$500,000, imprisoned 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 and correct.								
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.								
3571.	Executed on date 114 2019								
	Signature	omanita Quintanilla							
	Print the name of	f the person who is completing and signing this claim:							
		Romanita Quinta	oilla						
	Name	First name Middle name Last name							
	Title								
	Company	Identify the corporate servicer as the company if the authorized agent is a servicer.							
	Address	3115 s. Avers Ave							
	, 1001635	Number Street							
		Chicago IL 60623							
		City State ZIP Code							
*	Contact phone	773-719-5274 Email Ø7131V	agmail-com						

THANK YOU FOR SHOPPING AT HOBO H0B0 22 7630 ROOSEVELT RD FOREST PARK, IL 60130 (708) 488-9800

08/13/18 10:13AM TJAM

34 ORDER

SUB-TOTAL:\$ 7552.27 TAX: \$

755.23

TOTAL: \$ 8307.50

CASH TEND:

8307.50

DEPOSIT : 8307.50



ORDER# 302804/22 CUST NO: 21722 Customer Copy

ROMANTA QUINTANILLA Acct: REF: K\* KAB MISSION ESPRSO F4 1 - ALL RETURNS AND EXCHANGES MUST BE IN ORIGINAL CONDITION IN FACTORY SEALED CARTON AND ACCOMPANIED BY ORIGINAL REGISTER RECEIPT WITHIN 30 DAYS OF PURCHASE.

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

- SPECIAL ORDER, CUSTOM, AND MANUFACTURER DIRECT ITEMS ARE NON-REFUNDABLE.

- GIFT CARDS ARE NON-REFUNDABLE AND LOST OR STOLEN GIFT CARDS ARE NON-REPLACEABLE.

- PLEASE SEE FULL RETURN POLICY FOR ADDITIONAL EXCLUSIONS / LIMITATIONS

- Text BARGAIN to 555888 to join the Bargain Squad and receive exclusive subscriber benefits and savings!!!

FP Retail Associates LLC 7630 ROOSEVELT RD FOREST PARK, IL

60130 PHONE: (708) 488-9800

SOLD ROMANTA QUINTANILLA TO: 3115 S. AVERS STREET

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CHICAGO

**CUSTOMER: 21722** 

000:sor TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 8/25/18 CLERK: ADAV

5:45

Case 18-30053

TERMINAL: 31 60623 773-425-6148 REFERENCE: K\* KAB MISSION ESPRSO F4 1

### DED DEELIND. 2020

Claim 28-1

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304/0		EXTENSION	9,877.14													
JEF KEFOND: 302804/C		PRICE /PER	9877.14 /EA												Fa.	
フロア スロ		SUGG														
	DESCRIPTION	SPECIAL OPPER AN ANAMARA	Kabinart Kitchen Cabinets	are	SPECIAL ORDER. Cancellations	within 48 hours are subject to	Ø	mandatory 10% restocking fee.	After 48 hours absolutely no	cancellations or returns will	be	accepted.	Please allow 4-6 weeks for	delivery. See design contract	for additional terms and	
	IM ITEM	1 EA SOKART		·												
	QUANTITY UM	<u></u>														

Filed 01/23/19 Desc Main Document



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CONTINUED...

FP Retail Associates LLC FOREST PARK, IL 60130 PHONE: (708) 488-9800 **7630 ROOSEVELT RD** 

SOLD ROMANTA QUINTANILLA 3115 S. AVERS STREET

\_

CHICAGO

TERMS: CASH/CHECK/BANKCARD **CUSTOMER:** 21722

60623 773-425-6148 REFERENCE: K\* KAB MISSION ESPRSO F4 1

000:вог

DATE / TIME: 8/25/18 CLERK: ADAV

Case 18-30053

5:45

TERMINAL: 31

# **DEP REFUND: 302804/0**

Claim 28-1 Filed 01/23/19

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) :	EXTENSION		-2,469,29												
	PRICE /PER		2469.29 /EA					F							
	SUGG								2.						
	DESCRIPTION	conditions.	KABINART % OFF DISCOUNT	CREDIT RETURN	DISCOUNT: \$2,469.29	NOTE: OK PER TALION TO OFFER	KABINART PROMO OF FREE SINK BASE	CABINET WITH PURCHASE OF 15 OR	MORE CABINETS. ACTUAL CABINET	TOTAL IS \$9,877.14 LESS \$436.80	GIVING PRE-SALE TOTAL OF	\$9,440.34.	SELECTION: MISSION CHERRY	(REVERSE PANEL) - ESPRESSO.	SP: JWIL (F4)
	ITEM		-1 EA SOKART % OFF												
	5		EA												
	QUANTITY UM		-												



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Desc Main Document

FP Retail Associates LLC 7630 ROOSEVELT RD FOREST PARK, IL 60130

PHONE: (708) 488-9800

SOLD ROMANTA QUINTANILLA TO: 3115 S. AVERS STREET

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**CHICAGO** 

TERMS: CASH/CHECK/BANKCARD **сизтомея**: 21722

000:aor

DATE / TIME: 8/25/18 CLERK: ADAV

Case 18-30053

5:45

TERMINAL: 31

60623 773-425-6148 REFERENCE: K\* KAB MISSION ESPRSO F4 1

# **DEP REFUND: 302804/0**

Claim	28-1		iled 01/23/19 Desc Main Docu	mont	Dan	Δ 11	of 12
Cidiiii		EXTENSION	iled 01/23/13 Dese Main Doed	ment	7407.85		740.79 <b>8148.64</b>
<b>4</b>	DEP REFUND: 302804/0	PRICE /PER			TAXABLE NON-TAXABLE		TAX AMOUNT TOTAL
ESPRSO	DEP RE	SUGG			158.86	158.86	
773-425-6148 REFERENCE: K* KAB MISSION ESPKSO F4 1		DESCRIPTION	CUSTOMER: ROMANITA QUINTANILLA 3115 S. AVERS STREET; CHICAGO, IL. 60623 PHONE: 773.425.6148 (HOME) ALTERNATE: 773.440.1809 (ROSIE - CALL 1ST) 08.13.18 CUST PAID WITH CASHIER CHECK ENTERED AS CASH TJAM PER MTUCK AND TALION		**DEPOSIT REFUND**	CASH RETURNED	00.00
		ITEM					o ·
		MO					OUE
		QUANTITY		23			BALANCE DUE



### 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):

Creditor: (27228654) Claim No: 28 Status: ROMANTA QUINTANILLA Original Filed Filed by: CR

3115 S. AVERS STREET Date: 01/23/2019 Entered by: Kimetha Collier

CHICAGO, IL 60623 Original Entered Modified:

Date: 01/23/2019

Amount claimed: \$8148.64

History:

Details 28-1 01/23/2019 Claim #28 filed by ROMANTA QUINTANILLA, Amount claimed: \$8148.64

(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*	\$8148.64
<b>Total Amount Allowed*</b>	

<sup>\*</sup>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		