

Fill in this information to identify the case:

Debtor 1 Loomis Enterprises LLCDebtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois - Eastern Div

Case number 18-30053**FILED**
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

JAN 28 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?

MASTER COMPACTION SERVICES, INC.
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?

MASTER COMPACTION SERVICES, INC.
NameP.O. BOX 398
Number StreetNORTH AURORA, IL 60542
City State ZIP CodeContact phone 630-606-9104Contact email chris@mastercompaction.com

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

SAME
Name

Name

Number Street

City State ZIP Code

Contact phone

Contact email

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? \$ 1,623.42 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.

SERVICES PERFORMED AND GOODS SOLD

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).

\$ _____

☐ 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.

\$ _____

* 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 01/22/2019
MM DD YYYY

MASTER COMPACTION SERVICES, INC.

BY: Christine L. Essenburg
Signature CORPORATE SECRETARY/TREASURER

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

Name

CHRISTINE L. ESSENBURG
First name Middle name Last name

Title

CORP. SEC./TREAS.

Company

MASTER COMPACTION SERVICES, INC.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

1272 McDole Dr.
Number Street

SUGAR GROVE IL 60554
City State ZIP Code

Contact phone

630-606-9104
Email

chris@mastercompaction.com

02
P.O. Box 398
NORTH AURORA, IL
60542

HOBBS/LOOMIS SENT US A CHECK TO PAY THE INVOICE IN OUR CLAIM, BUT IT WAS RETURNED BY THE BANK FOR "FROZEN/BLOCKED ACCOUNT."



FIFTH THIRD BANK

MD: 1MOC2X Cincinnati, Ohio 45263
Date: Nov 01, 2018 Advice D-100748

Acct: 23/7232889381

Your account has been charged for each return item listed.

SEQ #	ITEM AMOUNT
1001984	1,623.42

MASTER COMPACTION SERVICES
INC
OPERATING ACCOUNT
1272 MCDOLE DR
SUGAR GROVE IL 60554

1 Item charged totaling \$1,623.42

Advice Total \$1,623.42

⑆402333198⑆ 000007232889381⑈ ⑆0000100748⑆

042000314
10/29/2018
43812423

This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

RETURN REASON-F
FROZEN/BLOCKED ACCOUNT

8102944246971113
⑆042000314⑆ 10/29/2018

FROZ/BLOCK ACC

CHECK NO.	CHECK DATE	VENDOR NO.
29215	10/03/18	MASE1

LOOMIS ENTERPRISES, L.L.C.
DBA H.O.B.O.
2650 BELVIDERE ROAD
WAUKEGAN, IL 60085

CHECK NO. 029215

ONE THOUSAND SIX HUNDRED TWENTY-THREE AND 42/100 DOLLARS

MM Financial Bank, N.A. 2,173
CHICAGO IL 60607 710

CHECK AMOUNT

\$*****1,623.42

PAY
TO THE
ORDER OF

MASTER COMPACTION SERVICES, IN
PO BOX 398
NORTH AURORA, IL 60542-0398

Les [Signature]
VOID AFTER 90 DAYS

AUTHORIZED SIGNATURE

⑈029215⑈ ⑆071001737⑆ 0692 03938⑈

⑈029215⑈ ⑆071001737⑆ 069203938⑈ ⑆0000162342⑆



Est. 1978

H.O.B.O.
Attention: Accounts Payable
2650 Belvidere Road
Waukegan, IL 60085

Case 18-30053 Claim 36-1 Filed 01/28/19 Desc Main Document
Service (630) 485-2202
service@mastercompaction.com
Office (630) 466-9750
Fax (630) 206-0056
office@mastercompaction.com
P.O. Box 398 North Aurora, IL 60542-0138

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Invoice No.

20803

Date

9/22/2018

Service Address

H.O.B.O.
3545 South 27th Street
Milwaukee, IL

Service Date

PO No.

Terms

8/23/18

Net 15

Description

Amount

Labor to service baler	720.00
Parts & Materials	786.50
Trip	54.00

Tax

\$62.92

Total

\$1,623.42



**QUALITY & DEPENDABILITY
SINCE 1978**

*Thank you for calling
Master Compaction*

MASTER**COMPACTION
SERVICES, INC.**(630) 495-2202
Fax (630) 466-9760
mastercompaction.com**Service Call**Company Name H.O.B.O.Address 3545 S 27th st Milwaukee WIBilling DirectDate 8/23/18

PO#

Phone

Fax

Make A.U.Model VB-60-B

Contact

Email

Serial # UB 01 069-01

Price

Arrived to find machine intermittently starting/not starting.
 Troubleshoot and found bad clear magnet. Replaced both magnets.
 Machine is operational.

Magnetic interlock

786.50

1 Heavy Duty loading gate
 safety magnetic interlock
 electric latch system

Comments:

Trip

LABOR 7 1/2 Hrs.
 MATERIALS
 TAX
 TOTAL

54.00

720.00

786.50

62.92

1,623.42

AUTHORIZED SIGNATURE

MASTERCOMPACT SERVICES, INC.

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

Morgan Administration, Inc., *et al.* d/b/a Home
Owners Bargain Outlet,¹

Debtors.

)
) Chapter 11
)
) Case No. 15-01145 (ABG)
)
)
) (Jointly Administered)
)

**NOTICE OF DEADLINES FOR THE FILING OF
PROOFS OF CLAIM, INCLUDING REQUESTS FOR PAYMENT
PURSUANT TO SECTION 503(B)(9) OF THE BANKRUPTCY CODE**

**TO: ALL PERSONS AND ENTITIES THAT MAY HAVE CLAIMS AGAINST ANY
OF THE FOLLOWING DEBTOR ENTITIES:**

DEBTOR	CASE NO.
Morgan Administration, Inc.	18-30039
Belvidere Associates LLC	18-30043
FP Retail Associates LLC	18-30046
Hillcrest Enterprises LLC	18-30047
Jular Media LLC	18-30050
KLS Acquisition Corp.	18-30052
Loomis Enterprises LLC	18-30053
North Avenue Associates LLC	18-30054
Oak Creek Distribution LLC	18-30055
OL Enterprises LLC	18-30056
Deforab, LLC	18-30057

¹ The Debtors in these cases, along with the last four digits of each Debtor's federal tax identification number, are: Morgan Administration, Inc. (4200); Belvidere Associates LLC (8559); FP Retail Associates LLC (0915); Hillcrest Enterprises, LLC (4581); Jular Media LLC (0805); KLS Acquisition Corp. (0925); Loomis Enterprises LLC (5451); North Avenue Associates LLC (3229); Oak Creek Distribution LLC (0634); OL Enterprises LLC (9401); and Deforab LLC (9348).

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):

<i>Creditor:</i> (27226520) MASTER COMPACTION SERVICES, INC PO BOX 398 NORTH AURORA, IL 60542	Claim No: 36 <i>Original Filed</i> <i>Date:</i> 01/28/2019 <i>Original Entered</i> <i>Date:</i> 01/28/2019	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Kimetha Collier <i>Modified:</i>
Amount claimed: \$1623.42		

History:

[Details](#) [36-1](#) 01/28/2019 Claim #36 filed by MASTER COMPACTION SERVICES, INC, Amount claimed: \$1623.42 (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*	\$1623.42
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		