Fill in this information to identify the case:

Debtor 1 North Avenue Associates LLC

Debtor 2 (Spouse, if filing)

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

Case number 18-30054

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
JAN -8 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?**

   CONNIE L. DRESING
   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?	**Where should payments to the creditor be sent?** (if different)
CONNIE L. DRESING Name	Name
4N524 CHURCH ROAD Number Street	Number Street
BENSENVILLE, IL 60106 City State ZIP Code	City State ZIP Code
Contact phone (630) 212-6116	Contact phone
Contact email CLD625@ATT.NET	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?** $ 2577.94 **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.

   BALANCE OF UNPAID VACATION TIME & ACCRUED VACATION TIME

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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. *Check one:*

	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 01/03/2019
MM / DD / YYYY

Connie L. Dresing
Signature

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

Name: CONNIE (First name) LYNN (Middle name) DRESING (Last name)

Title:

Company:

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

Address: 4N524 (Number) CHURCH ROAD (Street)

BENSENVILLE (City) IL (State) 60106 (ZIP Code)

Contact phone: (630) 212-6116 Email: CLD625@ATT.NET

Vacation Accrual Not Paid- Connie L. Dresing, North Avenue Assoc. LLC

Total Weeks from Anniversary until last day worked	41.00
Days Accrued per week	0.28846
Total Days Accrued Since Anniversary	11.83
Vacation Days Remaining from Accruals History Report	10.50
Vacation Hours Paid on Last Check	16.48
Vacation Days Paid on Last Check	2.06
Total Vacation Hours Unpaid	20.27
Total Vacation Hours Unpaid	162.13
Hourly Rate	15.90
Total Amount Owed	2577.94

Accruals History Report

Employee: Connie L. Dresing
Time Off: Vacation

Added	Transaction Type	Range	Days Authorized	Days Taken	Updated To Date	Comment	Created By	Created By Employee ID
08/21/2018 12:42p	Time Entry	10/05/2018	-	1.00			Nivia P. Marrero	275
08/21/2018 12:42p	Time Entry	10/04/2018	-	1.00			Nivia P. Marrero	275
08/21/2018 12:41p	Time Entry	10/03/2018	-	1.00			Nivia P. Marrero	275
07/11/2018 04:12p	Time Entry	09/07/2018	-	1.00			Nivia P. Marrero	275
07/11/2018 04:12p	Time Entry	09/06/2018	-	1.00			Nivia P. Marrero	275
07/11/2018 04:12p	Time Entry	09/05/2018	-	1.00			Nivia P. Marrero	275
07/11/2018 04:12p	Time Entry	09/04/2018	-	1.00			Nivia P. Marrero	275
06/04/2018 02:31p	Time Entry	09/03/2018	-	1.00			Nivia P. Marrero	275
03/28/2018 09:28a	Time Entry	06/25/2018	-	1.00			Nivia P. Marrero	275
03/28/2018 09:28a	Time Entry	04/30/2018	-	1.00			Nivia P. Marrero	275
03/09/2018 11:16a	Time Entry	04/27/2018	-	1.00			Nivia P. Marrero	275
03/09/2018 09:43a	Time Entry (Deleted)	03/26/2018	-	1.00			Nivia P. Marrero	275
03/07/2018 03:04a	Automatic Accruals Execution	03/24/2018	-	-1.00			Nivia P. Marrero	275
03/07/2018 03:04a	Carry Over Rule	03/07/2018 - 03/07/2019	15.00	-	03/07/2019		Connie L. Dresing	256
03/07/2018 03:04a	Carry Over Rule Prev Year Adjustment	03/07/2018	7.50	-	03/07/2018		System Administrator	
02/21/2018 09:39a	Time Entry	03/07/2018	-7.50	-	03/07/2018		System Administrator	
12/18/2017 03:22p	Time Entry	03/24/2018	-	1.00			System Administrator	
10/31/2017 02:28p	Time Entry	01/02/2018	-	1.00			Nivia P. Marrero	275
10/31/2017 02:28p	Time Entry	11/15/2017	-	1.00			Nivia P. Marrero	275
10/11/2017 01:08p	Manual Information Modification	11/14/2017	-	1.00			Nivia P. Marrero	275
10/11/2017 01:07p	Manual Information Modification	03/06/2018	-	-	03/07/2018	Correct Updated To Date	Nivia P. Marrero	275
10/11/2017 12:43p	Manual Information Modification	03/06/2017	-	-	03/07/2017	Correct Updated To Date	System Administrator	
10/06/2017 08:59a	Initial Import Adjustment	08/12/2017	-	-	08/13/2017	Correct Updated to Date	System Administrator	
08/30/2017 10:07a	Time Entry	08/13/2017	12.50	-	07/18/2018		System Administrator	
08/30/2017 10:07a	Time Entry	09/19/2017	-	1.00			System Administrator	
		09/16/2017	-	1.00			Nivia P. Marrero	275
Report Total							Nivia P. Marrero	275
			27.50	17.00				

Sorted By: Added Descending

PayServ Systems.com

Generated: 12/21/2018 12:04p
Generated By: Michael J. Earl

#256 - Connie L. Dresing
26

Voucher # (32857)

Pay Date: 12/21/2018
Pay Period: 12/02/2018-12/15/2018

Earnings

	Rate	Hours	YTD	Current	YTD
BON				907.27	907.27
HOL			24:00		381.60
OT	23.85	40:04	124:11	955.59	2,961.78
REG	15.90	87:26	1956:29	1,390.20	31,108.21
SICK			16:00		254.40
TRA			1:42		27.03
VAC			104:00		1,653.60
VAC	15.90	16:48	16:48	267.12	267.12
Gross Pay				**3,520.18**	**37,561.01**

Deductions

	Current	YTD
401k	105.61	1,126.84 [1]
DENTAL125	16.87	257.34 [2]
MED125	46.94	1,141.68 [2]
VISION125	2.81	73.06 [2]
VOL LIFE EE	-711.10	-109.40
Total	**-538.87**	**2,489.52**

Taxes Withheld

	Taxable	Taxable YTD	Current	YTD
FIT	3,347.95	34,962.09	478.84	2,743.75
FICA	3,453.56	36,088.93	214.12	2,237.51
MEDI	3,453.56	36,088.93	50.08	523.29
SIT:IL	3,347.95	34,962.09	161.49	1,628.70
Total			**904.53**	**7,133.25**

Net Pay	**3,154.52**	**27,938.24**
Checking (2619)	3,154.52	27,938.24

Company Paid Benefits [3]

	Current	YTD
MED125	187.77	4,566.76
FUTA		42.00
FICA	214.12	2,237.51
MEDI	50.08	523.29
SUTA:IL		132.84
Total	**451.97**	**7,502.40**

Tax Allowance Settings

Federal: Single/2
Illinois: Allowances: 1
Additional Allowances: 0

[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.

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

1 of 1

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

Pay Date: 12/21/2018
Voucher #: (32857)

Deposited To The Account(s) Of	Deposit #	Account Type	Account #	Transit ABA	Deposit
Connie L. Dresing	1	Checking	XXXXX2619	071001122	3,154.52

26 256 12/21/2018 (32857)

Connie L. Dresing
4N524 Church Rd
Bensenville, IL 60106

NON-NEGOTIABLE - THIS IS NOT A CHECK

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

26 256 12/21/2018 (32857)

Connie L. Dresing
4N524 Church Rd
Bensenville, IL 60106

PERSONAL & CONFIDENTIAL

Northern District of Illinois
Claims Register

18-30054 North Avenue Associates LLC

Honorable Judge: Jacqueline P. Cox **Chapter:** 11

Office: Eastern Division **Last Date to file claims:**

Trustee: **Last Date to file (Govt):**

Creditor: (27428838)
CONNIE L. DRESING
4N524 CHURCH RD
BENSENVILLE, IL 60106

Claim No: 18
Original Filed Date: 01/08/2019
Original Entered Date: 01/08/2019

Status:
Filed by: CR
Entered by: Kimetha Collier
Modified:

Amount claimed: $2577.94

History:

Details 18-1 01/08/2019 Claim #18 filed by CONNIE L. DRESING, Amount claimed: $2577.94 (Collier, Kimetha)

Description:

Remarks:

Claims Register Summary

Case Name: North Avenue Associates LLC
Case Number: 18-30054
Chapter: 11
Date Filed: 10/25/2018
Total Number Of Claims: 1

Total Amount Claimed*	$2577.94
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		