

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 15 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?

Steve Martino
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?

Steve Martino
Name
7513 INVERNESS
Number Street
Frankfort IL 60423
City State ZIP Code
Contact phone 815-814-2328
Contact email thunderoad1964@yahoo.com

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

Same
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? \$ 3380.00 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.
Vacation Pay + Accrued vacation

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:

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.

Amount entitled to priority

\$

\$

\$ 3380.00

\$

\$

\$

* 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 12/26/2018
MM / DD / YYYY

Signature

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

Name

Steve

First name

Middle name

MARTINO

Last name

Title

Company

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

Address

7513 INVERNESS

Number

Street

Frankfort

City

IL

State

60423

ZIP Code

Contact phone

815-814-2328

Email

thunderoad1964e

yahoo.com

31.25 vacation Days earned - 28.75 Days taken = 2.5 Days owed

Start Date April 13th end Date December 16th +

37 weeks x ~~1006~~ = 28846 = ~~10.67~~ 10.67 Days accrued
worked for 15 years

= 13 Days

x 10 hours (except manager)

= 130 hours

\$26/hour x 130 = 3380

Accruals History Report

Employee: Steven L. Martino
Time Off: Vacation

| Added | Transaction Type | Range | Days Authorized | Days Taken | Updated To Date | Comment | Created By | Created By Employee Id |
|-------------------|--------------------------------------|-------------------------|-----------------|------------|-----------------|-------------------------|----------------------|------------------------|
| 10/01/2018 04:20p | Time Entry | 10/30/2018 | - | 1.25 | | | Nivia P. Marrero | 275 |
| 10/01/2018 04:20p | Time Entry | 10/29/2018 | - | 1.25 | | | Nivia P. Marrero | 275 |
| 10/01/2018 04:20p | Time Entry | 10/28/2018 | - | 1.25 | | | Nivia P. Marrero | 275 |
| 10/01/2018 04:20p | Time Entry | 10/26/2018 | - | 1.25 | | | Nivia P. Marrero | 275 |
| 10/01/2018 04:20p | Time Entry | 10/25/2018 | - | 1.25 | | | Nivia P. Marrero | 275 |
| 09/03/2018 04:14a | Time Entry | 09/04/2018 | - | 1.25 | | | Nivia P. Marrero | 275 |
| 09/03/2018 04:14a | Time Entry | 09/03/2018 | - | 1.25 | | | Nivia P. Marrero | 275 |
| 09/03/2018 04:13a | Time Entry | 09/02/2018 | - | 1.25 | | | Nivia P. Marrero | 275 |
| 07/19/2018 02:12p | Time Entry | 07/27/2018 | - | 1.25 | | | Nivia P. Marrero | 275 |
| 05/21/2018 06:05p | Time Entry | 08/31/2018 | - | 1.25 | | | James P. Hayes | 266 |
| 05/21/2018 06:05p | Time Entry | 07/13/2018 | - | 1.25 | | | James P. Hayes | 266 |
| 05/21/2018 06:05p | Time Entry | 06/29/2018 | - | 1.25 | | | James P. Hayes | 266 |
| 05/21/2018 06:05p | Time Entry | 06/03/2018 | - | 1.25 | | | James P. Hayes | 266 |
| 04/13/2018 03:03a | Automatic Accruals Execution | 04/13/2018 - 04/13/2019 | 18.75 | - | 04/13/2019 | | System Administrator | |
| 04/13/2018 03:03a | Carry Over Rule | 04/13/2018 | - | - | 04/13/2018 | | System Administrator | |
| 04/13/2018 03:03a | Carry Over Rule Prev Year Adjustment | 04/13/2018 | - | - | 04/13/2018 | | System Administrator | |
| 01/29/2018 09:24a | Time Entry (Modified) | 01/26/2018 | - | 0.25 | | | Nivia P. Marrero | 275 |
| 01/28/2018 05:16p | Time Entry | 01/26/2018 | - | 1.00 | | | Nivia P. Marrero | 275 |
| 12/17/2017 12:30p | Time Entry | 12/24/2017 | - | 1.25 | | | Nivia P. Marrero | 275 |
| 10/19/2017 03:59p | Time Entry | 10/23/2017 | - | 1.25 | | | Nivia P. Marrero | 275 |
| 10/11/2017 01:08p | Manual Information Modification | 04/12/2018 | - | - | 04/13/2018 | Correct Updated To Date | System Administrator | |
| 10/11/2017 01:07p | Manual Information Modification | 04/12/2017 | - | - | 04/13/2017 | Correct Updated To Date | System Administrator | |
| 10/11/2017 12:43p | Manual Information Modification | 08/12/2017 | - | - | 08/13/2017 | Correct Updated To Date | System Administrator | |
| 10/06/2017 08:59a | Initial Import Adjustment | 08/13/2017 | 12.50 | - | 07/22/2018 | | System Administrator | |
| 08/29/2017 01:05p | Time Entry | 08/21/2017 | - | 1.25 | | | Michael J. Earl | 388 |
| 08/22/2017 09:41a | Time Entry | 09/12/2017 | - | 1.25 | | | System Administrator | |
| 08/22/2017 09:41a | Time Entry | 09/11/2017 | - | 1.25 | | | System Administrator | |
| 08/22/2017 09:41a | Time Entry | 09/10/2017 | - | 1.25 | | | System Administrator | |
| 08/22/2017 09:41a | Time Entry | 09/08/2017 | - | 1.25 | | | System Administrator | |
| 08/22/2017 09:41a | Time Entry | 09/07/2017 | - | 1.25 | | | System Administrator | |
| 08/18/2017 03:28p | Time Entry | 07/28/2017 | - | 1.25 | | | System Administrator | |

Report Total

31.25 28.75

Sorted By: Added Descending

Bradenton

Generated: 12/21/2018 12:00p
Generated By: Michael J. Earl
Page 1 of 1

| #153 - Steven L. Martino 26 | | | | | | Voucher # (32394) | | Pay Date: 12/07/2018 Pay Period: 11/18/2018-12/01/2018 | |
|--------------------------------|-------------|-----------|-----------------|------------------|--------------|-------------------------------|------------------|---|--|
| Earnings | | | | | | Company Paid Benefits | | | |
| Rate | Hours | YTD | Current | YTD | | Current | YTD | | |
| HOL | | 20:00 | | 523.08 | MED125 | 284.39 | 9,451.23 | | |
| REG | 26.00 | 37:45 | 37:45 | 981.50 | FUTA | 61.17 | 3,498.04 | | |
| SAL | | 2230:00 | | 58,322.96 | FICA | 14.31 | 818.09 | | |
| VAC | | 150:00 | | 3,923.08 | MEDI | | 132.83 | | |
| VAC | 26.15 | 8:39 | 8:39 | 226.20 | SUTA:IL | | | | |
| Gross Pay | | | 1,207.70 | 63,976.32 | Total | 359.87 | 13,942.18 | | |
| Deductions | | | | | | Tax Allowance Settings | | | |
| | | | Current | YTD | | | | | |
| 401K | | | | 3,138.40 | Federal: | Married/5 | | | |
| DENTAL125 | | | 65.07 | 1,578.35 | Illinois: | Allowances: 6 | | | |
| FSA MED 125 | | | | 368.64 | | Additional Allowances: 0 | | | |
| MED125 | | | 153.13 | 5,539.51 | | | | | |
| VISION125 | | | 2.81 | 70.25 | | | | | |
| Total | | | 221.01 | 10,695.15 | | | | | |
| Taxes Withheld | | | | | | | | | |
| Taxable | Taxable YTD | Current | YTD | | | | | | |
| FIT | 986.69 | 53,281.67 | | 2,235.48 | | | | | |
| FICA | 986.69 | 56,420.07 | 51.17 | 3,498.04 | | | | | |
| MEDI | 986.69 | 56,420.07 | 14.31 | 818.09 | | | | | |
| SIT:IL | 986.69 | 53,281.67 | 23.42 | 2,051.40 | | | | | |
| Total | | | 98.90 | 8,603.01 | | | | | |
| Net Pay | | | 887.79 | 44,678.66 | | | | | |
| Checking (6588) | | | 887.79 | 44,678.66 | | | | | |

- 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: 12/07/2018
Voucher #: (32394)

| Deposited To The Account(s) Of | Deposit # | Account Type | Account # | Transit ABA | Deposit |
|--------------------------------|-----------|--------------|------------|-------------|---------|
| Steven L. Martino | 1 | Checking | XXXXXX6688 | 071901604 | 887.79 |

26 153 12/07/2018 (32394)

Steven L. Martino
7513 W Inverness Ln
Frankfort, IL 60423

NON-NEGOTIABLE - THIS IS NOT A CHECK

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

26 153 12/07/2018 (32394)

Steven L. Martino
7513 W Inverness Ln
Frankfort, IL 60423

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: (27230988)

Claim No: 25

Status:

STEVE MARTINO

Original Filed

Filed by: CR

7513 W INVERNESS LN

Date: 01/15/2019

Entered by: Kevin Lyons

FRANKFORT, IL 60423

Original Entered

Modified:

Date: 01/15/2019

Amount claimed: \$3380.00

History:

[Details](#) [25-1](#) 01/15/2019 Claim #25 filed by STEVE MARTINO, Amount claimed: \$3380.00 (Lyons, Kevin)

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* | \$3380.00 |
| 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 | | |