

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 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? Maria Quintero
 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)

<p>Where should notices to the creditor be sent?</p> <p><u>Maria D Quintero</u> Name</p> <p><u>3148 Sandra Ave</u> Number Street</p> <p><u>Melrose Park IL 60164</u> City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
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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? \$ 2,746.44 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.

Never received Product Purchased
Please See Attached Check

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 1-23-2019
MM / DD / YYYY

Maria D Quintero
Signature

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

Name Maria D Quintero
First name Middle name Last name

Title _____

Company _____

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

Address 3148 Sandra Ave
Number Street

Melrose Park IL 60169
City State ZIP Code

Contact phone 847-451-7833 Email _____

*** DUPLICATE RECEIPT ***
 THANK YOU FOR SHOPPING AT HOBO
 HOBO 26
 300 W NORTH AVE
 VILLA PARK, IL 60181
 (630) 833-3200

THANK YOU FOR SHOPPING AT HOBO
 HOBO 26
 300 W NORTH AVE
 VILLA PARK, IL 60181
 (630) 833-3200

08/23/18 11:19AM GCRA 127 SALE

07/23/18 9:48AM RFER 126 ORDER

SOHAAS 1 EA 6186.16 EA
 SPECIAL ORDER HAAS 6186.16

SUB-TOTAL:\$ 8413.24 TAX: \$ 673.06
 TOTAL: \$ 9086.30
 CK#000502 ABA# CK AMT: 9086.30

Haas Custom Kitchen Cabinets
 are
 SPECIAL ORDER. Cancellations
 within 48 hours are subject to
 a
 mandatory 10% restocking fee.
 After 48 hours absolutely no
 cancellations or returns will
 be
 accepted.

ELECTRONIC CHECK

ACH Trace Number 140031000003055535992
 Batch Number
 APPROVED AUTH#:7852
 RETURN FEE AMOUNT \$25.00
 DEPOSIT : 9086.30

Please allow 4-6 weeks for
 delivery. See design contract
 for additional terms and
 conditions.



ORDER# 863838/26
 CUST NO: 9586
 Customer Copy

FREE HARDWARE IN STOCK PER JASON
 MLM TO: MARIA QUINTARO
 3148 SANDRA WAY
 MELROSE, IL 60160
 708-513-6047

Acct: MARIA QUINTARO
 REF: H-SIGN FED GINGER JY 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 555883 to join the
 Bargain Squad and receive exclusive
 subscriber benefits and savings!!!

1217984 1 EA .00 EA
 10PK PULL GATSBY 5-1/4" DK BR
 NO CHARGE
 1189719 4 EA .00 EA
 PULL GATSBY 5-1/4" DK BRZ
 NO CHARGE
 1177071 11 EA .00 EA
 KNOB CORDOVA 1-3/8 DK BRZ
 NO CHARGE

SUB-TOTAL:\$ 6186.16 TAX: \$ 494.89
 TOTAL: \$ 6681.05



==>> JRNL#X35966/26 <<==
 CUST NO: 9586
 Customer Copy

Acct: MARIA QUINTERO
 REF: K* H-SIGN FED GINGER JY 1

*** DUPLICATE RECEIPT ***
 * ALL SALES ARE FINAL
 * NO RETURNS / NO EXCHANGES
 * GIFT CARDS WILL NOT BE ISSUED AND / OR
 REDEEMED

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):**

<i>Creditor:</i> (27231546) MARIA QUINTERO 3148 SANDRA AVE MELROSE PARK, IL 60164	Claim No: 44 <i>Original Filed</i> Date: 01/28/2019 <i>Original Entered</i> Date: 01/28/2019	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Kevin Lyons <i>Modified:</i>	
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Amount claimed: \$2746.44

History:
[Details](#) [44-1](#) 01/28/2019 Claim #44 filed by MARIA QUINTERO, Amount claimed: \$2746.44

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*	\$2746.44
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		