

**Fill in this information to identify the case:**Debtor 1 Oak Creek Distribution LLC

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court Northern District of IllinoisCase number: 18-30055

FILED

U.S. Bankruptcy Court  
Northern District of Illinois

11/1/2018

Jeffrey P. Allsteadt, Clerk

**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**

<b>1. Who is the current creditor?</b>	<u>MERCHANDISE SOLUTIONS LLC</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	<u>Merchandise Solutions LLC</u>
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>MERCHANDISE SOLUTIONS LLC</u> Name 15400 LONG VISTA DR STE 102 AUSTIN, TX 78728	Name  
	Contact phone <u>512-489-7600</u>	Contact phone _____
	Contact email <u>michael@merchandisesolutionsllc.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____	
	MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<b>6. Do you have any number you use to identify the debtor?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____										
<b>7. How much is the claim?</b>	\$ <u>9752.79</u> <div style="float: right; text-align: right;"> <b>Does this amount include interest or other charges?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).         </div>										
<b>8. What is the basis of the claim?</b>	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 healthcare information.  <u>goods sold</u>										
<b>9. Is all or part of the claim secured?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____  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.)  <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Value of property:</b></td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td><b>Amount of the claim that is secured:</b></td> <td>\$ _____</td> </tr> <tr> <td><b>Amount of the claim that is unsecured:</b></td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;"><b>Amount necessary to cure any default as of the date of the petition:</b></td> <td style="width: 40%;">\$ _____</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;"><b>Annual Interest Rate</b> (when case was filed)</td> <td style="width: 40%;">_____ %</td> </tr> </table> <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<b>Value of property:</b>	\$ _____	<b>Amount of the claim that is secured:</b>	\$ _____	<b>Amount of the claim that is unsecured:</b>	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)	<b>Amount necessary to cure any default as of the date of the petition:</b>	\$ _____	<b>Annual Interest Rate</b> (when case was filed)	_____ %
<b>Value of property:</b>	\$ _____										
<b>Amount of the claim that is secured:</b>	\$ _____										
<b>Amount of the claim that is unsecured:</b>	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)										
<b>Amount necessary to cure any default as of the date of the petition:</b>	\$ _____										
<b>Annual Interest Rate</b> (when case was filed)	_____ %										
<b>10. Is this claim based on a lease?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____										
<b>11. Is this claim subject to a right of setoff?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____										

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies \$ _____</p>	<b>Amount entitled to priority</b>
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\* Amounts are subject to adjustment on 4/1/19 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 11/1/2018  
MM / DD / YYYY

/s/ Michael Schneider

Signature

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

Name	<u>Michael Schneider</u>		
	First name	Middle name	Last name
Title	<u>Vice President –Member</u>		
Company	<u>Merchandise Solutions LLC</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>15400 Long Vista Drive Ste. 102</u>		
	Number Street		
	<u>Austin, TX 78728</u>		
	City	State	ZIP Code
Contact phone	<u>512-489-7600</u>	Email	<u>michael@merchandisesolutionsllc.com</u>

**Merchandise Solutions, LLC**

15400 Long Vista Drive, Suite 102  
 Austin, TX 78728  
 Phone: 512-489-7600  
 Fax: 512-489-7302

**Invoice**

Invoice # 831

Date 8/22/2018

Bill To
HOBO 2650 Belvidere Road Waukegan, IL 60085

Ship To
HOBO 47 7557 S. 78TH AVE Bridgeview, IL 60455

Rep	S.O. No.	P.O. No.	Terms	Ship Via	Freight Carrier	Due Date
MS	1821	n000021737	Net 30	Call for pickup	Customer Pickup	9/21/2018

Item	MPN	Description	Cs Pk	Qty Ordered	Qty Invoiced	Price	Amount
1095		Assorted Patton Picture Framed Art & Mirrors (see attached for inventory breakdown)		1	1	2,388.95	2,388.95

Merchandise Solutions must be notified in writing regarding claims for shortages and damages within 15 days of receipt of goods.

All claims for defective merchandise must be filed in writing within 60 days of receipt of goods. Otherwise the invoice will be considered correct.

All claims must be filed within the specified time frame or credit will not be issued.

**Total** \$2388.95

**Payments/Credits** \$0.00

**Balance Due** \$2,388.95

**Thank you for your business!**

**Merchandise Solutions, LLC**

15400 Long Vista Drive, Suite 102  
 Austin, TX 78728  
 Phone: 512-489-7600  
 Fax: 512-489-7302

**Invoice**

Invoice # 830

Date 8/22/2018

Bill To
HOBO 2650 Belvidere Road Waukegan, IL 60085

Ship To
HOBO 47 7557 S. 78TH AVE Bridgeview, IL 60455

Rep	S.O. No.	P.O. No.	Terms	Ship Via	Freight Carrier	Due Date
MS	1816	n000021736	Net 30	Call for pickup	Customer Pickup	9/21/2018

Item	MPN	Description	Cs Pk	Qty Ordered	Qty Invoiced	Price	Amount
152901		Assorted Patton Picture Framed Art & Mirrors (See attached Inventory Breakdown)		1	1	2,459.95	2,459.95

Merchandise Solutions must be notified in writing regarding claims for shortages and damages within 15 days of receipt of goods.

All claims for defective merchandise must be filed in writing within 60 days of receipt of goods. Otherwise the invoice will be considered correct.

All claims must be filed within the specified time frame or credit will not be issued.

**Total** \$2459.95

**Payments/Credits** \$0.00

**Balance Due** \$2,459.95

**Thank you for your business!**

**Merchandise Solutions, LLC**

15400 Long Vista Drive, Suite 102  
 Austin, TX 78728  
 Phone: 512-489-7600  
 Fax: 512-489-7302

**Invoice**

Invoice # 832

Date 8/22/2018

Bill To
HOBO 2650 Belvidere Road Waukegan, IL 60085

Ship To
HOBO 47 7557 S. 78TH AVE Bridgeview, IL 60455

Rep	S.O. No.	P.O. No.	Terms	Ship Via	Freight Carrier	Due Date
MS	1822	n000021738	Net 30	Call for pickup	Customer Pickup	9/21/2018

Item	MPN	Description	Cs Pk	Qty Ordered	Qty Invoiced	Price	Amount
1096		Assorted Patton Picture Framed Art & Mirrors (see attached for inventory breakdown)		1	1	2,483.94	2,483.94

Merchandise Solutions must be notified in writing regarding claims for shortages and damages within 15 days of receipt of goods.

All claims for defective merchandise must be filed in writing within 60 days of receipt of goods. Otherwise the invoice will be considered correct.

All claims must be filed within the specified time frame or credit will not be issued.

**Total** \$2483.94

**Payments/Credits** \$0.00

**Balance Due** \$2,483.94

**Thank you for your business!**

**Merchandise Solutions, LLC**

15400 Long Vista Drive, Suite 102  
 Austin, TX 78728  
 Phone: 512-489-7600  
 Fax: 512-489-7302

**Invoice**

Invoice # 829

Date 8/22/2018

Bill To
HOBO 2650 Belvidere Road Waukegan, IL 60085

Ship To
HOBO 47 7557 S. 78TH AVE Bridgeview, IL 60455

Rep	S.O. No.	P.O. No.	Terms	Ship Via	Freight Carrier	Due Date
MS	1815	n000021735	Net 30	Call for pickup	Customer Pickup	9/21/2018

Item	MPN	Description	Cs Pk	Qty Ordered	Qty Invoiced	Price	Amount
1094		Assorted Patton Picture Framed Art & Mirrors (see attached for inventory breakdown)		1	1	2,419.95	2,419.95

Merchandise Solutions must be notified in writing regarding claims for shortages and damages within 15 days of receipt of goods.

All claims for defective merchandise must be filed in writing within 60 days of receipt of goods. Otherwise the invoice will be considered correct.

All claims must be filed within the specified time frame or credit will not be issued.

**Total** \$2419.95

**Payments/Credits** \$0.00

**Balance Due** \$2,419.95

**Thank you for your business!**

Date: 08/23/2018		<b>BILL OF LADING - NOT NEGOTIABLE</b>		Page 1 of 1					
<b>SHIP FROM</b>			Bill of Lading Number: 12681162						
Name: Patton Picture Address: 2606 Hwy 67 South City, State, Zip: Pocahontas, AR 72455 Phone: 870-345-7814			FOB: <input type="checkbox"/> Carrier Name: Gp Transco Trailer number: 1438 <i>Seal # 11164</i> Seal number: SCAC: GPAB PRO Number: <i>Time in: 1300</i> <i>Time out: 1345</i>						
<b>SHIP TO</b>									
Name: Hobo Distribution Address: 7557 S 78th Ave City, State-Prov, Zip-Postal: Bridgeview, IL 60455 Phone: 708-924-9155			FOB: <input type="checkbox"/>						
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>									
Name: Traffic Tech, Inc. Address: 16711 Trans-Canada Highway City, State-Prov, Zip-Postal: Kirkland, QC H9H 3L1 Quote ID:			<b>Freight Charge Terms:</b> Prepaid _____ Collect _____ 3 <sup>rd</sup> Party <u>X</u>						
<b>CUSTOMS BROKER</b>			<b>CARRIER REFERENCES</b>						
Name: Phone: Fax: Clearing for:			Driver Milad 224-425-3587						
<b>SPECIAL INSTRUCTIONS</b>			<b>DELIVERY REFERENCES</b>						
9am delivery appointment			PO# n21735, PO# n21736, PO# n21737, PO# n21738						
<b>CARRIER INFORMATION</b>									
HANDLING UNIT		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care of attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>	Length	Width	Height	LTL ONLY	
QTY	TYPE							NMFC #	CLASS
20	Truck Load	9087 lbs		Artwork and Mirrors					
				GRAND TOTAL					
The agreed or declared value of the property is specifically stated by the shipper to be \$ _____					<b>COD Amount: \$</b>				
					<b>Fee Terms Collect: Prepaid:</b>				
					<b>Customer check acceptable:</b>				
<b>NOTE: LIABILITY LIMITATION FOR LOSS OR DAMAGE IN THIS SHIPMENT IS APPLICABLE</b>					If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of the freight and all other lawful charges.				
RECEIVED, subject to contracts that have been agreed upon in writing between the carrier and shipper, if applicable.					Shipper (Consignor) Signature <i>[Signature]</i>				
<b>SHIPPER SIGNATURE/DATE</b>		<b>Trailer Loaded By:</b>		<b>Freight Counted By:</b>		<b>CARRIER SIGNATURE/PICKUP DATE</b>			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.  <i>[Signature] 8/22/18</i>		<input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Driver		<input checked="" type="checkbox"/> Shipper <input type="checkbox"/> Driver (Pallets said to contain) <input type="checkbox"/> Driver (Pieces)		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S DOT emergency response guidebook or equivalent documentation in the vehicle.  <i>[Signature]</i>			
Traffic Tech, Inc is a broker and not a carrier. It's liability for all shipments will be subject to Traffic Tech's Terms and Conditions that could be found at: <a href="http://trafficech.com/en/client_terms_and_conditions">http://trafficech.com/en/client_terms_and_conditions</a> .									



*Merchandise Solutions*

<u>Product</u>	<u>Ordered Qt</u>	<u># pallets this product</u>	<u>Packed QT</u>
<b>No Qty Differences</b>			

<u>Shipment #</u>	<u>Product</u>	<u>Shipment Qty</u>	<u>Allocated Qty</u>	<u>Allocated Location</u>	<u>Net Units</u>
SH1006890	1403-1097LOW	10.00	1.00	SHP010	9.00
SH1006890	1403-1097LOW	10.00	9.00	SHP011	1.00
SH1006890	1403-6016LOW	10.00	10.00	SHP011	0.00
SH1006890	1404-6049LOW	10.00	10.00	SHP011	0.00
SH1006890	1606-8251LOW	7.00	7.00	SHP011	0.00
SH1006890	1606-8262LOW	5.00	5.00	SHP011	0.00
SH1006890	1606-8074LOW	7.00	7.00	SHP011	0.00
SH1006890	1606-8029LOW	10.00	10.00	SHP011	0.00
SH1006890	1606-8020LOW	10.00	10.00	SHP010	0.00
SH1006890	1606-8126LOW	10.00	10.00	SHP011	0.00
SH1006890	1606-8246LOW	6.00	6.00	SHP011	0.00
SH1006890	1606-8121LOW	9.00	9.00	SHP011	0.00
SH1006890	1606-8196LOW	5.00	5.00	SHP011	0.00
SH1006890	1606-8030LOW	6.00	6.00	SHP011	0.00
SH1006890	1606-8031LOW	7.00	7.00	SHP011	0.00
SH1006890	1607-0003LOW	7.00	7.00	SHP011	0.00
SH1006890	1607-0004LOW	9.00	9.00	SHP011	0.00
SH1006890	1607-0006LOW	5.00	5.00	SHP011	0.00
SH1006890	1607-0007LOW	10.00	10.00	SHP011	0.00
SH1006890	1606-8062LOW	10.00	10.00	SHP011	0.00
SH1006890	1606-8234LOW	8.00	8.00	SHP011	0.00
SH1006890	1606-8061LOW	10.00	10.00	SHP011	0.00
SH1006890	1606-8209LOW	7.00	7.00	SHP011	0.00
SH1006890	1606-8227LOW	6.00	6.00	SHP011	0.00
SH1006890	1606-8158LOW	8.00	8.00	SHP011	0.00
SH1006890	1606-8290LOW	10.00	10.00	SHP011	0.00
SH1006890	1606-8139LOW	6.00	6.00	SHP011	0.00
SH1006890	1606-8213LOW	6.00	6.00	SHP011	0.00
SH1006890	1606-8280LOW	2.00	2.00	SHP011	0.00
SH1006890	1606-8156LOW	3.00	3.00	SHP011	0.00
SH1006890	1606-8278LOW	10.00	10.00	SHP011	0.00
SH1006890	1606-8133LOW	10.00	10.00	SHP011	0.00
SH1006890	1606-8044LOW	4.00	4.00	SHP011	0.00

<u>Shipment #</u>	<u>Product</u>	<u>Shipment Qty</u>	<u>Allocated Qty</u>	<u>Allocated Location</u>	<u>Net Units</u>
Routed Date: 8/1/18		Routed For Date: 8/17/18			
Carrier Name:		Load on Drop Trailer: No			
Pro/Tracking Number:					
Consolidator Ship To:		CP Address:			
Bill of Lading #: 1006890		Master BOL #:			
SCAC Code:					
Carrier Trailer:		Third Party Billing:			
Seal #:		Container Flag: Full Container			
Load Type: SKID		Load Qty: 5			
Load No:		Load Sequence: 0			
Date Ready to Ship: 8/15/18					
Schd. Pick Up Date: 8/20/18		Schd. Pick Up Time: 1411			
Act. Pick Up Date: 1/1/53		Act. Pick Up Time: 0000			
Act. No. Pallets: 0		Rescheduled By:			
Act. No. Cartons: <del>245</del> 243		Original Scheduled Date: 1/1/53			
Comments:					
Additional Info:					
Reschedule Comment:					

Allocations for shipment SH1006888 as of 8/17/2018; 9:46:14AM

*Merchandise Solutions*ProductOrdered Qt # pallets this productPacked QT**No Qty Differences**

<u>Shipment #</u>	<u>Product</u>	<u>Shipment Qty</u>	<u>Allocated Qty</u>	<u>Allocated Location</u>	<u>Net Units</u>
SH1006888	1403-1097LOW	10.00	10.00	SHP010	0.00
SH1006888	1403-6016LOW	10.00	10.00	SHP011	0.00
SH1006888	1404-6049LOW	10.00	10.00	SHP011	0.00
SH1006888	1606-8262LOW	4.00	4.00	SHP011	0.00
SH1006888	1606-8074LOW	8.00	8.00	SHP011	0.00
SH1006888	1606-8029LOW	10.00	10.00	SHP011	0.00
SH1006888	1606-8020LOW	10.00	10.00	SHP011	0.00
SH1006888	1606-8126LOW	6.00	6.00	SHP011	0.00
SH1006888	1606-8246LOW	5.00	5.00	SHP011	0.00
SH1006888	1606-8121LOW	9.00	9.00	SHP011	0.00
SH1006888	1606-8196LOW	7.00	7.00	SHP011	0.00
SH1006888	1606-8030LOW	7.00	7.00	SHP011	0.00
SH1006888	1606-8031LOW	6.00	6.00	SHP011	0.00
SH1006888	1607-0003LOW	6.00	6.00	SHP011	0.00
SH1006888	1607-0004LOW	9.00	9.00	SHP011	0.00
SH1006888	1607-0006LOW	6.00	6.00	SHP011	0.00
SH1006888	1607-0007LOW	10.00	10.00	SHP011	0.00
SH1006888	1606-8062LOW	10.00	10.00	SHP011	0.00
SH1006888	1606-8234LOW	10.00	10.00	SHP011	0.00
SH1006888	1606-8061LOW	9.00	9.00	SHP011	0.00
SH1006888	1606-8209LOW	7.00	7.00	SHP011	0.00
SH1006888	1606-8227LOW	6.00	6.00	SHP011	0.00
SH1006888	1606-8158LOW	8.00	8.00	SHP011	0.00
SH1006888	1606-8290LOW	10.00	10.00	SHP011	0.00
SH1006888	1606-8139LOW	6.00	6.00	SHP011	0.00
SH1006888	1606-8213LOW	6.00	6.00	SHP011	0.00
SH1006888	1606-8280LOW	3.00	3.00	SHP011	0.00
SH1006888	1606-8156LOW	3.00	3.00	SHP011	0.00
SH1006888	1606-8278LOW	10.00	10.00	SHP011	0.00
SH1006888	1606-8133LOW	10.00	10.00	SHP011	0.00
SH1006888	1606-8044LOW	5.00	5.00	SHP011	0.00

<u>Shipment #</u>	<u>Product</u>	<u>Shipment Qty</u>	<u>Allocated Qty</u>	<u>Allocated Location</u>	<u>Net Units</u>
Routed Date: 8/1/18		Routed For Date: 8/17/18			
Carrier Name:		Load on Drop Trailer: No			
Pro/Tracking Number:					
Consolidator Ship To:		CP Address:			
Bill of Lading #: 1006888		Master BOL #:			
SCAC Code:					
Carrier Trailer:		Third Party Billing:			
Seal #:		Container Flag: Full Container			
Load Type: SKID		Load Qty: 5			
Load No:		Load Sequence: 0			
Date Ready to Ship: 8/17/18					
Schd. Pick Up Date: 8/20/18		Schd. Pick Up Time: 1411			
Act. Pick Up Date: 1/1/53		Act. Pick Up Time: 0000			
Act. No. Pallets: 0		Rescheduled By:			
Act. No. Cartons: <del>243</del> 236		Original Scheduled Date: 1/1/53			
Comments:					
Additional Info:					
Reschedule Comment:					

1527  
*Merchandise Solutions*

<u>Product</u>	<u>Ordered Qt</u>	<u># pallets this product</u>	<u>Packed QT</u>
<b>No Qty Differences</b>			

<u>Shipment #</u>	<u>Product</u>	<u>Shipment Qty</u>	<u>Allocated Qty</u>	<u>Allocated Location</u>	<u>Net Units</u>
SH1006870	1403-1097LOW	10.00	10.00	SHP010	0.00
SH1006870	1403-6016LOW	10.00	10.00	SHP011	0.00
SH1006870	1404-6049LOW	10.00	10.00	SHP011	0.00
SH1006870	1606-8251LOW	6.00	6.00	SHP011	0.00
SH1006870	1606-8262LOW	5.00	5.00	SHP011	0.00
SH1006870	1606-8074LOW	8.00	8.00	SHP011	0.00
SH1006870	1606-8029LOW	10.00	10.00	SHP011	0.00
SH1006870	1606-8020LOW	10.00	10.00	SHP011	0.00
SH1006870	1606-8126LOW	10.00	10.00	SHP011	0.00
SH1006870	1606-8246LOW	5.00	5.00	SHP011	0.00
SH1006870	1606-8121LOW	9.00	9.00	SHP011	0.00
SH1006870	1606-8196LOW	7.00	7.00	SHP011	0.00
SH1006870	1606-8030LOW	6.00	6.00	SHP011	0.00
SH1006870	1606-8031LOW	8.00	8.00	SHP011	0.00
SH1006870	1607-0003LOW	8.00	8.00	SHP011	0.00
SH1006870	1607-0004LOW	9.00	9.00	SHP011	0.00
SH1006870	1607-0006LOW	5.00	5.00	SHP011	0.00
SH1006870	1607-0007LOW	10.00	10.00	SHP011	0.00
SH1006870	1606-8062LOW	10.00	10.00	SHP011	0.00
SH1006870	1606-8234LOW	10.00	10.00	SHP011	0.00
SH1006870	1606-8061LOW	9.00	9.00	SHP011	0.00
SH1006870	1606-8209LOW	7.00	7.00	SHP011	0.00
SH1006870	1606-8227LOW	6.00	6.00	SHP011	0.00
SH1006870	1606-8158LOW	7.00	7.00	SHP011	0.00
SH1006870	1606-8290LOW	10.00	10.00	SHP011	0.00
SH1006870	1606-8139LOW	6.00	6.00	SHP011	0.00
SH1006870	1606-8280LOW	3.00	3.00	SHP011	0.00
SH1006870	1606-8156LOW	4.00	4.00	SHP011	0.00
SH1006870	1606-8278LOW	10.00	10.00	SHP011	0.00
SH1006870	1606-8133LOW	9.00	9.00	SHP011	0.00
SH1006870	1606-8044LOW	5.00	5.00	SHP011	0.00

<u>Shipment #</u>	<u>Product</u>	<u>Shipment Qty</u>	<u>Allocated Qty</u>	<u>Allocated Location</u>	<u>Net Units</u>
Routed Date: 8/1/18		Routed For Date: 8/17/18			
Carrier Name:		Load on Drop Trailer: No			
Pro/Tracking Number:					
Consolidator Ship To:		CP Address:			
Bill of Lading #: 1006870		Master BOL #:			
SCAC Code:		Third Party Billing:			
Carrier Trailer:		Container Flag: Full Container			
Seal #:		Load Qty: 5			
Load Type: SKID		Load Sequence: 0			
Load No:					
Date Ready to Ship: 8/14/18					
Schd. Pick Up Date: 8/20/18		Schd. Pick Up Time: 1411			
Act. Pick Up Date: 1/1/53		Act. Pick Up Time: 0000			
Act. No. Pallets: 0		Rescheduled By:			
Act. No. Cartons: <del>248</del> 242		Original Scheduled Date: 1/1/53			
Comments:					
Additional Info:					
Reschedule Comment:					



<u>Product</u>	<u>Ordered Qt</u>	<u># pallets this product</u>	<u>Packed QT</u>
<b>No Qty Differences</b>			

<u>Shipment #</u>	<u>Product</u>	<u>Shipment Qty</u>	<u>Allocated Qty</u>	<u>Allocated Location</u>	<u>Net Units</u>
SH1006533	1403-1097LOW	10.00	10.00	SHP010	0.00
SH1006533	1403-6016LOW	10.00	10.00	SHP011	0.00
SH1006533	1404-6049LOW	10.00	10.00	SHP011	0.00
SH1006533	1606-8262LOW	5.00	5.00	SHP011	0.00
SH1006533	1606-8074LOW	8.00	8.00	SHP011	0.00
SH1006533	1606-8029LOW	10.00	10.00	SHP011	0.00
SH1006533	1606-8020LOW	10.00	10.00	SHP011	0.00
SH1006533	1606-8126LOW	10.00	10.00	SHP011	0.00
SH1006533	1606-8246LOW	5.00	5.00	SHP011	0.00
SH1006533	1606-8121LOW	9.00	9.00	SHP011	0.00
SH1006533	1606-8196LOW	7.00	7.00	SHP011	0.00
SH1006533	1606-8030LOW	6.00	6.00	SHP011	0.00
SH1006533	1606-8031LOW	8.00	8.00	SHP011	0.00
SH1006533	1607-0003LOW	8.00	8.00	SHP011	0.00
SH1006533	1607-0004LOW	9.00	9.00	SHP011	0.00
SH1006533	1607-0006LOW	5.00	5.00	SHP011	0.00
SH1006533	1607-0007LOW	10.00	10.00	SHP011	0.00
SH1006533	1606-8062LOW	10.00	10.00	SHP011	0.00
SH1006533	1606-8234LOW	10.00	10.00	SHP011	0.00
SH1006533	1606-8061LOW	9.00	9.00	SHP011	0.00
SH1006533	1606-8209LOW	7.00	7.00	SHP011	0.00
SH1006533	1606-8227LOW	6.00	6.00	SHP011	0.00
SH1006533	1606-8158LOW	7.00	7.00	SHP011	0.00
SH1006533	1606-8290LOW	10.00	10.00	SHP011	0.00
SH1006533	1606-8139LOW	6.00	6.00	SHP011	0.00
SH1006533	1606-8213LOW	4.00	4.00	SHP011	0.00
SH1006533	1606-8280LOW	3.00	3.00	SHP011	0.00
SH1006533	1606-8156LOW	4.00	4.00	SHP011	0.00
SH1006533	1606-8278LOW	10.00	10.00	SHP011	0.00
SH1006533	1606-8133LOW	9.00	9.00	SHP011	0.00
SH1006533	1606-8044LOW	5.00	5.00	SHP011	0.00

<u>Shipment #</u>	<u>Product</u>	<u>Shipment Qty</u>	<u>Allocated Qty</u>	<u>Allocated Location</u>	<u>Net Units</u>
Routed Date: 8/1/18		Routed For Date: 8/17/18			
Carrier Name:		Load on Drop Trailer: No			
Pro/Tracking Number:					
Consolidator Ship To:		CP Address:			
Bill of Lading #: 1006533		Master BOL #:			
SCAC Code:					
Carrier Trailer:		Third Party Billing:			
Seal #:		Container Flag: Full Container			
Load Type: SKID		Load Qty: 5			
Load No:		Load Sequence: 0			
Date Ready to Ship: 8/17/18					
Schd. Pick Up Date: 8/20/18		Schd. Pick Up Time: 1411			
Act. Pick Up Date: 1/1/53		Act. Pick Up Time: 0000			
Act. No. Pallets: 0		Rescheduled By:			
Act. No. Cartons: <del>248</del> 240		Original Scheduled Date: 1/1/53			
Comments:					
Additional Info:					
Reschedule Comment:					



# Northern District of Illinois Claims Register

## 18-30055 Oak Creek Distribution LLC

**Honorable Judge:** Jacqueline P. Cox      **Chapter:** 11  
**Office:** Chicago      **Last Date to file claims:**  
**Trustee:**      **Last Date to file (Govt):**

*Creditor:* (27235509)      **Claim No: 1**      *Status:*  
 MERCHANDISE SOLUTIONS      *Original Filed*      *Filed by:* CR  
 LLC      *Date:* 11/01/2018      *Entered by:* EPoc ADI  
 15400 LONG VISTA DR      *Original Entered*      *Modified:*  
 STE 102      *Date:* 11/01/2018  
 AUSTIN, TX 78728

Amount claimed: \$9752.79

*History:*

[Details](#)   [1-1](#)   11/01/2018 Claim #1 filed by MERCHANDISE SOLUTIONS LLC, Amount claimed: \$9752.79  
 (ADI, EPoc)

*Description:*

*Remarks:*

## Claims Register Summary

**Case Name:** Oak Creek Distribution LLC  
**Case Number:** 18-30055  
**Chapter:** 11  
**Date Filed:** 10/25/2018  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$9752.79
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		