Fill in this information to identify the case:

Debtor 1 Oak Creek Distribution LLC

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: Northern District of Illinois

Case number 18-30055

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?

KMS, 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?

Coface North America Insurance Company
Name

650 College Road East, Suite 2005
Number Street

Princeton, NJ 08540
City State ZIP Code

Contact phone 609-469-0459

Contact email amy.schmidt@coface.com

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

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 4 0 1

7. How much is the claim?

$ 14,799.00. **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.

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)?

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 11/07/2018
MM / DD / YYYY

/s/ Amy Schmidt
Signature

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

Name: Amy Schmidt
First name | Middle name | Last name

Title: agent

Company: Coface North America Insurance Company
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 650 College Road East, Suite 2005
Number Street

Princeton, NJ 08540
City | State | ZIP Code

Contact phone: 609-469-0459 Email: amy.schmidt@coface.com

Account	: All		Date	: 10/30/2018
Group by	: Account Name		Time	: 11:42:14AM
Sorted by	: Document Date		User	: STEVE
Age using	: Due Date			
Statement as of	: 10/30/2018			
Exclude Credit Memos	: No			
Exclude Advances	: No			
Sales Rep	: All			
Customer(s)	: 187			
Document Alias	: All			
Term(s)	: All			
Location/Sub-Location(s)	: All			

Accounts Receivable Aging

Page # 0001

All Amounts in USD

Account / Terms / Document	Name / Contact / PO/RMA#	Date	Terms	Due Date	Disc. Date	Credit Limit / Phone / Rep	Amount	Paid	Balance	Current	1-30 days	31-60 days	61-90 days	91+ days	Hold / Delq
187	Home Owners Bargain Outlet					0.00									
N30						(847)-263-1240									
SI-448810	n000022004	9/19/2018	N30	10/19/2018	9/19/2018	DUSTIN	7,055.00	0.00	7,055.00	0.00	7,055.00	0.00	0.00	0.00	11
SI-448809	N000022051	9/19/2018	N30	10/19/2018	9/19/2018	DUSTIN	2,400.00	0.00	2,400.00	0.00	2,400.00	0.00	0.00	0.00	11
SI-448808	n000022309	9/19/2018	N30	10/19/2018	9/19/2018	DUSTIN	1,344.00	0.00	1,344.00	0.00	1,344.00	0.00	0.00	0.00	11
SI-448963	n000022207	9/25/2018	N30	10/25/2018	9/25/2018	DUSTIN	4,000.00	0.00	4,000.00	0.00	4,000.00	0.00	0.00	0.00	5
		Totals for 187 - Home Owners Bargain Outlet					14,799.00	0.00	14,799.00	0.00	14,799.00	0.00	0.00	0.00	
						Total	14,799.00	0.00	14,799.00	0.00	14,799.00	0.00	0.00	0.00	

KMS, INC.
811 E. Waterman
WICHITA KS 67202
UNITED STATES
Tel: (316)-264-8833
Fax: (316)-264-7511

SALES INVOICE

SI-448963	9/25/2018

Customer

Home Owners Bargain Outlet
Oak Creek Distribution, LLC
2650 Belvidere Rd
WAUKEGAN IL 60085

Ship From Warehouse

WH-INTERSTATE UNDERGROUND
WAREHOUSE
8201 E. 23RD
KANSAS CITY MO 64129
UNITED STATES
Tel: (816)-833-0000
Fax: (816)-521-2024

Ship To

HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW IL 60455
UNITED STATES
Tel: (847)-263-1240
Fax: (847)-263-1232

Account	Terms	Ship Date	Cancel Date	Account Rep
187	Net 30 Days	9/24/2018	9/28/2018	DUSTIN AWE

Sales Order	PO #	Reference	Ship VIA	Page	Printed
SO-104565	n000022207		KMS Freight	1	10/30/2018 11:44:10AM

L	Item	Description	Order	Ship	Price	UM	Discount	Amount
1	563866278-I	TRAIL MIX TRADITIONL 36.5 OZ EXP-5/19/19	250	250	$16.00	6PK		$4,000.00
2	SH	Shipping and Handling	0	1	$0.00	EA		$0.00

ALL CLAIMS ON PRODUCTS MUST BE MADE WITHIN 20 DAYS OF RECEIPT OF GOODS TO 800-752-5262 EXT 209 OR RETURNS@1KMS.COM. SHORTAGE CLAIMS WILL NOT BE ALLOWED IF CARTONS ARE NOT COUNTED AND NOTED ON THE BOL AT RECEIPT. RETURN MERCHANDISE REQUIRES AUTHORIZATION PRIOR TO RETURN WITH A R.M.A. FROM KMS, INC RETURNS DEPARTMENT.

Tax Details
EXEMPT $0.000

Payment Details

Taxable	$0.00
Total Tax	$0.00
Exempt	$4,000.00
Total	$4,000.00
Payment Disc	$0.00
Paid	$0.00
Balance	$4,000.00

BILL OF LADING

BOL Number: 33299815

SHIP FROM

Name: WH-INTERSTATE UNDERGROUND
Address 1: 8201 E 23rd St
Address 2:
Address 3:
City/State/Zip: KANSAS CITY, MO, 64129
s/r P: 816-833-0000 Ext. F:
Stop Notes:

Carrier: FedEx Priority
Pro #:
BAR CODE SPACE
Pick up date: 9/21/2018
Trailer #: Seal #:

SHIP TO

Name: HOBO Store 47
Address 1: 7557 S 78th Ave
Address 2:
Address 3:
City/State/Zip: BRIDGEVIEW, IL, 60455
Barb Bra P: 708-924-9155 Ext. F:
Stop Notes:

REFERENCE INFORMATION

FedEx Freight
444852578-2

THIRD PARTY FREIGHT CHARGES BILL TO

Echo Global Logistics
600 W. Chicago Avenue, Suite 725
Chicago, IL 60654

Freight Charge Terms: Prepaid [x] Collect [ ] 3rd Party [x]
Carrier Acct #:
Quote ID.

Special Instructions:
Questions- Call Marie @ Echo 678 412 6416 SO# 104565

ECHO is not liable for any incidental charges unless pre-approved by Echo or noted on this bill of lading.

LTL or Partial Only:
# of Pallets: 4 Pallet Type: Skid Spots: Stackable: No
Pallet Dimensions L. W. H inches

Shipper Instructions
Pickup #: SO# 104565
Loc Type: Business
Special Services:

Consignee Instructions
Delivery #:
Loc Type: Business
Special Services:

CARRIER INFORMATION

HANDLING UNIT		PACKAGE			HM	OD	COMMODITY DESCRIPTION	LTL Only	
QTY	TYPE	QTY	TYPE	WEIGHT	(X)	(X)	Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as it	NMFC#	CLASS
4	Pallets	250	Case	4450			trail mix 48x40x48		70
4		250		4450			GRAND TOTAL		

COD Amount: $
Fee Terms: Collect: [ ] Prepaid: [ ]
Customer check acceptable: [ ]

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).

Shipper Signature

SHIPPER SIGNATURE / DATE
Shipper: Date:

Trailer Loaded:
[x] By Shipper
[ ] By Driver

Freight Counted:
[ ] By Shipper
[x] By Driver/pallets said to contain
[ ] By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
Carrier: Date:

KLAWSW 151176
09-24-18 P24712
4 SWS STC 2 SLC + US

FedEx. DELIVERY RECEIPT

Freight Bill 4448525782 RO

FedEx Freight Priority

DRIVER COPY

NAME

SIGNATURE

DATE

PO#

PCS

IN TIME OUT

DRIVER

H. MULDER

FedEx. DELIVERY RECEIPT

Freight Bill 4448525782 RO

FedEx Freight Priority

DRIVER COPY

HOBO
HOME OWNERS BARGAIN OUTLET

HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

Page: 1

PURCHASE ORDER

P.O. #: n000022207
Store : 47

Order Date: 9/10/18
Date Due : 10/ 1/18
Alt. PO # :
Order Type: NORMAL
Buyer : JORI

TO: K.M.S. Inc.
811 East Waterman
Wichita KS 67202
PHONE: (316) 264-8833
FAX : (316) 264-1452

SHIP TO: HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS
KM189		F	N	PPD		PRE		NET 30 DAYS

LINE#	STORE	QTY ORD	ITEM/SKU NUMBER	DESCRIPTION	MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
			BILL TO:	HOBO 2650 BELVIDERE RD WAUKEGAN, IL 60085					
			SPECIAL INST:	FOB; WITCHITA, KS HOBO TO ROUTE. EMAIL DISPATCH@HOBOONLINE.COM TO REQUEST A ROUTING FORM					
7	C	250	1248593	TRAIL MIX TRADITIONAL 36.5OZ	563866278-I		2.67	EA	667.50

S/b

250 @ $16.00

These are 6pk selling units NOT Eaches

See set up sheet

TOTAL UNITS 250

P.O. Approved By: _____ D___. _____

HOBO VENDOR/SKU INFORMATION SHEET

Vendor Name:	KMS
Address:	811 E. WATERMAN WICHITA, KS 67202
Phone:	1-800-752-5261
Fax:	
Cell#	316-250-9770
Contact:	DUSTIN AWE
Terms	N30
Freight	COLLECT
FOB	KS

HOBO CONTACTS (EMAILS)
FLOORING / DOORS / BUILDING MATERIALS
ccragg@hoboonline.com / ddelong@hoboonline.com
KITCHENS / BATH / PLUMBING / ELECTRICAL
jfiedler@hoboonline.com / cchilders@hoboonline.com
FURNITURE / HOME DÉCOR
jmckinney@hoboonline.com / kkelly@hoboonline.com
HOUSEWARES / APPLIANCES / ELECTRONICS / FOOD / PAINT
lmiller@hoboonline.com / mcrivello@hoboonline.com
HARDWARE / TOOLS / SEASONAL
ccragg@hoboonline.com/ swerner@hoboonline.com

	ONE-TIME BUY ?
	TYPE OF PO ?
	PREPAID ?
	HTR ?

VENDOR COLUMNS TO FILL IN

HOBO COLUMNS TO FILL IN

VENDORS — VERY IMPORTANT! YOU MUST USE ALL CAPITAL LETTERS ON YOUR DATA INPUT AND KEEP THE DESCRIPTIONS TO 32 CHARACTERS OR LESS, INCLUDING SPACES!

Hobo Sku#	Description (32 Characters Max - Use All CAPS)	Mfcrd / Vendor Item #	Dept	Class	Fine Line	Primary Vendor	Retail$ (Buyer)	Comp Price	Sup Cost $	Cases	Case Pack	GMM	UPC	QTY ORDER	#21	#22	#23	#24	#25	#26	#27	#47	TOTAL
	Trail Mix Traditional 36.5 oz.	5632662784							$16.00		6	#DIV/0!	078742033488	250									0
												#DIV/0!											0
												#DIV/0!											0
												#DIV/0!											0
												#DIV/0!											0
												#DIV/0!											0
												#DIV/0!											0
												#DIV/0!											0
												#DIV/0!											0
												#DIV/0!											0

KMS, INC.
811 E. Waterman
WICHITA KS 67202
UNITED STATES
Tel: (316)-264-8833
Fax: (316)-264-7511

SALES INVOICE

SI-448808	9/19/2018

Customer

Home Owners Bargain Outlet
Oak Creek Distribution, LLC
2650 Belvidere Rd
WAUKEGAN IL 60085

Ship From Warehouse

WH-KMS MAIN
811 E. Waterman
WICHITA KS 67202
UNITED STATES
Tel: (316)-262-7048

Ship To

HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW IL 60455
UNITED STATES
Tel: (847)-263-1240
Fax: (847)-263-1232

Account	Terms	Ship Date	Cancel Date	Account Rep
187	Net 30 Days	9/19/2018	9/21/2018	DUSTIN AWE

Sales Order	PO #	Reference	Ship VIA	Page	Printed
SO-105719	n000022309	AH	Call For Routing	1	10/30/2018 11:44:10AM

L	Item	Description	Order	Ship	Price	UM	Discount	Amount
1	CKSTCG20K-TECO	INDOORGRILL, FLIP, TDCSLV, BL	96	96	$14.00	EA		$1,344.00

ALL CLAIMS ON PRODUCTS MUST BE MADE WITHIN 20 DAYS OF RECEIPT OF GOODS TO 800-752-5262 EXT 209 OR RETURNS@1KMS.COM. SHORTAGE CLAIMS WILL NOT BE ALLOWED IF CARTONS ARE NOT COUNTED AND NOTED ON THE BOL AT RECEIPT. RETURN MERCHANDISE REQUIRES AUTHORIZATION PRIOR TO RETURN WITH A R.M.A. FROM KMS, INC RETURNS DEPARTMENT.

Tax Details
EXEMPT $0.000

Payment Details

Taxable	$0.00
Total Tax	$0.00
Exempt	$1,344.00
Total	$1,344.00
Payment Disc	$0.00
Paid	$0.00
Balance	$1,344.00

HOBO
HOME OWNERS BARGAIN OUTLET

HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

Page: 1

PURCHASE ORDER

P.O. #: n000022309
Store : 47

Order Date: 9/17/18
Date Due : 9/24/18
Alt. PO # :
Order Type: NORMAL
Buyer : JORI

TO: K.M.S. Inc.
811 East Waterman
Wichita KS 67202
PHONE: (316) 264-8833
FAX : (316) 264-1452

SHIP TO: HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS
KM189		F	N	HTR		HOB	SHIP W/ N22051	NET 30 DAYS

LINE#	STORE	QTY ORD	ITEM/SKU NUMBER	DESCRIPTION	MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
			BILL TO:	HOBO 2650 BELVIDERE RD WAUKEGAN, IL 60085					
			SPECIAL INST:	FOB; WITCHITA, KS HOBO TO ROUTE. EMAIL DISPATCH@HOBOONLINE.COM TO REQUEST A ROUTING FORM					
8	C	96	1249202	* OSTER 7MIN ELECTRIC GRILL	CKSTCG20KTECO		14.00	EA	1344.00

TOTAL UNITS 96

TOTAL COST	1344.00
TOTAL FREIGHT	.00
OTHER CHARGES	.00
TOTAL P.O.	1344.00

P.O. Approved By: _____ Date: _____

KMS, INC.
811 E. Waterman
WICHITA KS 67202
UNITED STATES
Tel: (316)-264-8833
Fax: (316)-264-7511

SALES INVOICE

SI-448810	9/19/2018

Customer

Home Owners Bargain Outlet
Oak Creek Distribution, LLC
2650 Belvidere Rd
WAUKEGAN IL 60085

Ship From Warehouse

WH-KMS MAIN
811 E. Waterman
WICHITA KS 67202
UNITED STATES
Tel: (316)-262-7048

Ship To

HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW IL 60455
UNITED STATES
Tel: (847)-263-1240
Fax: (847)-263-1232

Account	Terms	Ship Date	Cancel Date	Account Rep
187	Net 30 Days	9/19/2018	9/25/2018	DUSTIN AWE

Sales Order	PO #	Reference	Ship VIA	Page	Printed
SO-104821	n000022004	AH	Call For Routing	1	10/30/2018 11:44:10AM

L	Item	Description	Order	Ship	Price	UM	Discount	Amount
1	DBC162BLSST-SD	BEVERAGE COOLER 162 LITER	31	31	$150.00	EA		$4,650.00
2	DBC120BLS-SD	BEVERAGE COOLER 3.3 CU FT DANBY	12	12	$65.00	EA		$780.00
3	DBC120BLS	COOLER BEVERAGE 3.3 CU FT	3	3	$65.00	EA		$195.00
4	DWC114BLSDD-SD	WINE COOLER 114 LITERS DANBY	5	5	$130.00	EA		$650.00
5	DWC114BLSDD	WINE COOLER 114 LITER	6	6	$130.00	EA		$780.00

ALL CLAIMS ON PRODUCTS MUST BE MADE WITHIN 20 DAYS OF RECEIPT OF GOODS TO 800-752-5262 EXT 209 OR RETURNS@1KMS.COM. SHORTAGE CLAIMS WILL NOT BE ALLOWED IF CARTONS ARE NOT COUNTED AND NOTED ON THE BOL AT RECEIPT. RETURN MERCHANDISE REQUIRES AUTHORIZATION PRIOR TO RETURN WITH A R.M.A. FROM KMS, INC RETURNS DEPARTMENT.

Tax Details
EXEMPT $0.000

Payment Details

Taxable	$0.00
Total Tax	$0.00
Exempt	$7,055.00
Total	$7,055.00
Payment Disc	$0.00
Paid	$0.00
Balance	$7,055.00

HOBO
HOME OWNERS BARGAIN OUTLET

HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

Page: 1

PURCHASE ORDER

P.O. #: n000022004
Store : 47

Order Date: 8/23/18
Date Due : 9/24/18
Alt. PO # :
Order Type: NORMAL
Buyer : JORI

TO: K.M.S. Inc.
811 East Waterman
Wichita KS 67202
PHONE: (316) 264-8833
FAX : (316) 264-1452

SHIP TO: HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS
KM189		F	N	HTR		HOB		NET 30 DAYS

LINE#	STORE	QTY ORD	ITEM/SKU NUMBER	DESCRIPTION	MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
			BILL TO:	HOBO 2650 BELVIDERE RD WAUKEGAN, IL 60085					
			SPECIAL INST:	FOB; WITCHITA, KS HOBO TO ROUTE. EMAIL DISPATCH@HOBOONLINE.COM TO REQUEST A ROUTING FORM					
7	C	31	1247816	* BEVERAGE COOLER 162 LITER	DBC162BLSSTSD		150.00	EA	4650.00
11	C	15	1247817	* BEVERAGE COOLER 3.3CU FT DANBY	DBC120BLS-SD		65.00	EA	975.00
15	C	12	1247818	* WINE COOLER 114 LITERS DANBY	DWC114BLSDDSD		130.00	EA	1560.00

TOTAL UNITS 58

TOTAL COST	7185.00
TOTAL FREIGHT	.00
OTHER CHARGES	.00
TOTAL P.O.	7185.00

P.O. Approved By: _____ Date: _____

KMS, INC.
811 E. Waterman
WICHITA KS 67202
UNITED STATES
Tel: (316)-264-8833
Fax: (316)-264-7511

SALES INVOICE

SI-448809	9/19/2018

Customer

Home Owners Bargain Outlet
Oak Creek Distribution, LLC
2650 Belvidere Rd
WAUKEGAN IL 60085

Ship From Warehouse

WH-KMS MAIN
811 E. Waterman
WICHITA KS 67202
UNITED STATES
Tel: (316)-262-7048

Ship To

HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW IL 60455
UNITED STATES
Tel: (847)-263-1240
Fax: (847)-263-1232

Account	Terms	Ship Date	Cancel Date	Account Rep
187	Net 30 Days	9/19/2018	9/25/2018	DUSTIN AWE

Sales Order	PO #	Reference	Ship VIA	Page	Printed
SO-104922	N000022051	FZ	Call For Routing	1	10/30/2018 11:44:10AM

L	Item	Description	Order	Ship	Price	UM	Discount	Amount
1	6111	GRILL INDOOR ELECTRIC SMOKELESS	100	100	$24.00	EA		$2,400.00

ALL CLAIMS ON PRODUCTS MUST BE MADE WITHIN 20 DAYS OF RECEIPT OF GOODS TO 800-752-5262 EXT 209 OR RETURNS@1KMS.COM. SHORTAGE CLAIMS WILL NOT BE ALLOWED IF CARTONS ARE NOT COUNTED AND NOTED ON THE BOL AT RECEIPT. RETURN MERCHANDISE REQUIRES AUTHORIZATION PRIOR TO RETURN WITH A R.M.A. FROM KMS, INC RETURNS DEPARTMENT.

Tax Details
EXEMPT $0.000

Payment Details

Taxable	$0.00
Total Tax	$0.00
Exempt	$2,400.00
Total	$2,400.00
Payment Disc	$0.00
Paid	$0.00
Balance	$2,400.00

HOBO
HOME OWNERS BARGAIN OUTLET

HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

Page: 1

PURCHASE ORDER

P.O. #: n000022051
Store : 47

Order Date: 8/27/18
Date Due : 9/24/18
Alt. PO # :
Order Type: NORMAL
Buyer : JORI

TO: K.M.S. Inc.
811 East Waterman
Wichita KS 67202
PHONE: (316) 264-8833
FAX : (316) 264-1452

SHIP TO: HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS
KM189		F	N	HTR		HOB		NET 30 DAYS

LINE#	STORE	QTY ORD	ITEM/SKU NUMBER	DESCRIPTION	MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
			BILL TO:	HOBO 2650 BELVIDERE RD WAUKEGAN, IL 60085					
			SPECIAL INST:	FOB; WITCHITA, KS HOBO TO ROUTE. EMAIL DISPATCH@HOBOONLINE.COM TO REQUEST A ROUTING FORM					
8	C	100	1248093	* WB HEART SMART INDOOR GRILL	6111		24.00	EA	2400.00

TOTAL UNITS 100

TOTAL COST	2400.00
TOTAL FREIGHT	.00
OTHER CHARGES	.00
TOTAL P.O.	2400.00

P.O. Approved By: _____ Date: _____

VICS Standard BOL: WWW. VICS.ORG For Complete VICS BOL Guideline Information S/O# 15719, 104821, 104922

Date: 9-18-18

BILL OF LADING

Page 1 OF 1

SHIP FROM

Name: KMS INC.
Address: 811 EAST WATERMAN
City/State/Zip: WICHITA, KS 67202
FOB: ☐

Bill of Lading Number:

BAR CODE SPACE

SHIP TO

Name: HOBO Store#: 47
Address: 7557 S. 78TH AVE.
City/Sate/Zip: BRIDGEVIEW, IL 60455
Delivery Appt.: 708-924-9155
FOB: ☐

CARRIER NAME: Gregory Logistics
TRAILER# 8548
DISPATCH PHONE# 573-427-9021
SEAL NUMBER: 3503957

SCAC:
Pro number:

BAR CODE SPACE

FREIGHT CHARGES BILL TO:

Freight Charge Terms: *(freight charges are prepaid unless marked otherwise)*
Prepaid ___ Collect __X__ 3rd Party ___

SPECIAL INSTRUCTIONS:

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
N000022309	96	500	Y	N	DRIVER MUST COUNT & SIGN FOR
N000022004	57	3410	Y	N	CARTONS
N000022051	100	1450	Y	N	
			Y	N	
			Y	N	
GRAND TOTAL	253	5360			

CARRIER INFORMATION

HANDLING UNIT QTY	HANDLING UNIT TYPE	PACKAGE QTY	PACKAGE TYPE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION (Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(c) of NMFC Item 360)	LTL ONLY NMFC #	LTL ONLY CLASS
1	PLT	96	CS	500		GRILLS		
26		57		3410		MINI FRIDGES		
2		100		1450		GRILLS		
29		253		5360		GRAND TOTAL		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."

COD Amount: $ _____
Fee Terms: Collect: ☐ Prepaid: ☐
Customer check acceptable: ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. ▯ 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
Shipper Signature

SHIPPER SIGNATURE / DATE
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.
KMS INC. 9-19-18

Trailer Loaded:
X By Shipper
☐ By Driver

Freight Counted:
☐ By Shipper
☐ By Driver/pallets said to contain
X By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
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.
Property described above is received in apparent order, except as noted.

APPOINTMENT DATE AND TIME:

CARRIER'S INITIALS: 9-19-18

ARRIVAL DATE AND TIME:

OF CTNS: 253 ON # PLTS: 29

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: (27281833)
KMS, Inc.
Coface North America Insurance Company
650 College Road East, Suite 2005
Princeton, NJ 08540

Claim No: 2
Original Filed Date: 11/07/2018
Original Entered Date: 11/07/2018

Status:
Filed by: CR
Entered by: Amy Schmidt
Modified:

Amount claimed: $14799.00

History:

Details 2-1 11/07/2018 Claim #2 filed by KMS, Inc., Amount claimed: $14799.00 (Schmidt, Amy)

Description: (2-1) dcon 57401

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

Total Amount Claimed*	$14799.00
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		