

Fill in this information to identify the case:Debtor 1 Oak Creek Distribution LLCDebtor 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?	<u>Standard Furniture Mfg. Co., Inc.</u> 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?	<input type="checkbox"/> No <input type="checkbox"/> 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? <u>Coface North America Insurance Company</u> Name <u>650 College Road East, Suite 2005</u> Number Street <u>Princeton, NJ 08540</u> City State ZIP Code Contact phone <u>609-469-0459</u> Contact email <u>amy.schmidt@coface.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on ____ / ____ / ____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<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

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>7</u> <u>0</u> <u>8</u> <u>1</u>
7. How much is the claim?	\$ <u>103,633.00</u> Does this amount include interest or other charges? <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).
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. <u>Goods Sold</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <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: _____ 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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:☐ 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

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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 12/13/2018
MM / DD / YYYY

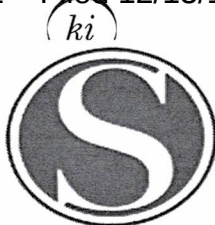
/s/ Amy Schmidt

Signature

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

Name	<u>Amy Schmidt</u>		
	First name	Middle name	Last name
Title	<u>agent</u>		
Company	<u>Coface North America Insurance Company</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>650 College Road East, Suite 2005</u>		
	Number	Street	
	<u>Princeton,</u>	<u>NJ</u>	<u>08540</u>
	City	State	ZIP Code
Contact phone	<u>609-469-0459</u>	Email	<u>amy.schmidt@coface.com</u>

Standard Furniture Mfg. Co., Inc.
P. O. Drawer 1089
Bay Minette, AL 36507-1089



STANDARD
furniture

801 Highway 31, South
Phone 251 - 937 - 6741
Fax 251 - 937 - 1178

Bridgeview Oak Creek

Owner: Leo Schmidt

Phone: 847-263-1240

Statement of Account:	INV	Order #	INV DATE	DUE DATE	AMOUNT
	642120	2326631	09/14/18	11/13/18	\$10,850.00
	642160	2326778	09/14/18	11/13/18	\$11,020.00
	688260	2339492	09/19/18	10/19/18	\$21,019.00
	688270	2339494	09/19/18	10/19/18	\$20,491.00
	8789942	2328407	08/01/18	08/31/18	\$21,416.00
	8891460	2339494	08/01/18	08/31/18	\$18,837.00
					\$103,633.00

CONFIDENTIALITY NOTE:

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Case 18-30055 Claim 19-1 Part 2 Filed 12/13/18 Desc Exhibit Page 2 of 9

Standard Furniture Mfg. Co. Inc.

P. O. Drawer 1089

801 Highway 31 South

Fax (251) 937-1178

Bay Minette, AL 36507

SHIP TO

HOBO #47
* CALL BARB FOR APPT
708-924-9155 EXT #13
7557 78TH AVE
BRIDGEVIEW

IL 60455

1
PAGE

SOLD TO

BRIDGEVIEW OAK CREEK DIST CTR
DBA HOBO #47
2650 BELVIDERE RD
WAUKEGAN

IL 60085

STORE#:

0910

SEAL# CG442327

CONTAINERS.STD IMPORT PO# 56117

CONTAINER# TCNU9140502

CUSTOMER NO.	
60590	2

DATE		
Mo.	Day	Yr.
09	14	18

SHIP VIA		SALESMAN		PURCHASE ORDER NO.		TERMS	
9/12/18 FOB		42		N000021409		S NET 60 FROM INV DATE	
LINE #	DESCRIPTION	ITEM NO.		QTY.	UNIT PRICE	EXTENDED PRICE	
2	LOVESEAT, MANUAL CONS 9401.71.0011	41-50-43-1		22	205.00	4510.00	
1	SOFA, MANUAL-DROPDOWN 9401.71.0011	41-50-96-1		23	205.00	4715.00	
3	RECLINER, GLIDER MAN 9401.71.0011	41-50-99-1		13	125.00	1625.00	
Subtotal Merchandise						10850.00	
Total Merchandise						10850.00	
Fuel Surcharge							
*TSCA TITLE VI COMPLIANT							
SUITE INGREDIENTS=====							
415000 ALBA							
415000 POPULUS							
SHIP DATE: 09/12/2018							
ORDER NUMBER		ORDER DATE		LOAD-STOP	WEIGHT	CU FT	INVOICE NUMBER
2326631-00		Mo.	Day	Yr.			
		06	21	18	-00		642120
						TOTAL AMOUNT	

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P. O. Drawer 1089

801 Highway 31 South

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SEAL# CG442327

CONTAINER# TCNU9140502

CUSTOMER NO.

60590

2

DATE

Mo

Day

Yr

09

14

18

SHIP VIA		SALESMAN		PURCHASE ORDER NO.		TERMS		
9/12/18 FOB		42		N000021409		S		
NET 60 FROM INV DATE								
LINE #	DESCRIPTION	ITEM NO.	QTY.	UNIT PRICE	EXTENDED PRICE			
	MANUFACTURER INFORMATION: ANJI COZYHOME CO LTD SHANGSHU VILLAGE, SHANGSHU TOWN, ANJI COUNTY, HUZHOU CITY, ZHEJIANG PROVINCE 303302 MID CODE: COUNTRY OF ORIGIN: CHINA							

*	PAYMENT OF THIS INVOICE MUST BE MADE				*			
*	IN U.S. DOLLARS AND PAID DIRECTLY TO:				*			
*	STANDARD FURNITURE MFG. CO, INC.				*			
*	P.O. BOX 933715				*			
*	ATLANTA, GA 31193-3715				*			
*	TO WHOM PROMPT NOTICE MUST BE GIVEN OF ANY				*			
*	MERCHANDISE RETURNS AND ANY CLAIMS OR DISPUTES.				*			
*	PLEASE INCLUDE YOUR CUSTOMER# WITH REMITTANCE.				*			
*	CUSTOMER NUMBER: 60590				*			

For customer service, call: 1-800-827-7866, or email:								
customer@sfmco.com								
ORDER NUMBER		ORDER DATE		LOAD-STOP	WEIGHT	CU FT	INVOICE NUMBER	TOTAL AMOUNT
2326631-00		Mo	Day					
		06	21	-00	10264.0		642120	U.S.\$ 10850.00
		18						

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Standard Furniture Mfg. Co. Inc.
P. O. Drawer 1089
801 Highway 31 South
Fax (251) 937-1178
Bay Minette, AL 36507

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CONTAINERS.STD IMPORT PO# 56195
SEAL# CG622611 CONTAINER# BSIU9094857

CUSTOMER NO.	
60590	2

DATE		
MO	DAY	YR
09	14	18

SHIP VIA		SALESMAN	PURCHASE ORDER NO.		TERMS	
9/12/18 FOB		42	N000021408		S	
					NET 60 FROM INV DATE	
LINE #	DESCRIPTION	ITEM NO.	QTY.	UNIT PRICE	EXTENDED PRICE	
2	LOVESEAT, MANUAL CONS 9401.71.0011	41-50-43-1	22	205.00	4510.00	
1	SOFA, MANUAL-DROPDOWN 9401.71.0011	41-50-96-1	22	205.00	4510.00	
3	RECLINER, GLIDER MAN 9401.71.0011	41-50-99-1	16	125.00	2000.00	
Subtotal Merchandise					11020.00	
Total Merchandise					11020.00	
Fuel Surcharge						
*TSCA TITLE VI COMPLIANT						
SUITE INGREDIENTS=====						
415000 ALBA						
415000 POPULUS						
SHIP DATE: 09/12/2018						
ORDER NUMBER		ORDER DATE		LOAD-STOP	WEIGHT	CU FT
2326778-00		Mo.	Day Yr.			
		06	21 18	-00		642160
INVOICE NUMBER			TOTAL AMOUNT			
642160						

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Standard Furniture Mfg. Co. Inc.

P. O. Drawer 1089

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Bay Minette, AL 36507

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STORE#:

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IL 60085

 CONTAINERS.STD IMPORT PO# 56195
 SEAL# CG622611 CONTAINER# BSIU9094857

CUSTOMER NO.

60590 2

Mo.	DATE	Yr.
09	14	18

SHIP VIA		SALESMAN		PURCHASE ORDER NO.		TERMS		
9/12/18 FOB		42		N000021408		S		
						NET 60 FROM INV DATE		
LINE #	DESCRIPTION	ITEM NO.	QTY.	UNIT PRICE	EXTENDED PRICE			
	MANUFACTURER INFORMATION: ANJI COZYHOME CO LTD SHANGSHU VILLAGE, SHANGSHU TOWN, ANJI COUNTY, HUZHOU CITY, ZHEJIANG PROVINCE 303302 MID CODE: COUNTRY OF ORIGIN: CHINA							

*	PAYMENT OF THIS INVOICE MUST BE MADE						*	
*	IN U.S. DOLLARS AND PAID DIRECTLY TO:						*	
*	STANDARD FURNITURE MFG. CO, INC.						*	
*	P.O. BOX 933715						*	
*	ATLANTA, GA 31193-3715						*	
*	TO WHOM PROMPT NOTICE MUST BE GIVEN OF ANY						*	
*	MERCHANDISE RETURNS AND ANY CLAIMS OR DISPUTES.						*	
*	PLEASE INCLUDE YOUR CUSTOMER# WITH REMITTANCE.						*	
*	CUSTOMER NUMBER: 60590						*	

	For customer service, call: 1-800-827-7866, or email: customercare@sfmco.com							
ORDER NUMBER		ORDER DATE		LOAD-STOP	WEIGHT	CU FT	INVOICE NUMBER	TOTAL AMOUNT
2326778-00		Mo.	Day	Yr.				
06		21	18	-00	10342.0		642160	U.S.\$ 11020.00

2387.6

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Standard Furniture Mfg. Co. Inc.
P. O. Drawer 1089
801 Highway 31 South
Fax (251) 937-1178
Bay Minette, AL 36507

SHIP TO

HOBO #47
* CALL BARB FOR APPT
708-924-9155 EXT #13
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DBA HOBO #47
2650 BELVIDERE RD
WAUKEGAN

IL 60085

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SALES.STD

SEAL#

CUSTOMER NO.
60590 2

Mo	Day	Yr
09	19	18

SHIP VIA		SALESMAN	PURCHASE ORDER NO.	TERMS	
9/19/18 PICK UP CUSTOMER 42			N000021728	S NET 30 FROM INV DATE	
LINE #	DESCRIPTION	ITEM NO.	QTY.	UNIT PRICE	EXTENDED PRICE
1	TABLE, LEG & FOUR CHA	13102	14	191.00	2674.00
3	LOVESEAT, MANUAL CONS	41-50-43-1	27	299.00	8073.00
2	SOFA, MANUAL-DROPDOWN	41-50-96-1	28	299.00	8372.00
4	RECLINER, GLIDER MAN	41-50-99-1	10	190.00	1900.00
Subtotal Merchandise					21019.00
Total Merchandise					21019.00
Fuel Surcharge					
*TSCA TITLE VI COMPLIANT					
SHIP DATE: 07/25/2018					
***** * PAYMENT OF THIS INVOICE MUST BE MADE * * IN U.S. DOLLARS AND PAID DIRECTLY TO: * * STANDARD FURNITURE MFG. CO, INC. * * P.O. BOX 933715 * * ATLANTA, GA 31193-3715 * * TO WHOM PROMPT NOTICE MUST BE GIVEN OF ANY * * MERCHANDISE RETURNS AND ANY CLAIMS OR DISPUTES. * * PLEASE INCLUDE YOUR CUSTOMER# WITH REMITTANCE. * * CUSTOMER NUMBER: 60590 * ***** For customer service, call: 1-800-827-7866, or email: customercare@sfmco.com					
ORDER NUMBER		ORDER DATE		LOAD-STOP	WEIGHT
2339492-00		Mo	Day	Yr	CU FT
2339492-00		07	25	18	95243
				13986.0	CU FT
				688260	INVOICE NUMBER
				U.S.\$	TOTAL AMOUNT
				21019.00	

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IL 60085

SEAL#

STORE#:

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CUSTOMER NO.	
60590	2

DATE		
Mo	Day	Yr
09	19	18

SHIP VIA		SALESMAN	PURCHASE ORDER NO.	TERMS	
9/19/18 PICK UP CUSTOMER		42	N000021724	S NET 30 FROM INV DATE	
LINE #	DESCRIPTION	ITEM NO.	QTY.	UNIT PRICE	EXTENDED PRICE
2	LOVESEAT, MANUAL CONS	41-50-43-1	25	299.00	7475.00
3	SOFA, MANUAL-DROPDOWN	41-50-96-1	34	299.00	10166.00
1	RECLINER, GLIDER MAN	41-50-99-1	15	190.00	2850.00
Subtotal Merchandise					20491.00
Total Merchandise					20491.00
Fuel Surcharge					
*TSCA TITLE VI COMPLIANT					
PLACED ON B.O. FROM 2339494 00					
SHIP DATE: 07/25/2018					

*	PAYMENT OF THIS INVOICE MUST BE MADE				*
*	IN U.S. DOLLARS AND PAID DIRECTLY TO:				*
*	STANDARD FURNITURE MFG. CO, INC.				*
*	P.O. BOX 933715				*
*	ATLANTA, GA 31193-3715				*
*	TO WHOM PROMPT NOTICE MUST BE GIVEN OF ANY				*
*	MERCHANDISE RETURNS AND ANY CLAIMS OR DISPUTES.				*
*	PLEASE INCLUDE YOUR CUSTOMER# WITH REMITTANCE.				*
*	CUSTOMER NUMBER: 60590				*

For customer service, call: 1-800-827-7866, or email:					
customer@sfmco.com					
ORDER NUMBER		ORDER DATE		LOAD-STOP	WEIGHT
2339494-50		07 25 18		95392	13313.0
				CU FT	INVOICE NUMBER
					688270
				TOTAL AMOUNT	
				U.S.\$ 20491.00	

3084.5

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 Standard Furniture Mfg. Co. Inc.
P. O. Drawer 1089
801 Highway 31 South
Fax (251) 937-1178
Bay Minette, AL 36507

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* CALL BARB FOR APPT
708-924-9155 EXT #13
7557 78TH AVE
BRIDGEVIEW

IL 60455

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 BRIDGEVIEW OAK CREEK DIST CTR STORE#:
DBA HOBO #47
2650 BELVIDERE RD
WAUKEGAN

IL 60085 0910 SALES.STD

SEAL#

 CUSTOMER NO.
60590 2

DATE		
MO	DAY	YR
08	01	18

SHIP VIA		SALESMAN	PURCHASE ORDER NO.	TERMS				
PICK UP CUSTOMER		42	N000021482	I NET 30 FROM INV DATE				
LINE #	DESCRIPTION	ITEM NO.	QTY.	UNIT PRICE	EXTENDED PRICE			
2	LOVESEAT, MANUAL CONS	41-50-43-1	28	299.00	8372.00			
1	SOFA, MANUAL-DROPDOWN	41-50-96-1	36	299.00	10764.00			
3	RECLINER, GLIDER MAN	41-50-99-1	12	190.00	2280.00			
Subtotal Merchandise					21416.00			
Total Merchandise					21416.00			
Fuel Surcharge								
*TSCA TITLE VI COMPLIANT								
MISCELLANEOUS INVOICE TO RE-BILL								
WITH CORRECTED PRICING								
SHIP DATE: 06/26/2018								

*	PAYMENT OF THIS INVOICE MUST BE MADE				*			
*	IN U.S. DOLLARS AND PAID DIRECTLY TO:				*			
*	STANDARD FURNITURE MFG. CO, INC.				*			
*	P.O. BOX 933715				*			
*	ATLANTA, GA 31193-3715				*			
*	TO WHOM PROMPT NOTICE MUST BE GIVEN OF ANY				*			
*	MERCHANDISE RETURNS AND ANY CLAIMS OR DISPUTES.				*			
*	PLEASE INCLUDE YOUR CUSTOMER# WITH REMITTANCE.				*			
*	CUSTOMER NUMBER: 60590				*			

For customer service, call: 1-800-827-7866, or email:								
customer@sfmco.com								
ORDER NUMBER		ORDER DATE		LOAD-STOP	WEIGHT	CU FT	INVOICE NUMBER	TOTAL AMOUNT
2328407-02		Mo.	Day	Yr.				
2328407-02		06	26	18		14024.0	8789942	U.S.\$ 21416.00

3247.6

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Case 18-30055 Claim 19-1 Part 2 Filed 12/13/18 Desc Exhibit Page 9 of 9

Standard Furniture Mfg. Co. Inc.
P. O. Drawer 1089
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Fax (251) 937-1178
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IL 60085

SEAL#

STORE#:

0910

SALES.STD

CUSTOMER NO.	
60590	2

Mo.	DAY	Yr.
08	01	18

SHIP VIA		SALESMAN	PURCHASE ORDER NO.	TERMS				
8/01/18 PICK UP CUSTOMER		42	N000021724	S NET 30 FROM INV DATE				
LINE #	DESCRIPTION	ITEM NO.	QTY.	UNIT PRICE	EXTENDED PRICE			
2	LOVESEAT, MANUAL CONS	41-50-43-1	29	299.00	8671.00			
1	SOFA, MANUAL-DROPDOWN	41-50-96-1	34	299.00	10166.00			
Subtotal Merchandise					18837.00			
Total Merchandise					18837.00			
Fuel Surcharge								
*TSCA TITLE VI COMPLIANT								
SHIP DATE: 07/25/2018								

* PAYMENT OF THIS INVOICE MUST BE MADE *								
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* P.O. BOX 933715 *								
* ATLANTA, GA 31193-3715 *								
* TO WHOM PROMPT NOTICE MUST BE GIVEN OF ANY *								
* MERCHANDISE RETURNS AND ANY CLAIMS OR DISPUTES. *								
* PLEASE INCLUDE YOUR CUSTOMER# WITH REMITTANCE. *								
* CUSTOMER NUMBER: 60590 *								

For customer service, call: 1-800-827-7866, or email:								
customer@sfmco.com								
ORDER NUMBER		ORDER DATE		LOAD-STOP	WEIGHT	CU FT	INVOICE NUMBER	TOTAL AMOUNT
2339494-00		Mo.	Day	Yr.				
2339494-00		07	25	18	96121	12664.0	8891460	U.S.\$ 18837.00

2930.4

** I N V O I C E **

CUSTOMER COPY

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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: (27372413) **Claim No:** 19 *Status:*
 Standard Furniture Mfg. Co., Inc. *Original Filed* *Filed by:* CR
 Coface North America Insurance *Date:* 12/13/2018 *Entered by:* Amy Schmidt
 Company *Original Entered* *Modified:*
 650 College Road East, Suite *Date:* 12/13/2018
 2005
 Princeton, NJ 08540

 Amount claimed: \$103633.00

History:

[Details](#) [19-1](#) 12/13/2018 Claim #19 filed by Standard Furniture Mfg. Co., Inc., Amount claimed: \$103633.00
 (Schmidt, Amy)

Description: (19-1) 57081

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*	\$103633.00
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		