

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 - Eastern Div

Case number 18-30055

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
DEC 26 2018

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?	<u>Steve Silver Company</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 checked="" 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>Steve Silver Co / Bruce King</u> Name <u>1000 Fm 548 North</u> Number Street <u>Forney TX 75126</u> City State ZIP Code Contact phone <u>972-564-2601 (ext 1126)</u> Contact email <u>bking@ssilver.com</u>	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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? ☐ No ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9308

7. How much is the claim? \$ 22,568.00 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)?

☒ 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 12/18/2018
MM / DD / YYYY

Bruce King
Signature

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

Name

BruceA.King

First name

Middle name

Last name

Title

CFO

Company

Steve Silver Company

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

Address

1000 FM 548 North

Number

Street

Forney

City

TX

State

75126

ZIP Code

Contact phone

972-564-2601 (ext 1126)

Email

bking@ssilver.com



1000 FM 548 NORTH
P.O. BOX 1709
FORNEY, TEXAS 75126
PHONE (972) 564-2601 FAX (888) 774-5837

REMIT TO:

Steve Silver Company
PO Box 205262
Dallas TX 75320-5262

INVOICE REPRINT

INVOICE NUMBER	PAGE NUMBER	DATE
1815523	1 of 1	07/03/18

Tag FAX P-U INFO T0- 414-762-6970

1/00000009308

HOB0

2650 Belvidere Rd.
DONT MAIL OR FAX INVOICES
EMAIL ONLY--CHECK EML BOX
Waukegan IL 60085
847-263-1240

SHIP TO

60455
Bridgeview Warehouse #47
7557 S 78th Avenue
DONT MAIL OR FAX INVOICES
EMAIL ONLY--CHECK EML BOX
Bridgeview IL 60455
414-762-1600

CUSTOMER PO NUMBER	SHIP DATE	SALESPERSON	ITEM NUMBER / DESCRIPTION	ORDERED	SHIPPED	B/O	U/M	TAX CODE	ORDER NO	W/H	FREIGHT	SHIP VIA
N000020393	07/03/18	156		SSC Net 30					C096X/00	1	C	TPU/FAX P-U
FOB: Collect												
AT850SC			Anastasia Recliner Sofa,	40	39		1	EA	0.00		299.00	EA 11,661.00
AT850LC			Anastasia Recliner Lovese	26	24		2	EA	0.00		289.00	EA 6,936.00
AT850CC			Anastasia Glider Recliner	21	19		2	EA	0.00		209.00	EA 3,971.00

PACKING LIST REQUIRED FOR ALL DELIVERIES

DO NOT MAIL OR FAX INVOICES

EMAIL INVOICES ONLY.....CHECK EMAIL BOX @ TIME OF INVOICING

FRT: HOB0 TO ROUTE, FAX P-U INFO TO 414-762-6970

TSCA TITLE VI COMPLIANT

INVOICE DUE: 08/02/18

FRT SURCH	BOXES	CUBES	MERCHANDISE	DISCOUNT	TAX	FREIGHT	TOTAL DUE
	82	3,175.80	22,568.00				22,568.00

CUSTOMER ORIGINAL

CUSTOMER SIGNATURE _____ DATE _____

Date: 07/02/18

BILL OF LADING

Page 1

SHIP FROM				Bill of Lading Number:				
Name: Steve Silver Company Address: 1000 FM 548 North City/State/Zip: Forney, TX 75126-0000 SID#: _____ FOB: <input type="checkbox"/>				Seal # 3610394 CARRIER NAME: truck pick up Trailer Number: Seal Number(s): EMH4 261473				
SHIP TO				SCAC: TPU				
Name: Bridgeview Warehouse #47 Location#: _____ Address: 7557 S 78th Avenue City/State/Zip: Bridgeview IL 60455 Contact: PENDING Phone Number: 414-762-1600 CID#: 9308/ FOB: <input type="checkbox"/>				Pro number:				
THIRD PARTY FREIGHT CHARGES BILL TO				DRIVER ASSIST				
Name: _____ Address: _____ City/State/Zip: _____				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading				
SPECIAL INSTRUCTIONS:								
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		#PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO		
N000020393		82	13,103.20	Y N		01C096X00		
GRAND TOTAL		82	13,103.20					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		82		13,103.20				70
		82	ctns	13,103.20				
				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 specially stated by the shipper to be not exceeding _____ per _____						COD Amount: \$ 0.00 Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
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, classification and rules that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that she/he is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for her/himself and her/his assigns.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;"> _____ Shipper </div>		
SHIPPER SIGNATURE/DATE			Trailer Loaded		Freight Counted		CARRIER SIGNATURE/PICKUP DATE	
This is to certify that the above named material are properly classified, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the DOT.			<input checked="" type="checkbox"/> By Shipper		<input checked="" type="checkbox"/> By Shipper		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.	
			<input type="checkbox"/> By Driver		<input type="checkbox"/> By Driver/pallets said to contain			
			<input type="checkbox"/> By Driver/Pieces					

Northern District of Illinois Claims Register

[18-30055 Oak Creek Distribution LLC](#)

Honorable Judge: Jacqueline P. Cox

Chapter: 11

Office: Eastern Division

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (27236432)

Claim No: 28

Status:

STEVE SILVER CO.

Original Filed

Filed by: CR

1000 FM 548 NORTH

Date: 12/26/2018

Entered by: Kimetha Collier

FORNEY, TX 75126

Original Entered

Modified:

Date: 12/26/2018

Amount claimed: \$22568.00

History:

[Details](#) [28-1](#) 12/26/2018 Claim #28 filed by STEVE SILVER CO., Amount claimed: \$22568.00 (Collier, Kimetha)

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

Total Amount Claimed*	\$22568.00
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		