

**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

1/3/2019

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>D-L INCENTIVES</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
<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>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>D-L INCENTIVES</u>	_____
	Name	Name
	130 COMMERCE WAY WOBURN, MA 01801	
	Contact phone <u>781-935-4389</u>	Contact phone _____
	Contact email <u>stacey@dlincentives.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>6556.00</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.  <div style="text-align: center;">Goods Sold</div>
<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. <div style="margin-left: 20px;"> <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: _____         </div>  <div style="margin-left: 20px;"> <b>Basis for perfection:</b> _____         </div>  <div style="margin-left: 20px;">         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.)       </div>  <div style="margin-left: 20px;"> <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.)       </div>  <div style="margin-left: 20px;"> <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____   <b>Annual Interest Rate</b> (when case was filed) _____ %  <input type="checkbox"/> Fixed  <input type="checkbox"/> Variable       </div>
<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>	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<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).	\$ _____
	<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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies	\$ _____
* 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 1/3/2019  
MM / DD / YYYY

/s/ Sardar Singh K Ganglani

Signature

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

<b>Name</b>	<u>Sardar Singh K Ganglani</u>		
	First name	Middle name	Last name
<b>Title</b>	<u>President</u>		
<b>Company</b>	<u>D-L Incentives, (Trade Name of Mannix World Import</u>		
	<small>Identify the corporate servicer as the company if the authorized agent is a servicer</small>		
<b>Address</b>	<u>130 Commerce Way</u>		
	<small>Number Street</small>		
	<u>Woburn, MA 01801-5183</u>		
	<small>City State ZIP Code</small>		
<b>Contact phone</b>	<u>781-935-4389</u>	<b>Email</b>	<u>stacey@dlincentives.com</u>

(A TRADE NAME OF MANNIX WORLD IMPORTS, INC)

**130 COMMERCE WAY  
WOBURN MA 01801**

Phone# 781-935-4389

Email stacey@dlincentives.com

# INVOICE

DATE	INVOICE NO.
9/11/2018	99699

SOLD TO
HOBO 2650 Belvidere Road Waukegan, IL 60085

SHIP TO
HOB0 47 7577 S. 78th Ave Bridgeview, IL 60455

**\*\*\*\*\* PLEASE NOTE OUR NEW ADDRESS\*\*\*\*\***  
**130 COMMERCE WAY, WOBURN MA 01801**  
**781-935-4389**

S.O. No.	ORDER NO.	ORDER DATE	SALESMAN	SHIPPED VIA	DATE SHIPPED	TERMS
45	22139	8/31/2018	DF	Routing	9/10/2018	Net 30
ITEM CODE	ITEM / DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	Class	AMOUNT
I397	Majestic THERMA BASE 2-IN-1 DOUBLE CLIMATE Jacket	120	EA.	14.00	Cubs	1,680.00
I398	Majestic Jacket THERMA BASE 3-IN-1 TRIPLE CLIMATE	120	EA.	14.00	Cubs	1,680.00
I398	Majestic Jacket THERMA BASE 3-IN-1 TRIPLE CLIMATE	93	EA.	14.00	Cubs	1,302.00
I398	Majestic Jacket THERMA BASE 3-IN-1 TRIPLE CLIMATE	3	EA.	14.00	Cubs	42.00
1922	Majestic S/S Imprinted 100% Cotton MLB T-Shirts	720	EA.	2.00	Brewers	1,440.00
1922	Majestic S/S Imprinted 100% Cotton MLB T-Shirts	26	EA.	2.00	Brewers	52.00
A180	Majestic A/SS 2 BTTN CREW JRSY TEE	123	EA.	2.00	White ...	246.00
A180	Majestic A/SS 2 BTTN CREW JRSY TEE	78	EA.	2.00	White ...	156.00
NOTICE: No returns for any reason will be accepted unless written permission is requested within 30 days from date of shipment. Any shortages or discrepancies must be reported within 72 hours. Interest at the rate of 1.00% per month will be charged for late		Please - PAY US SO I CAN PAY THEM AND THEY CAN PAY HIM/HER AND HE/SHE CAN PAY YOU		<b>Total</b> \$6,598.00		

*9/13 mailed*



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

TO: D-L INCENTIVES  
130 COMMERCE WAY  
WOBURN MA 01801  
PHONE: (781) 935-4389

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

# PURCHASE ORDER

P.O. #: 0000022139  
Store : 47

Order Date: 8/31/18  
Date Due : 9/12/18  
Alt. PO # :  
Order Type: NORMAL  
Buyer : JORI

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS	
DL130		F	N	HTR		HOB	10/90 AD GOODS	NET 30 DAYS	
LINE#	STORE	QTY	ORD	ITEM/SKU NUMBER	DESCRIPTION			MFG#/SPCL	SPEC ORD#
BILL TO:					HOB 2650 BELVIDERE RD WAUKEGAN, IL 60085				
SPECIAL INST:					FREIGHT-HOBO TO ROUTE-EMAIL PICK UP INFO TO dispatch@hoboonline.com				
5	C	120		1248299	CUBS THERMAL BASE JACKET			1397	
10	C	120		1248300	CUBS THERMAL BASE JACKET			1398	
15	C	120		1248301	CUBS THERMAL BASE JACKET			1399	
18	C	720		1248302	BREWERS SS TEE HARVEST GOLD			1922	
20	C	48		1248303	BREWERS SS TEE MILWAUKEE BREWERS			1922A	
26	C	144		1248304	WHITESOX 2 BUTTON HENLEY BLACK			A180	
31	C	84		1248305	WHITESOX 2 BUTTON HENLEY WHITE			A180A	

Dr V# 99099

ASN 7/7

Dr V# 99099  
ASN 7/7

TOTAL UNITS 1356

TOTAL COST 7032.00  
TOTAL FREIGHT .00  
TOTAL OTHER CHARGES .00  
TOTAL P.O. 7032.00

P.O. Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

STYLE	Color	TEAM NAME	LOGO DESC	SM	MD	LG	XL	2XL	3XL	TOTAL QTY	Location
I397	M186	Cubs	Pro Royal/Pro Scarlet	✓	9	✓18	✓33	✓33	✓27	✓120	F9+F8(w)
I398	M653	Cubs	Pro Royal/Pro Scarlet	15	✓29	✓31	✓23	✓13	✓9	✓120	F10(w)
I398	M661	Cubs	Pro Royal/Pro White	26	✓48	✓9	✓2	✓7	✓14	✓93	F9(w)
1922	MBW Brewers		HARVEST GOLD	128	✓95	✓76	✓159	✓155	✓107	✓720	G9(w)
1922	Deep Royal Brewers			✓11	✓16	✓17	✓28			✓26	48 G9(w)
A180	Pro Black White Sox				✓70	✓33	✓13	✓68	✓1	✓123	146 E2(w)
A180	Pro White White Sox			12	✓56	✓54	✓11	✓12	✓32	✓78	80

I398 M661 Cubs

XL - 1 Jacket

M - 1 Jacket

L - 1 Jacket

11000471

1) 51X41X70 20 bxs 525 lbs

2) 51X41X68 21 bxs 520 lbs

3) 42X42X54 9 bxs 403 lbs



**Shipper** DL Incentives  
**Address:** 130 Commerce Way  
 Woburn, MA 01801  
**Country:** USA  
**Contact Name:** Stacey  
**Phone No:** (781) 935-4389  
**Fax No:**

**Carrier:** Clear Lane - **Shipment Date:** 09/11/2018  
**Asset** lite  
**PO # :** N22139 **Est. Transit Days:** 4 day(s)  
**Shipper Ref #:** 45976 **Carrier PRO #:**  
**Origin Terminal:** **Destination Terminal:**  
 P:(317) 759-8346 P:(317) 759-8346

**Consignee** HOB0 Store  
**Address:** 7557 78th Ave.  
 Bridgeview, IL 60455  
**Country:** USA  
**Contact Name:** Barb  
**Phone No:** (708) 924-9155  
**Fax No:**

**Third Party Billing Information :**

**All charges prepaid to :**  
**GlobalTranz**  
**PO Box 6348**  
**Scottsdale AZ 85261**  
 Direct billing inquiries to : (866) 275-1407  
**GTZ BOL NO : 16251574**

**Comments/Special Instructions:**



Package Name	Pallets	Pieces	HM	Description	Weight	Class	Length	Width	Height	NMFC#
Pallets(40x48)	3	3		apparel	1448 lbs	125				49880
<b>Total:</b>	<b>3</b>	<b>3</b>			<b>1448 lbs</b>					

Any problems with delivery, please contact Steven Lopez at slopez@globaltranz.com or (480) 339-5802.

The authorized signatories signing this document on behalf of its company consents and bind its company to the terms and conditions found on [www.carrierrate.com](http://www.carrierrate.com).

**Shipper Certification :** I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

**Shipper's Signature:**

*Stacey Emme*

**Date:**

*9/11/18*

**Trailer#:**

**Driver's Signature:**

*Mark Chas* 3 Pallets

**Date:**

*9/11/18*

**Trailer#:**

*4853*

**Drivers Certification :** Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

**Consignee Signature:**

**Print Name:**

**Company Name:**

**Date:**

Permanent post-office address of the Shipper:

\* Mark with "X" to designate material as defined in Title 49 CFR

# 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:* (27234269)

**Claim No:** 33

*Status:*

D-L INCENTIVES

*Original Filed*

*Filed by:* CR

130 COMMERCE WAY

*Date:* 01/03/2019

*Entered by:* EPoc ADI

WOBURN, MA 01801

*Original Entered*

*Modified:*

*Date:* 01/03/2019

Amount claimed: \$6556.00

*History:*

[Details](#) [33-1](#) 01/03/2019 Claim #33 filed by D-L INCENTIVES, Amount claimed: \$6556.00 (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>	\$6556.00
<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.**

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