

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 - Eastern Div

Case number 18-30055

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
JAN -8 2019
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?

Adorable Pillows 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?

Adorable Pillows Inc.

Name

902 Essex St

Number

Street

BKlyn NY

City

State

ZIP Code

Contact phone MariaContact email maria@adorablepillows.com

Contact email

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

same

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. How much is the claim?

\$ 13360.00

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.

INV# 64924

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.

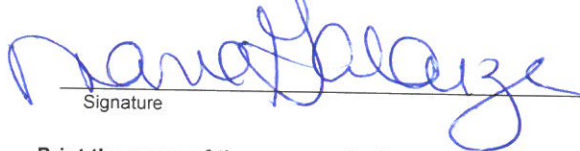
I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

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

1-2-19
MM / DD / YYYY


Signature

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

Name Maria Galarza
First name Middle name Last name

Title Office mgr.

Company Adorable Pillows Inc

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

Address 902 Essex St
Number Street

Bklyn NY 11208
City State ZIP Code

Contact phone 718-272-1722 Email Maria@adorablepillows.com

Adorable Pillows Mfg. Inc.

902 Essex Street
Brooklyn, NY 11208

Tel: 718.272.1722 ~ Fax: 718.272.1855
Website: www.adorablepillows.com
E-Mail: information@adorablepillows.com

Invoice

Date 8/1/2018

Invoice # 64924

P.O. No. LV

Bill To

Hobo
Keith Kelly
2650 Belvidere road
Waukegan, IL 60085 IL
847-263-1240

Ship To

Oak Creek Distribution LLC
401 W Marquette Ave
Oak Creek, WI 53154
WI
414-762-1600

S.O. No.	Terms	Due Date	Rep	Order Date	Ship Via	BY:
64784	Net 30	8/31/2018	H 1	3/19/2018	CT	MG
Item	Description	Qty	U/M	Rate	Amount	
6 BPA	Body Pillow-Size- 20 X 54 100 % Polyester--UPC 631682101340	84	PC	6.00	504.00	
5 MTT	Memory Foam Mattress Topper Twin Size UPC #631682102265	35	PC	30.00	1,050.00	
5 MTF	Memory Foam Mattress Topper Full Size UPC 631682102265	35	PC	38.00	1,330.00	
5 MTQ	Memory Foam Mattress Topper Queen Size UPC 631682102289	50	PC	45.00	2,250.00	
5 MTK	Memory Foam Mattress Topper King Size UPC# 631682100296	35	PC	50.00	1,750.00	
39 X 80A	Exlong Twin 39 x 80---MEMORY FOAM TOPPER	70		35.00	2,450.00	
10 UDTA	Memory Topper-Twin-100% Foam--UPC 631682100902	70	PC	7.00	490.00	
10 UDFA	Memory Topper-Full- 100 % Foam--UPC 631682100919	70	PC	8.00	560.00	
10 UDQA	Memory Topper-Queen-100 % Foam--UPC 631682100926	100	PC	9.00	900.00	
10 UDKA	Memory Topper-King-100 % Foam--UPC 631682100933	70	PC	10.50	735.00	
39 X 80A	Exlong Twin 39 x 80---MEMORY TOPPER	120		7.50	900.00	
Body CaseA	Body Pillow Case	147	PC	3.00	441.00	

427176872-3

****WE KNOW THERE IS MANY CHOICES. THANK YOU FOR CHOOSING.
ADORABLE PILLOWS!!****

***IF THERE IS ANY DISCREPANCY WITH YOUR ORDER, PLEASE NOTIFY THE OFFICE
WITHIN 24 HRS.***

Subtotal \$13,360.00
Payments/Credits \$0.00
Total **\$13,360.00**

BILL OF LADING

Page 1 of 1

SHIP FROM

Name: ADORABLE PILLOWS MFG
 Address: 902 ESSEX ST
 City/State/Zip: BROOKLYN, NY 11208
 PHONE: 718-272-1722

FOB: ☐

Bill of Lading Number:

SHIP TO

Name: HOB0
 Address: 7557 78TH AVE
 City/State/Zip: BRIDGEVIEW, IL 60445
 PHONE: 708-924-9155

FOB: ☐

CARRIER NAME: FEDEX

Trailer number:

Seal number(s):

SCA

Pro i

FedEx
Freight

427176872-3



THIRD PARTY FREIGHT CHARGES BILL TO:

Name: SURE SHOT LOGISTICS
 Address: PO BOX 7100
 City/State/Zip: HUNTINGTON WOODS, MI 48070
 QUOTE# F8235297CM28

SPECIAL INSTRUCTIONS: PO N21667

Freight Charge Terms:

Prepaid _____ Collect _____ 3rd Party ☒☐
(check box)Master Bill of Lading: with attached
underlying Bills of Lading

CUSTOMER ORDER NUMBER

PKGS

CUSTOMER ORDER INFORMATION

WEIGHT

PALLET/SLIP
(CIRCLE ONE)

ADDITIONAL SHIPPER INFO

000027667

99

3300

Y

N

Y

N

Y

N

Y

N

GRAND TOTAL

HANDLING UNIT

PACKAGE

CARRIER INFORMATION

QTY

TYPE

QTY

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.

LTL ONLY

NMFC #

CLASS

9 SKID

99 BXS

3300

PILLOWS

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, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

☐ By Shipper
☐ By Driver/pallets said to contain
☐ 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 DOT emergency response guidebook or equivalent documentation in the vehicle.

Jenome 95WS 5tc 99PLS

8-1-18

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: (27233446) ADORABLE PILLOWS MFG., INC. 902 ESSEX ST. BROOKLYN, NY 11208	Claim No: 38 <i>Original Filed</i> <i>Date: 01/08/2019</i> <i>Original Entered</i> <i>Date: 01/08/2019</i>	Status: <i>Filed by: CR</i> <i>Entered by: Kimetha Collier</i> <i>Modified:</i>
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Amount claimed: \$13360.00

History:

[Details](#) [38-1](#) 01/08/2019 Claim #38 filed by ADORABLE PILLOWS MFG., INC., Amount claimed: \$13360.00 (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*	\$13360.00
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		