

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 18-30055FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

JAN 22 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?

Park Avenue Wholesale, 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?

Park Avenue Wholesale

Name

2300 Hamburg Turnpike

Number Street

LackawannaNY14218

City

State

ZIP Code

Contact phone 716-823-0030Contact email michael@parkavenuewholesale.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. How much is the claim? \$ 9,407.00. 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.
Good 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:

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).

Amount entitled to priority

\$ _____

☐ 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 01/16/2019

MM / DD / YYYY


Signature

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

Name Michael Joel Millman
First name Middle name Last name

Title Sales Manager

Company Park Avenue Wholesale
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2300 Hamburg Turnpike
Number Street

Lackawanna NY 14218
City State ZIP Code

Contact phone 716-823-0030 Ext. 207 Email Michael@parkavenuewholesale.com

Park Avenue Wholesale, Inc.

2300 Hamburg Turnpike

Lackawanna, NY 14218

Phone #: 716 823-0030

Fax #: 716-825-5507

E-mail: sales@parkavenuewholesale.com

Web Site: www.parkavenuewholesale.com

Invoice

Date	Invoice #
9/12/2018	45892

Bill To

H.O.B.O.
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

Ship To

H.O.B.O.
STORE# 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

P.O. Number	Terms	Rep	Via	Ship	Due Date
n000021981	Net 30		LTL	9/12/2018	10/12/2018
Quantity	Item Code	Description	Price Each	Amount	
1,440	KNIT	KNIT HAT, PACKER	3.00	4,320.00	
144	KNIT	KNIT HAT, BEAR	3.00	432.00	
76	SCARF	SCARF, BEAR	3.00	228.00	
39	SCARF	SCARF, BLACKHAWK	3.00	117.00	
120	KNIT	KNIT HAT, BULL KIDS	0.50	60.00	
120	GLOVES	GLOVES, BULL KIDS	0.50	60.00	
1,000	TS3	T-SHIRT, ASST. CHICAGO	3.00	3,000.00	
120	HOODIE	HOODIE, CUB WS	3.00	360.00	
500	T-SHIRT	T-SHIRT, IL	1.00	500.00	
120	TS2.75	T-SHIRT, DATED CUB MESH	2.75	330.00	
				Total	\$9,407.00



TO: PARK AVENUE WHOLESALE
2300 HAMBURG TURNPIKE
LACKAWANNA, NY 14221
PHONE: (716) 823-0030

HOB0 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

SHIP TO: HOB0 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

PURCHASE ORDER

P.O. #: n0000021981
Store : 47

Order Date: 8/21/18
Date Due : 9/7/18
Alt. PO # :
Order Type: NORMAL
Buyer : JORI

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS	Alt. PO # :	Order Type: NORMAL	Buyer : JORI		
PA230		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:													
HOB0 2650 BELVIDERE RD WAUKEGAN, IL 60085													
FREIGHT-HOB0 TO ROUTE-EMAIL PICK UP INFO TO dispatch@hoboonline.com													
SPECIAL INST:													
3	C	1440		1247594		GREEN BAY PACKERS KNIT HAT	PACKERSHAT			3.00	EA		4320.00
5	C	144		1247595		GREEN BAY PACKERS KNIT SCARF	PACKERSSCARF			3.00	EA		432.00
10	C	144		1247596		CHICAGO BEARS KNIT HAT	BEARSHAT			3.00	EA		432.00
15	C	144		1247597		CHICAGO BEARS KNIT SCARF	BEARSSCARF			3.00	EA		432.00
21	C	144		1247598		CHICAGO BLACKHAWKS SCARF	BLACKHAWKS			3.00	EA		432.00
26	C	120		1247599		CHICAGO BULLS KIDS KNIT HAT	BULLSKIDHAT			.50	EA		60.00
31	C	120		1247600		CHICAGO BULLS KIDS GLOVE	BULLSKIDGLOVE			.50	EA		60.00
36	C	1000		1247601		CHICAGO TEAM TEES ASSORTED	TEECHICAGO			3.00	EA		3000.00
41	C	150		1247602		CUBS WORLD SERIES HOODY	HOODCUBSWS			3.00	EA		450.00
46	C	500		1247603		IL MOUNTAIN TEES	MOUNTAINTEES			1.00	EA		500.00
51	C	120		1247604		DATED CUBS MESH TEE	DATEDCUBSMESH			2.75	EA		330.00

TOTAL UNITS 4026

TOTAL COST 10448.00
TOTAL FREIGHT .00
OTHER CHARGES .00
TOTAL P.O. 10448.00

P.O. Approved By:

Date:

PHONE: 708-924-9155 EXT 17

SCHEDULE INBOUND APPOINTMENTS:
INBOUND@HOBBOONLINE.COM
(708)924-9155 EXT #13

DATE: 9/12/18

SPECIAL INSTRUCTIONS

Y X N Please indicate if PO is ready to ship complete (i.e. shipping ALL locations, NO backorder)

Y__N_X Please indicate if product is FLOORLOADED.

PLEASE FAX OR E-MAIL TO BARB BRAASCH - BBRAASCH@HOBOONLINE.COM

Store #21
800 S. 108th St
West Allis, WI 53214
414-302-4626
KELLY

STORE #22	Store #23
7630 ROOSEVELT ROAD	1693 Plainfield Road
FOREST PARK, IL 60130	Crest Hill, IL 60435
708-488-9800	815-730-8340
TALION	DOUG/JOHN

Store #24
2650 Belvidere Rd
Waukegan, IL 60085
847-263-1612
DAN

Store#25
8716 S Cicero Ave
Oak Lawn, IL 60453
708-423-4656
BILL

Store #26	Store #27
250 W North Ave	3545 S 27th St
Villa Park, IL 60181	Milwaukee, WI 53221
630-833-3200	414-643-1226
RENE	ZACH

#47 / BVDC
7557 78th Ave
Bridgeview, IL 60455
708 924-9155 EXT 13
HEATHER

Straight Bill Of Lading -Short Form - Original - Not Negotiable

This form contains only the information necessary for the motor carrier to deliver, rate and invoice the shipment described below.
The shipper and/or consignee are the clients of Online Freight Services, Inc.(OFS) a third party logistics service and payor of the freight bill. All agreements between the carrier and OFS are contained in a signed contract agreement.

Ship Date: 9/13/2018

BOL #: OFS-818884

Shipper		Consignee	
Shipper #:		Name:	HOBO
Name:	Park Avenue Wholesale	Address:	7557 78th Ave
Address:	2300 Hamburg Turnpike	City:	Bridgeview St: IL Zip: 60455
City:	Lackawanna St: NY Zip: 14218	Loc Type:	Business
Loc Type:	Business	Phone:	(708) 924-9155
Phone:	(716) 823-0030	PO/Ref #:	
PO/Ref #:	N21981	Options:	
Options:		Delivery	Between 10:00AM and 4:00PM
Pickup	Between 9:00AM and 3:30PM		
Service Options		Third Party Invoicee	
		Name:	Echo Global Logistics
		Address:	600 W. Chicago Avenue, Suite 725
		City:	Chicago St: IL Zip: 60654
		Attn:	LTL Support

Echo Global Logistics is not liable for any accessorial charges unless pre-approved by ECHO or noted on this bill of lading.
Contact Echo Global Logistics @ (800) 284-2603 with any problems during shipping.

Hazardous Materials Emergency Contact Number:

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:

Shipment Value: \$ _____

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

Handling Unit		Packaging		HM	Product Desc	Weight	Class	NMFC Item #
Qty	Type	Qty	Type					
2	Pallets	30	Boxes		Clothing	1349	110	49880

Special Instructions

Spot Quote #: LTL

The shipper hereby declares that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled/placarded and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Shipper Signature: _____ Date: 9/13/18 Seal #: _____

Driver hereby certifies the product is in good order and the quantity stated has been verified by driver. As a representative of the carrier, driver agrees the carrier accepts full responsibility for any and all damages and/or shortages.

Carrier: YRC Freight 2 sup stc 30 Driver Cell #: _____
Driver Signature: _____ Date: 9/13/18 Trailer #: _____

Consignee - Inspect before signing. Upon signing this bill of lading unless noted, you are certifying all product was received in good condition and all product listed was delivered with no shortage or damage.

Consignee Signature: _____ Date: _____ Seal #: _____



PICK UP DATE	DESTINATION	RATE CODE	ITEM/TENDER NO.	PAGE
09-13-18	309-2	/I2	886A..54	01 OF 02
P.O. NO. / DEPT. NO.				ADV CA/CL CODE
N21981				
PARK AVENUE WHOLESALE			SHIPPER CODE	BEY CA/CL CODE
2300 HAMBURG TPKE			6737	
LACKAWANNA NY 14218			SERVICE	EXCER.
HOB0			CONS. CODE	
7557 S 78TH AVE			9634	
BRIDGEVIEW IL 60455			CACN	BOO

YRC
205

YRC TARIFFS LIMIT CARRIER'S LIABILITY.
ALL FREIGHT RECEIVED IN GOOD ORDER AND
SHRINKWRAP/BANDING INTACT UNLESS NOTED

SEP 17 2018

RECEIVED BY - PRINTED NAME DATE

SIGNED: TIME PD

UNIT NO.	CHKR #	H/U	LOCATION	CHKR #	H/U	DOOR	UNIT NO.
140281			24BWB			421	

DFS-818884

NEEDS APPT

PRO 735-199717-X

NO. H/U	PKG.	HM	DESCRIPTION OF ARTICLES
2	PLT		CLOTHING NMFC=99999815 CLC110
			30 BOX
			PERCENT DISCOUNT
			(OUTBOUND)
			WEIGHT INSPECTION CHARGE
			GENERAL SURCHARGE (FUEL/FRT)
2	TTL	////	FREIGHT
			STC

DELIVERY RECEIPT

CHARGES

CODE	WEIGHT (LB.)	RATE	CHARGES
C110	1410		
REWT			
TTL	1410		PPD

DELIVERY SERVICES PROVIDED NOT LISTED ABOVE - ADDITIONAL FEES MAY APPLY

☐ LIFTGATE ☐ SORT/SEGREGATION ☐ LIMITED ACCESS

☐ INSIDE DELIVERY ☐ RESIDENTIAL DELIVERY ☐ OTHER

YRC Freight
10990 Roe Ave Overland Park, KS 66211-2000
(EIN 34-0492670) (RDWY)

Customer Service Center:
1.800.610.6500

PICK UP DATE	DESTINATION	RATE CODE	ITEM/TENDER NO.	PAGE
09-13-18	309-2	/I2	886A..54	02 OF 02
P.O. NO. / DEPT. NO.				ADV CA/CL CODE
N21981				
PARK AVENUE WHOLESALE			SHIPPER CODE	BEY CA/CL CODE
2300 HAMBURG TPKE			6737	
LACKAWANNA NY 14218			SERVICE	EXCER.
HOB0			CONS. CODE	
7557 S 78TH AVE			9634	
BRIDGEVIEW IL 60455			Q.053	
			CACN	BOO

PRO 735-199717-X

YRC
205

YRC TARIFFS LIMIT CARRIER'S LIABILITY.
ALL FREIGHT RECEIVED IN GOOD ORDER AND
SHRINKWRAP/BANDING INTACT UNLESS NOTED

9/17/18

RECEIVED BY - PRINTED NAME DATE

SIGNED: TIME

UNIT NO.	CHKR #	H/U	LOCATION	CHKR #	H/U	DOOR	UNIT NO.
140281			24BWB			421	B1

DFS-818884

NEEDS APPT

PRO 735-199717-X

NO. H/U	PKG.	HM	DESCRIPTION OF ARTICLES
			Q: 708-924-9155
			PAYER FOR SHIPPER:
			ECHOGLOBAL LOGISTICS
			600 W CHICAGO AVE STE 725
			CHICAGO IL 60654
			PO=N21981
			LD#: 3322054

DELIVERY RECEIPT

NAME: *Mulder*

SIGNATURE: *Mulder*

DATE: 9-17-18

PO# 21021

PCS: 2

SKIDS: 10 - IN OUT ALTO

APPT 10 -

DRIVER: PDDP

DELIVERY SERVICES PROVIDED NOT LISTED ABOVE - ADDITIONAL FEES MAY APPLY

☐ LIFTGATE ☐ SORT/SEGREGATION ☐ LIMITED ACCESS

☐ INSIDE DELIVERY ☐ RESIDENTIAL DELIVERY ☐ OTHER

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: (27235817) **Claim No:** 56 *Status:*
PARK AVENUE WHOLESale *Original Filed* *Filed by:* CR
2300 HAMBURG TURNPIKE *Date:* 01/22/2019 *Entered by:* Kimetha Collier
LACKAWAANA, NY *Original Entered* *Modified:*
14221 *Date:* 01/22/2019

Amount claimed: \$9407.00

History:

[Details](#) [56-1](#) 01/22/2019 Claim #56 filed by PARK AVENUE WHOLESale, Amount claimed: \$9407.00
(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*	\$9407.00
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		