

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

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? Hodedah Import 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? | Where should payments to the creditor be sent? (if different) |
| | <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> | _____ 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: 8 3 3 8

7. How much is the claim? \$ 42,435.00. 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:

| | |
|---|---|
| <input type="checkbox"/> 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 \$ _____ |
| <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 4/01/19 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 02/20/2019
MM / DD / YYYY

/s/ Amy Schmidt
Signature

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

Name Amy Schmidt
First name Middle name Last name

Title agent

Company Coface North America Insurance Company
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 650 College Road East, Suite 2005
Number Street

Princeton NJ 08540
City State ZIP Code

Contact phone 609-469-0459 Email amy.schmidt@coface.com



HODEDAH IMPORT INC.
 2306 CONEY ISLAND AVE 2ND FL
 BROOKLYN NY 11223
 TEL: 718-456-0505
 INVOICES@HODEDAH.COM
 WWW.HODEDAH.COM

Invoice

| | |
|-----------|-----------|
| Date | Invoice # |
| 8/16/2018 | 200043 |

| |
|--|
| Bill To |
| HOBO 2650 BELVIDERE RD WAUKEGAN IL 60085 |

| |
|---|
| Ship To |
| HOBO 47 7557 S. 78TH AVE BRIDGEVIEW, IL 60455 708-924-9155 |

| | | | |
|----------|--------|-----|----------|
| P.O. No. | Terms | Rep | Ship Via |
| n21876 | NET 60 | D.K | PICK UP |

| Box | Qty | Item | Description | Rate | UPC | Amount |
|-----|-----|------------------|----------------------------|-------|--------------|----------|
| 40 | 40 | HI910 T CHARCOAL | TWIN METAL BED - CHARCOAL | 55.00 | 812183013391 | 2,200.00 |
| 35 | 35 | HI910 F CHARCOAL | FULL METAL BED - CHARCOAL | 60.00 | 812183013490 | 2,100.00 |
| 73 | 73 | HI910 Q CHARCOAL | QUEEN METAL BED - CHARCOAL | 65.00 | 812183013544 | 4,745.00 |
| 30 | 30 | HI910 T WHITE | TWIN METAL BED - WHITE | 55.00 | 812183013438 | 1,650.00 |
| 25 | 25 | HI910 F WHITE | FULL METAL BED - WHITE | 60.00 | 812183013063 | 1,500.00 |
| 35 | 35 | HI910 Q WHITE | QUEEN METAL BED - WHITE | 65.00 | 812183013506 | 2,275.00 |
| 66 | 66 | HID8300 BLACK | 2 DOOR WARDROBE - BLACK | 35.00 | 812183014640 | 2,310.00 |
| 75 | 75 | HID8300 CHERRY | 2 DOOR WARDROBE - CHERRY | 35.00 | 812183012981 | 2,625.00 |
| 118 | 118 | HID8300 MAHOGANY | 2 DOOR WARDROBE - MAHOGANY | 35.00 | 812183015739 | 4,130.00 |

| | | |
|--|-------------------------|-------------|
| Company Policies: - All customers picking up merchandise from our warehouse must check their order before accepting the goods. Once you have left the warehouse Hodedah Import is not responsible for any damaged or missing items. - All customers accepting deliveries from Hodedah Import drivers must check complete order before signing the invoice. Once the invoice is signed Hodedah Import is not responsible for any damaged or missing items. - Hodedah Import is not responsible for ANY damaged goods once the merchandise has left our warehouse. We do NOT accept any returns nor are we required to supply any parts. | Total | \$23,535.00 |
| | Payments/Credits | \$0.00 |
| | Balance Due | \$23,535.00 |



HODEDAH IMPORT INC.
 2306 CONEY ISLAND AVE 2ND FL
 BROOKLYN NY 11223
 TEL: 718-456-0505
 INVOICES@HODEDAH.COM
 WWW.HODEDAH.COM

Invoice

| | |
|-----------|-----------|
| Date | Invoice # |
| 9/21/2018 | 200749 |

| |
|--|
| Bill To |
| HOBO 2650 BELVIDERE RD WAUKEGAN IL 60085 |

| |
|---|
| Ship To |
| HOBO 47 7557 S. 78TH AVE BRIDGEVIEW, IL 60455 708-924-9155 |

| | | | |
|----------|--------|-----|----------|
| P.O. No. | Terms | Rep | Ship Via |
| n22240 | NET 60 | D.K | PICK UP |

| Box | Qty | Item | Description | Rate | UPC | Amount |
|-----|-----|-------------------|------------------------------|-------|--------------|----------|
| 168 | 84 | STARTER BEECH | TABLE & 4 CHAIRS - BEECH | 75.00 | 812183011922 | 6,300.00 |
| 168 | 84 | STARTER CAPPUCINO | TABLE & 4 CHAIRS - CAPPUCINO | 75.00 | 812183014121 | 6,300.00 |
| 168 | 84 | STARTER MAHOGANY | TABLE & 4 CHAIRS - MAHOGANY | 75.00 | 812183011939 | 6,300.00 |

Company Policies:
 - All customers picking up merchandise from our warehouse must check their order before accepting the goods. Once you have left the warehouse Hodedah Import is not responsible for any damaged or missing items.
 - All customers accepting deliveries from Hodedah Import drivers must check complete order before signing the invoice. Once the invoice is signed Hodedah Import is not responsible for any damaged or missing items.
 - Hodedah Import is not responsible for ANY damaged goods once the merchandise has left our warehouse. We do NOT accept any returns nor are we required to supply any parts.

| | |
|-------------------------|-------------|
| Total | \$18,900.00 |
| Payments/Credits | \$0.00 |
| Balance Due | \$18,900.00 |

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: (27569317) **Claim No:** 82 *Status:*
Hodedah Import Inc. *Original Filed* *Filed by:* CR
Coface North America Insurance *Date:* 02/21/2019 *Entered by:* Amy Schmidt
Company *Original Entered* *Modified:*
650 College Road East, Suite *Date:* 02/21/2019
2005
Princeton, NJ 08540

Amount claimed: \$42435.00

History:

[Details](#) [82-1](#) 02/21/2019 Claim #82 filed by Hodedah Import Inc., Amount claimed: \$42435.00 (Schmidt, Amy)

Description: (82-1) dcon 58338

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* | \$42435.00 |
| 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 | | |