

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?	<u>Creative Pet Group, LLC</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small> 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? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	Where should notices to the creditor be sent? <u>Coface North America Insurance Company</u> <small>Name</small> <u>650 College Road East, Suite 2005</u> <small>Number Street</small> <u>Princeton, NJ 08540</u> <small>City State ZIP Code</small> Contact phone <u>609-469-0459</u> Contact email <u>amy.schmidt@coface.com</u> <small>Uniform claim identifier for electronic payments in chapter 13 (if you use one):</small> _____	Where should payments to the creditor be sent? (if different) <small>Name</small> _____ <small>Number Street</small> _____ <small>City State ZIP Code</small> Contact phone _____ Contact email _____
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 _____ <div style="text-align: right;"><small>MM / DD / YYYY</small></div>	
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: 8 5 0 4

7. How much is the claim? \$ 5,256.00. 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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check one:

☐ 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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	<u>Amy Schmidt</u>		
	First name	Middle name	Last name
Title	<u>agent</u>		
Company	<u>Coface North America Insurance Company</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>650 College Road East, Suite 2005</u>		
	Number	Street	
	<u>Princeton</u>	<u>NJ</u>	<u>08540</u>
	City	State	ZIP Code
Contact phone	<u>609-469-0459</u>	Email	<u>amy.schmidt@coface.com</u>

5:00 PM

01/15/19

Accrual Basis

CREATVIE PET GROUP,LLC
Customer Open Balance
All Transactions

Type	Date	Num	Memo	Due Date	Open Balance	Amount
HOBO						
Invoice	08/30/2018	8228	Sales Order #...	09/29/2018	5,256.00	5,256.00
Total HOBO					5,256.00	5,256.00
TOTAL					<u>5,256.00</u>	<u>5,256.00</u>

Creative Pet Group LLC.
 43 West 33rd Street
 Suite 506
 New York, NY 10001
 Telephone: 646-863-8029

LT# / Invoice #

8228

ACCOUNT #

HOB001

Bill To

HOB0
 2650 BELVIDERE RD
 WAUKEGAN, IL 60085

Ship To

HOB0 #47
 7557 S 78TH AVE
 BRIDGEVIEW, IL 60455

Terms	FOB	Ship Via	Customer PO #	Sales Person	Dept #	Ship Date	Due Date
NET 30 DAYS	NJ		N000022010	HA		8/30/2018	9/5/2018

Item Number	Description	Units	Cartons	Master Pack	Inner Pack	Master Carton	Inner Carton	U.Price	Total
CPGAKC-04	CPGAKC-04 PET GATE NATURAL	36	6	6		6	0	\$10.50	\$378.00
MR200L-ASST	MR200L-ASST LARGE JACKET	288	4	72	12	4	0	\$2.25	\$648.00
MR200M-ASST	MR200M-ASST MEDIUM JACKET	288	4	72	12	4	0	\$2.25	\$648.00
MR200S-ASST	MR200S-ASST SMALL JACKET	288	4	72	12	4	0	\$2.25	\$648.00
MR300L-ASST	MR300L-ASST LARGE JACKET	288	4	72		4	0	\$2.25	\$648.00
MR300M-ASST	MR300M-ASST MEDIUM JACKET	288	4	72		4	0	\$2.25	\$648.00
MR300S-ASST	MR300S-ASST SMALL JACKET	288	4	72		4	0	\$2.25	\$648.00
CPGAKC-03	CPGAKC-03 PET GATE BLACK	36	6	6		6	0	\$10.50	\$378.00
CPGAKC-05	CPGAKC-05 NATURAL WOODEN GATE	36	6	6		6	0	\$8.50	\$306.00
CPGAKC-06	CPGAKC-06 DARK BROWN WOODEN GATE	36	6	6		6	0	\$8.50	\$306.00
Total		1872	48			48	0		\$5256.00

NO RETURNS ACCEPTED OR CLAIMS ALLOWED AFTER 5 DAYS FROM RECEIPT OF GOODS. OUR RECEIVING DEPARTMENT WILL NOT ACCEPT ANY MERCHANDISE UNLESS OUR WRITTEN AUTHORIZATION HAS BEEN ISSUED.

Goods Delivered to Express Agency, Freight Lines or any Common carrier at Purchaser's risk

Continuing Guarantees under the Textile Fiber Products Identification Act, Filled with Federal Trade Commission.

Total Master Cartons: 48			
Total Inner Cartons: 0			
Total Cartons: 48	Total Weight: 1480.00	Total Pieces: 1872.00	

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: (27569319) **Claim No:** 83 *Status:*
Creative Pet Group, LLC *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: \$5256.00

History:

[Details](#) [83-1](#) 02/21/2019 Claim #83 filed by Creative Pet Group, LLC, Amount claimed: \$5256.00 (Schmidt, Amy)

Description: (83-1) dcon 58504

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*	\$5256.00
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		