

Fill in this information to identify the case:

Debtor 1 OL Enterprises LLCDebtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Northern District of Illinois - Eastern Div

Case number 18-30056

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
DEC 26 2018

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?

TERRY SMITH

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?

TERRY SMITH

Name

9525 S. KEDZIE AVE #1B

Number

Street

EVERGREEN PK IL 60805

City

State

ZIP Code

Contact phone 773-710-7887Contact email dachelle96@att.net

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? \$ 178.74 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.

SPECIAL ORDER CUSTOM CABINET PURCHASE

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 12/20/2018
MM / DD / YYYY

Terry D Smith
Signature

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

Name

TERRY
First name

D.
Middle name

SMITH
Last name

Title

Company

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

Address

9525 S. KEDZIE AVE #1B
Number Street

EVERGREEN PK
City

IL
State

60805
ZIP Code

Contact phone

773-710-7887

Email

dachelle96@att.net

PAGE NO: 1

HOBO 25
8716 S CICERO
OAK LAWN, IL

PHONE: (708) 423-4656

SOLD TO: TERRY SMITH
9525 S. KEDIZE AVE
UNIT 1 B
EVERGREEN PARK IL 60805

CUSTOMER: 86245
TERMS: CASH/CHECK/BANKCARD

JOB: 000

DATE / TIME: 10/13/18 10:58
CLERK: MMCH
TERMINAL: 108

773-710-7887 REFERENCE: HC K* KWC JTM WHITE CG 1

ORDER: 316435/R

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOKW	SPECIAL ORDER KWP CHOICE Kountry Wood Select Custom Kitchen Cabinets are SPECIAL ORDER. Cancellations within 48 hours are subject to a mandatory 10% restocking fee. After 48 hours absolutely no cancellations or returns will be accepted. Any modifications / alterations to the design may be subject to an additional charge and delay estimated delivery. Free delivery available within the		162.86	/EA	162.86

CONTINUED...



*CABINET WAS NEVER
DELIVERED!
NEVER RECEIVED THIS ORDER!!

PAGE NO: 2

**HOB0 25
8716 S CICERO
OAK LAWN, IL**

PHONE: (708) 423-4656

SOLD TO:
TERRY SMITH
9525 S. KEDIZE AVE
UNIT 1 B
EVERGREEN PARK

CUSTOMER: 86245

TERMS: CASH/CHECK/BANKCARD

JOB:000

DATE / TIME: 10/13/18

10:58

CLERK: MMCH

TERMINAL: 108

773-710-7887 REFERENCE: HC K* KWC JTM WHITE CG 1

60805

EVERGREEN PARK IL

ORDER: 316435/R

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
			Chicago and Milwaukee metro areas subject to a minimum purchase of four cabinets. Please allow 4-6 weeks for delivery. See design contract for additional terms and conditions.				
			QTY 1 -W1530 JAMESTOWN WHITE APPLICATION ID IS 6124291 AUTHORIZATION CODE IS SAD6ED				
HELP CARD			178.74				
					TAXABLE		162.86
					NON-TAXABLE		0.00
					SUB-TOTAL		162.86
					TAX AMOUNT		15.88
					TOTAL		178.74

DEPOSIT AMT
BALANCE DUE

178.74
0.00

HELP CARD

178.74

DEPOSIT AMT
BALANCE DUE

178.74
0.00

X



THANK YOU FOR SHOPPING AT HOBO
HOBO 25
8716 S CICERO
OAK LAWN, IL
(708) 423-4656

10/13/18 10:58AM MMCH 108 ORDER

SUB-TOTAL:\$ 162.86 TAX:\$ 15.88
TOTAL:\$ 178.74
HELP CARD USD\$ 178.74
DEPOSIT : 178.74



ORDER# 315435/25
CUST NO: 86245
Customer Copy

Acct: TERRY SMITH
REF: HC K* KWC JTM WHITE CG 1
ALL RETURNS AND EXCHANGES MUST BE IN
ORIGINAL CONDITION IN FACTORY SEALED
CARTON AND ACCOMPANIED BY ORIGINAL
REGISTER RECEIPT WITHIN 30 DAYS OF
PURCHASE.

HOBO RESERVES THE RIGHT TO DENY ANY
RETURN OR EXCHANGE AND MAY REQUEST
IDENTIFICATION AS A CONDITION OF RETURN
OR EXCHANGE.

SPECIAL ORDER, CUSTOM, AND
MANUFACTURER DIRECT ITEMS ARE
NON-REFUNDABLE.

GIFT CARDS ARE NON-REFUNDABLE AND LOST
OR STOLEN GIFT CARDS ARE
NON-REPLACEABLE.

PLEASE SEE FULL RETURN POLICY FOR
ADDITIONAL EXCLUSIONS / LIMITATIONS
- Text BARGAIN to 555888 to join the
Bargain Squad and receive exclusive
subscriber benefits and savings!!!

Northern District of Illinois Claims Register

[18-30056 OL Enterprises LLC](#)

Honorable Judge: Jacqueline P. Cox

Chapter: 11

Office: Eastern Division

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (27242232)

Claim No: 14

Status:

TERRY SMITH

Original Filed

Filed by: CR

9525 S. KEDIZE AVE UNIT 1B

Date: 12/26/2018

Entered by: Kimetha Collier

EVERGREEN PARK, IL

Original Entered

Modified:

60805

Date: 12/26/2018

Amount claimed: \$178.74

History:

[Details](#) [14-1](#) 12/26/2018 Claim #14 filed by TERRY SMITH, Amount claimed: \$178.74 (Collier, Kimetha)

Description:

Remarks:

Claims Register Summary

Case Name: OL Enterprises LLC

Case Number: 18-30056

Chapter: 11

Date Filed: 10/25/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$178.74
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		