

**Fill in this information to identify the case:**

Debtor 1 OL ENTERPRISES LLC

Debtor 2 (Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: NORTH District of IL, EAST DIVISION

Case number 18-30056

**FILED**  
 UNITED STATES BANKRUPTCY COURT  
 NORTHERN DISTRICT OF ILLINOIS  
**JAN -2 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?** MARIE F. JUTTON  
 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?** **Where should notices to the creditor be sent?** **Where should payments to the creditor be sent? (if different)**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

MARIE F. JUTTON Name \_\_\_\_\_  
2942 S. HOMAN AVE. Street \_\_\_\_\_  
CHICAGO IL 60652 Number Street  
 City State ZIP Code  
773-852-0917 Contact phone \_\_\_\_\_  
Mjutton1@AOL.COM 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? \$ 1116.00 Does this amount include interest or other charges?  
 Hourly Rate of Pay \$15.50 x 72 Hours  No  
 EQUALS AMOUNT OF CLAIM FOR 9 DAYS UNUSED VACATION TIME  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.

UNUSED VACATION DAYS EARNED FROM WORKING 7/29/17 TO 7/29/18

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.

- |   |   |
|---|---|
| <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<br>\$ _____ |
| <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 checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.<br>UNUSED VACATION DAYS (9 DAYS)   | \$ 116.00                               |

\* 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

Marie F. Jutton  
 Signature

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

Name MARIE F. JUTTON  
First name Middle name Last name

Title \_\_\_\_\_

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

Address 7942 So. HOMAN AVE.  
Number Street

CHICAGO IL 60632  
City State ZIP Code

Contact phone 773-852-0917 Email Mjutton1@AOL.COM



Full Time (Hourly Non-Exempt)  
FULL TIME BENEFITS - 11/1/2017

D.O.B 7/29/2009

### Flexible Spending Account

**Carrier:** WageWorks  
**Website:** <https://www.myspendingaccount.wageworks.com/welcome/portallandingpage.aspx>  
**Phone:** 800.654.6695  
**Group #:** 23462



**Flexible Spending Accounts (FSA)** – An FSA allows you to put pre-tax dollars into an account to pay for you and your family's medical expenses such as doctors office visits, hospital visits, prescription drugs, dental services and vision services. Another electable option for your FSA is to pay for eligible dependent care expenses throughout the year. Care must be provided by a licensed professional/facility recognized by the state. The money must be used for qualifying expenses during the calendar year but you are allowed to carry over a maximum of \$500 into the next calendar year.

- Plan details:**
- Pay for out of pocket expenses with pre-tax dollars
  - Elect up to \$2,650 per year in your medical flexible spending account for unreimbursed medical expenses
  - Elect up to \$5,000 per year in your dependent care flexible spending account for dependent care expenses

### FMLA Source

**Carrier:** FMLASource  
**Website:** [www.fmlasource.com](http://www.fmlasource.com)  
**Phone:** 877.462.3652  
**Fax:** 877.309.0218  
**Email:** [FMLACenter@FMLASource.com](mailto:FMLACenter@FMLASource.com)



Are you facing one of the following?

- Birth of a child
- Care for an injured service member
- Adoption or foster care
- Care for your own serious health condition
- Care for a child, spouse or parent with serious health conditions

FMLASource provides employees with quick access to experts who will answer questions, review guidelines and provide information regarding a job protected medical or family leave of absence. Please contact FMLASource for information and forms required for your leave.

Answers when you have questions. Guidance when you need support.



### Vacation Pay, Sick Pay, and Holiday Pay

#### Vacation Pay:

- 1st Full-Time Anniversary: 1 week
- 2 years to 4 years Full-Time Anniversary: 2 weeks
- 5 years or more Full-Time Anniversary: 3 weeks
- \* Vacation pay is issued annually on the anniversary of the employee's full-time date of employment

#### Sick Pay:

- Sick days are provided for illness of the employee. Employees should use their vacation days for non-illness related time off
- All employees earn 4 paid sick days per year and can carry over and accumulate up to 12 days total to help cover the loss of your earning power due to sickness or injury
- Sick time is issued annually on the anniversary of the employee's full-time date of employment.

#### Holiday Pay:

- Employee's must complete 90 days of full-time employment to be eligible for holiday pay.
- All full-time employee's are eligible to receive 8 hours of holiday pay for all eligible holidays.
- Holidays include: Easter, Thanksgiving, Christmas

### 401(k) Retirement Plans

**Carrier:** Nationwide  
**Website:** [www.nationwide.com/myretirement](http://www.nationwide.com/myretirement)  
**Phone:** 800.772.2152  
**Plan Name:** KLS Acquisition Corporation 401(k) Plan  
**Case #:** B32-80000



**Third Party Administrator:** Hessel & Associates, U.L.C.  
**Website:** [www.hesselplan.com](http://www.hesselplan.com)  
**Phone:** 847.914.0450  
**Fax:** 847.914.0452  
**Hours:** 7:30 a.m. to 3:30 p.m. Monday-Friday CST  
**Address:** 300 Tri-State International Dr., Ste. 190 Lincolnshire, IL 60069



- Employees who are at least 21 years of age, have been employed for one year, and have worked at least 1,000 hours will be auto-enrolled to contribute 3% of your gross pay on a pre-tax basis to a Tax Deferred Annuity Plan
- Your contribution will increase by 1% annually up to a maximum contribution of 15%
- You can elect to contribute more, opt out, or stop contributions at any time
- Traditional and Roth 401(k) options are available
- Your maximum annual contribution is limited by IRS rules and varies year to year
- See full plan for details

### Employee Discounts

**Employee Discount** – All HOBO employees may purchase company merchandise at a 10% discount for themselves or eligible household members.

### Online Training

HOBO employees may access their training online by visiting the website: <https://hoboonline.thinkzoom.com>

# 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:* (27419288)

**Claim No:** 17

*Status:*

Marie Jutton

*Original Filed*

*Filed by:* CR

7942 S. Homan Ave

*Date:* 01/02/2019

*Entered by:* Kimetha Collier

Chicago, IL 60652

*Original Entered*

*Modified:*

*Date:* 01/03/2019

Amount claimed: \$1116.00

Priority claimed: \$1116.00

*History:*

[Details](#) [17-1](#) 01/02/2019 Claim #17 filed by Marie Jutton, Amount claimed: \$1116.00 (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

<b>Total Amount Claimed*</b>	\$1116.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>	\$1116.00	
<b>Administrative</b>		