

Fill in this information to identify the case:

Debtor 1 OL ENTERPRISESDebtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: _____ District of _____

Case number 18-30056**FILED**
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

JAN - 3 2019

JEFFREY P. ALLSTEADT, CLERK
TEAM - CA

Official Form 410

Proof of Claim

12/15

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?

GREGORY NEWTON

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?

GREGORY NEWTON

Name

4845 W. 92ND ST

Number

Street

City

OAK LAWN IL

State

60453

ZIP Code

Contact phone 708-227-6970

Contact email _____

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? \$ 38,257.54 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.

Insurance payments Approved But Not Paid

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 \$2,775* 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 \$12,475*) 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 4/01/16 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 27 2018
MM / DD / YYYY

Signature

Angony Newton

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

Name

GregoryPNewton

First name

Middle name

Last name

Title

Company

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

Address

4845 W. 92nd St

Number

Street

Oak Lawn

City

IL

State

60453

ZIP Code

Contact phone

708-227-6970

Email

GPSne@comcast.net

Name: Gregory Newton | DOB: 4/13/1955 | MRN: 1634947 | PCP: Ginny Hendricks, M.D.

Account Details

Balance Summary

Outstanding Balance

\$38,257.54

Can't pay all at once? Set up a payment plan and pay
\$19,128.77 a month.

Guarantor Demographics

Account Number #1570095

NEWTON, GREGORY

Address:

4845 W 92ND ST

OAK LAWN IL 60453-1721

Home Phone:

708-227-6970

Mobile Phone:

708-227-6970

Outstanding Balance

0-30 days	31-60 days	61-90 days	91-120 days	Over 120 days	Total
\$38,257.54	\$0.00	\$0.00	\$0.00	\$0.00	\$38,257.54

Outstanding Accounts

Patient: Gregory Newton

Payments / Insurance Patient

11/29/2018

\$4,308.00

Payments Since Last Statement

No payments have been made since last statement.

Letters

Click on a row to view the letter.

Date	Account	Description
12/26/2018	2002761287	Billing Letter
12/10/2018	2002761287	Billing Letter
12/05/2018	2002882042	Billing Letter

There may be prorated balances on your current statement that are not included in the total.

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2018

Professional Services	1,863.00	0.00	0.00	1,863.00
<hr/>				
Hospital Encounter at CENTER FOR CARE AND DISCOVERY from Aug 23, 2018 to Aug 26, 2018			<i>Account #5004983770</i>	
Professional Services	106.00	0.00	0.00	106.00
<hr/>				
Hospital Encounter at CENTER FOR CARE AND DISCOVERY from Aug 23, 2018 to Aug 26, 2018			<i>Account #5004996108</i>	
Professional Services	763.00	0.00	0.00	763.00
<hr/>				
Hospital Encounter at CENTER FOR CARE AND DISCOVERY from Aug 23, 2018 to Aug 26, 2018			<i>Account #5005068136</i>	
Professional Services	20.00	0.00	20.00	0.00
<hr/>				
Rad Gmi Pa/Ap/Lat Visit at Radiology-GMI-DCAM on Aug 31, 2018			<i>Account #2003049207</i>	
Hospital Services	1,073.00	-505.38	567.62	0.00
<hr/>				
Rad Gmi Pa/Ap/Lat Visit at Radiology-GMI-DCAM with Alexandra N Funaki, D.O. from Aug 31, 2018 to Sep 2, 2018			<i>Account #5005020358</i>	
Professional Services	63.00	0.00	0.00	63.00
<hr/>				
Rad Gmi Pa/Ap/Lat Visit at Radiology-GMI-DCAM with Mark K Ferguson, M.D. from Sep 28, 2018 to Sep 30, 2018			<i>Account #2003074920</i>	
Hospital Services	1,073.00	-505.38	567.62	0.00
<hr/>				
Rad Gmi Pa/Ap/Lat Visit at Radiology-GMI-DCAM with Heber MacMahon, M.D. from Sep 28, 2018 to Sep 30, 2018			<i>Account #5005102992</i>	
Professional Services	63.00	0.00	0.00	63.00
<hr/>				
Voice Evaluation Visit at Speech & Swallowing on Oct 3, 2018			<i>Account #2003203142</i>	
Hospital Services	3,567.00	-1,680.06	1,886.94	0.00

Total Outstanding Balance: \$38,257.54

Statements

Click on a row to view the statement.

Date

Amount Due

Description	Charges	Adjustments	Balance	Balance
Rad Gi Cysto Visit at Radiology-GI-DCAM on Apr 10, 2018			<i>Account #2002385026</i>	
Hospital Services	2,112.00	-946.17	1,165.83	0.00
Rad Gi Cysto Visit at Radiology-GI-DCAM with Scott E Eggener, M.D. from Apr 17, 2018 to Apr 19, 2018			<i>Account #2002419112</i>	
Hospital Services	2,112.00	-946.17	1,165.83	0.00
Rad Ct Adult No Port Visit at Radiology-CT-MITCHELL on Jun 29, 2018			<i>Account #2002761208</i>	
Hospital Services	6,099.00	-3,640.94	2,458.06	0.00
Hospital Encounter at Pulmonary Procedure Unit on Jul 5, 2018			<i>Account #2002761287</i>	
Hospital Services	33,949.54	0.00	0.00	33,949.54
Rad Ct Chest Abd Visit at Radiology-CT-DCAM on Aug 17, 2018			<i>Account #2002881729</i>	
Hospital Services	12,270.00	-5,779.17	6,490.83	0.00
Pre Op Visit at Department of Anesthesia and Critical Care on Aug 17, 2018			<i>Account #5004935340</i>	
Professional Services	668.00	0.00	0.00	668.00
Rad Ct Chest Abd Visit at Radiology-CT-DCAM with Heber MacMahon, M.D. from Aug 17, 2018 to Aug 19, 2018			<i>Account #5004984038</i>	
Professional Services	782.00	0.00	0.00	782.00
Pre Op Visit at Clinical Laboratories on Aug 17, 2018			<i>Account #5005045454</i>	
Professional Services	100.00	0.00	100.00	0.00
Admission at CENTER FOR CARE AND DISCOVERY from Aug 23, 2018 to Aug 26, 2018			<i>Account #2002882042</i>	
Hospital Services	114,399.62	-82,615.29	31,784.33	0.00
Hospital Encounter at CENTER FOR CARE AND DISCOVERY from Aug 23, 2018 to Aug 26, 2018			<i>Account #5004957928</i>	
Professional Services	20,306.00	0.00	20,306.00	0.00
Anesthesia Visit at UCM Parent Hospital Location on Aug 23, 2018			<i>Account #5004980277</i>	
Professional Services	3,690.00	0.00	3,690.00	0.00
Hospital Encounter at CENTER FOR CARE AND DISCOVERY from Aug 23, 2018 to Aug 26,			<i>Account #5004980545</i>	

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re:) Chapter 11
Morgan Administration, Inc., *et al.* d/b/a)
Home Owners Bargain Outlet,¹) Case No. 18-30039
) (Jointly Administered)
Debtors and Debtors in Possession) Hon. Jacqueline P. Cox

CHAPTER 11 CASE NOTICE & STATUS REPORT

Morgan Administration, Inc. and its affiliated debtors and debtors in possession (the “**Debtors**” or “**HOB**O”) make the following omnibus status report of their jointly administered chapter 11 cases:

1. Why You Are Receiving this Document

You are receiving this document (the “**Notice**”) because according to the books and records of one or more of the following companies, you may be owed money from:

Morgan Administration, Inc. (Case No. 18-30039)
Belvidere Associates LLC (Case No. 18-30043)
FP Retail Associates LLC (Case No. 18-30046)
Hillcrest Enterprises, LLC (Case No. 18-30047)
Jular Media LLC (Case No. 18-30050)
KLS Acquisition Corp. (Case No. 18-30052)
Loomis Enterprises LLC (Case No. 18-30053)
North Avenue Associates LLC (Case No. 18-30054)
Oak Creek Distribution LLC (Case No. 18-30055)
OL Enterprises LLC (Case No. 18-30056)
Deforab LLC (Case No. 18-30057)

These companies, collectively, are known alternatively as “Home Owners Bargain Outlet” and “HOBO.” We use the name “HOBO” or the word “Debtors” in the rest of this Notice to refer to any one or more of these 11 companies.

¹ The Debtors in these cases, along with the last four digits of each Debtor’s federal tax identification number, are: Morgan Administration, Inc. (4200); Belvidere Associates LLC (8559); FP Retail Associates LLC (0915); Hillcrest Enterprises, LLC (4581); Jular Media LLC (0805); KLS Acquisition Corp. (0925); Loomis Enterprises LLC (5451); North Avenue Associates LLC (3229); Oak Creek Distribution LLC (0634); OL Enterprises LLC (9401); and Deforab LLC (9348).

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: (27419664)

Claim No: 19

Status:

GREGORY NEWTON

Original Filed

Filed by: CR

4845 W. 92ND ST.

Date: 01/03/2019

Entered by: Kimetha Collier

OAK LAWN, IL 60453

Original Entered

Modified:

Date: 01/03/2019

Amount claimed: \$38257.54

History:

[Details](#) [19-1](#) 01/03/2019 Claim #19 filed by GREGORY NEWTON, Amount claimed: \$38257.54 (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*	\$38257.54
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		