

## Fill in this information to identify the case:

Debtor 1 OL Enterprises LLC

Debtor 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  
JAN - 3 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?

JASBIR KAUR  
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?

JASBIR KAUR  
Name  
6645 FOXTREE AVE  
Number Street  
WOODRIDGE IL 60517  
City State ZIP Code

## Where should payments to the creditor be sent? (if different)

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

Contact phone 630-706-0363  
Contact email JKALHER@YAHOO.COM

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? \_\_\_\_\_

## 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 12/24/2018  
MM / DD / YYYY

Signature

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

Name

JASBIR

First name

Middle name

KAUR

Last name

Title

Company

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

Address

6645 FOXTREE AVE

Number

Street

WOODRIDGE

City

IL

State

60517

ZIP Code

Contact phone

630-766-0363

Email

JKALHER @ YAHOO.COM

**HOB0 26**  
**300 W NORTH AVE**  
**VILLA PARK, IL 60181**

**PHONE: (630) 833-3200**

PAGE NO: 1

CUSTOMER: 74122  
 TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 9/29/18  
 CLERK: RFER  
 TERMINAL: 126

SOLD TO: JASBIR KAUR  
 6645 FOXTREE AVE  
 WOODRIDGE IL 60517  
 SHIP TO: KAUR/JASBIR  
 630-706-0363  
 REFERENCE: K\* KWC VAND WHITE JY 1

**ORDER: 907759/S**

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		7789.84	/EA	7,789.84

CONTINUED...



**HOBO 26**  
**300 W NORTH AVE**  
**VILLA PARK, IL 60181**

**PHONE: (630) 833-3200**

PAGE NO: 2

CUSTOMER: 74122  
 TERMS: CASH/CHECK/BANKCARD

JOB: 000

DATE / TIME: 9/29/18 12:23  
 CLERK: RFER  
 TERMINAL: 126

SOLD TO: JASBIR KAUR  
 6645 FOXTREE AVE  
 WOODRIDGE IL 60517  
 630-706-0363  
 SHIP TO: KAUR/JASBIR  
 REFERENCE: K\* KWC VAND WHITE JY 1

**ORDER: 907759/S**

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. DELIVERY TO 6645 FOXTREE AVE WOODRIDGE 630 706 0363 DESIGNER: JASON FREE IN STOCK HARDWARE TO BE SELECTED AT A LATER DATE				

CONTINUED...



**PHONE: (630) 833-3200**

CUSTOMER: 74122      JOB: 000  
TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 9/29/18 12:23  
CLERK: RFER  
TERMINAL: 126

SOLD TO:	JASBIR KAUR	CUSTOMER: 74122	JOB: 000
TO:	6645 FOXTREE AVE	TERMS: CASH/CHECK/BANKCARD	
SHIP TO:	WOODRIDGE IL 60517	REFERENCE: K* KWC VAND WHITE JY 1	
	630-706-0363		
	KAUR/JASBIR		

**ORDER: 907759/S**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
			XXXXXXXXXXXX4843 \$8228.03 AUTH:872239 REF:907797				

Case 18-3005	
DEBIT	8228.03
DEPOSIT AMT	8413.03
BALANCE DUE	0.00

CASH PAYMENT

185.00

TAXABLE	7789.84
NON-TAXABLE	0.00
SUB-TOTAL	7789.84
<hr/>	
TAX AMOUNT	623.19
<b>TOTAL</b>	<b>8413.03</b>

623.19  
8413.03

~~X~~



**HOBO 26**  
**300 W NORTH AVE**  
**VILLA PARK, IL 60181**  
**PHONE: (630) 833-3200**

**ORDER: 907762/S**

SOLD TO: JASBIR KAUR  
6645 FOXTREE AVE  
WOODRIDGE IL 60517  
SHIP TO: KAUR/JASBIR  
630-706-0363  
REFERENCE: K\* SENSА WH NAPOLI \$49.99 JY 1

CUSTOMER: 74122  
TERMS: CASH/CHECK/BANKCARD  
JOB: 000  
DATE / TIME: 9/29/18  
CLERK: RFER  
TERMINAL: 126

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOSS	SPECIAL ORDER STONE SYSTEMS ORDERS NOT COMPLETED / INSTALLED WITHIN 60 DAYS OF DEPOSIT ARE SUBJECT TO REPRICING BASED ON CURRENT MARKET PRICE. MEASURE AND INSTALL @ 6645 FOXTREE AVE WOODRIDGE 60517 630 706 0363 DESIGNER: JASON		3526.00	/EA	3,526.00

DEBIT	1586.97	TAXABLE	3526.00
		NON-TAXABLE	0.00
		SUB-TOTAL	3526.00
DEPOSIT AMT	3808.08	TAX AMOUNT	282.08
BALANCE DUE	0.00	TOTAL	3808.08

X   
BKCRD# XXXXXXXXXXXXX8311  
MID: 324190873996  
APP: 132704



THANK YOU FOR SHOPPING AT HOB0  
HOB0 25  
300 W NORTH AVE  
VILLA PARK, IL 60181  
(630) 833-3200

09/29/18 12:23PM RFER 126 ORDER

SUB-TOTAL:\$ 7789.84 TAX: \$ 623.19  
TOTAL: \$ 8413.03  
CASH TEND: 185.00  
DB AMT: \$ 8228.03

EK CARD#: XXXXXXXXXXXX4843  
MID: 324190873996  
AUTH: DECLINED AMT: \$ 00.00

Authorizing Network: INTERLINK

Chip Read  
CARD TYPE: VISA EXPR: XXXX  
AID: A0000000031010  
TVR: 3080008000  
IAD: 06010A03202000  
TSI: 6800  
ARC: 05  
MODE: Issuer  
CVN:  
Name: VISA DEBIT  
DEBIT/ATM: \$  
MID: 324190873996

THANK YOU FOR SHOPPING AT HOB0  
HOB0 25  
300 W NORTH AVE  
VILLA PARK, IL 60181  
(630) 833-3200

09/29/18 12:25PM RFER 126 ORDER

SUB-TOTAL:\$ 3526.00 TAX: \$ 282.08  
TOTAL: \$ 3808.08  
DB AMT: \$ 1586.97  
BC AMT: \$ 2221.11

DEBIT/ATM: \$ 1586.97  
DEBIT/ATM: XXXXXXXXXXXX4843  
AUTH: 132704 AMT: \$ 1586.97  
Debit network id: 03  
Host reference #: 907800 Bat#  
Trace# 102510

Authorizing Network: INTERLINK

Chip Read  
CARD TYPE: DEBIT EXPR: XXXX  
AID: A00000000980840  
TVR: 3080048000  
IAD: 06010A03602000  
TSI: 6800  
ARC: 00  
MODE: Issuer  
CVN: Verified by PIN  
Name: US DEBIT  
ATC: 0000  
AC: F8363C6404614232  
EK CARD#: XXXXXXXXXXXX3311  
MID: 324190873996  
AUTH: 62782P AMT: \$ 2221.11  
Host reference #: 90780001 Bat#

Authorizing Network: MASTERCARD

Chip Read  
CARD TYPE: MASTERCARD EXPR: XXXX  
AID: A0000000041010  
TVR: 0000008000  
IAD: 0110509003220000A32E000C00000000  
TSI: E800  
ARC: 00

# 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:* (27421276)

**Claim No:** 22

*Status:*

JASBIR KAUR

*Original Filed*

*Filed by:* CR

6645 FOXTREE AVE

*Date:* 01/03/2019

*Entered by:* Kimetha Collier

WOODRIDGE, IL 60517

*Original Entered*

*Modified:*

*Date:* 01/04/2019

Amount claimed: \$12221.11

*History:*

[Details](#) [22-1](#) 01/03/2019 Claim #22 filed by JASBIR KAUR, Amount claimed: \$12221.11 (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>	\$12221.11
<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.**

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		