

Fill in this information to identify the case:

Debtor 1 OL Ent
 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 25 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? Jaekle Distributors
 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)

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Where should notices to the creditor be sent?</p> <p>Name <u>Jaekle Distributors</u></p> <p>Number <u>4101</u> Street <u>Owl Creek Dr</u></p> <p>City <u>Madison</u> State <u>WI</u> ZIP Code <u>53718</u></p> <p>Contact phone <u>608-838-5352</u></p> <p>Contact email <u>richweiss@jaekle distributors.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p> | <p>Where should payments to the creditor be sent? (if different)</p> <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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: 1 1 5 5

7. How much is the claim? \$ 26,879.04 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)?

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 \$2,850* 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 01/02/2019
MM / DD / YYYY

Rich Vein
Signature

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

Name Rich Weiss
First name Middle name Last name

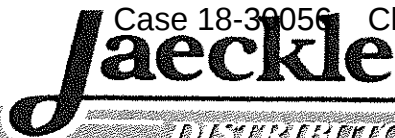
Title Corporate Credit Mgr

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

Address 401 Owl Creek Dr
Number Street

Madison WI 53718
City State ZIP Code

Contact phone 608-838-5352 Email _____



| | |
|----------|-------|
| INVOICE# | PAGE# |
| 244261 | 1 |

DISTRIBUTORS

| INVOICE DATE | SHIP DATE | SHIP VIA | F.O.B. | ACCT# | YOUR P.O.# | TERMS | OUR REF# | ORDER# |
|--------------|-----------|---------------------------------------|-----------|--------|------------|-------------|------------|--------|
| 07/23/18 | 07/20/18 | COMMON CARRIE | WAREHOUSE | 031155 | N000021649 | NET 30 DAYS | 4009251 | 795371 |
| | | TT 06 (MAD FL LTL CHICAGO DAILY \$70) | | | EMAIL | | LP / DES / | M5 |

BILL TO:

HOBO CORPORATE OFFICE
2650 BELVIDERE RD
WAUKEGAN IL 60085

SHIP TO:

HOBO
7557 S 78TH AVE
BRIDGEVIEW IL 60455

| LINE# | ITEM NUMBER | SERIAL# | DESCRIPTION | QUANTITY ORDERED | QUANTITY SHIPPED | QUANTITY B/O | UM | PRICE | AMOUNT |
|-------|-------------|-----------|-----------------------------------------------|------------------|------------------|--------------|----|-------|----------|
| | | | WAREHOUSE: No partial ct's or wet/moldy ct's. | | | | | | |
| | | | Salesperson: FRANK FEITER | | | | | | |
| 0010 | TICRF416WGC | 170823A | RAINFALL CALM 4X16 | 1,377.28 | 1,377.28 | | SF | 1.580 | 2,176.11 |
| | | | WHITE GLOSSY | 128.00 | 128.00 | | CT | 17.00 | |
| 0030 | TICRF416SGT | 170706B | RAINFALL TORRENT 4X16 | 867.72 | 867.72 | | SF | 2.620 | 2,273.43 |
| | | | SLATE GLOSSY | 84.00 | 84.00 | | CT | 27.06 | |
| 0040 | TICRF416WGT | 170622A | RAINFALL TORRENT 4X16 | 867.72 | 867.72 | | SF | 2.620 | 2,273.43 |
| | | | WHITE GLOSSY | 84.00 | 84.00 | | CT | 27.06 | |
| 0050 | TICRF416FGM | 20170825A | RAINFALL MIST 4X16 | 903.84 | 903.84 | | SF | 1.990 | 1,798.64 |
| | | | FOG GLOSSY | 84.00 | 84.00 | | CT | 21.41 | |
| 9966 | | | NO FREIGHT - INCLUDED IN PRICING | | | | | | |

Branch DES

TOTAL PRICE \$ 8,521.61

TOTAL AMOUNT DUE \$ 8,521.61

Amount Paid \$ 8,521.61

Balance Due \$ 0.00

Due to continued and persistent upward pressure on inbound freight surcharges, our surcharge will increase from 1.0% to 1.5% on all flooring products effective October 8, 2018.

Please return this portion with your remittance.

| ACCT# | INVOICE# | DATE |
|--------|----------|----------|
| 031155 | 244261 | 07/23/18 |

REMIT TO:

JAECKLE DISTRIBUTORS INC.
PO BOX 8490
MADISON WI 53708-8490

HOBO CORPORATE OFFICE

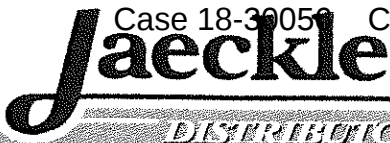
DES

TOTAL PRICE \$ 8,521.61

TOTAL AMOUNT DUE \$ 8,521.61

Amount Paid \$ 8,521.61

Balance Due \$ 0.00



| | |
|----------|-------|
| INVOICE# | PAGE# |
| 259620 | 1 |

DISTRIBUTORS

| INVOICE DATE | SHIP DATE | SHIP VIA | F.O.B. | ACCT# | YOUR P.O.# | TERMS | OUR REF# | ORDER# |
|--------------|-----------|---------------------------------------|-----------|--------|------------|-------------|------------|--------|
| 09/14/18 | 09/13/18 | COMMON CARRIE | WAREHOUSE | 031155 | N000022226 | NET 30 DAYS | 4034924 | 011599 |
| | | TT 06 (MAD FL LTL CHICAGO DAILY \$70) | | | EMAIL | | LP / DES / | M5 |

BILL TO:

HOBO CORPORATE OFFICE
2650 BELVIDERE RD
WAUKEGAN IL 60085

SHIP TO:

HOBO
7557 S 78TH AVE
BRIDGEVIEW IL 60455

| LINE# | ITEM NUMBER | SERIAL# | DESCRIPTION | QUANTITY ORDERED | QUANTITY SHIPPED | QUANTITY B/O | UM | PRICE | AMOUNT |
|-------|-------------|---------|-----------------------------------------------|------------------|------------------|--------------|----|-------|----------|
| 0006 | | | WAREHOUSE: No partial ct's or wet/moldy ct's. | | | | | | |
| 0007 | | | 1" PRICING PER TM JUST RECEIVED | | | | | | |
| 0008 | | | EMAILED BY CHRISTI CCRAGG@HOBOONLINE.COM | | | | | | |
| | | | Salesperson: FRANK FEITER | | | | | | |
| 0010 | TICRF416WGM | 160227B | RAINFALL MIST 4X16 | 677.88 | 677.88 | | SF | 1.990 | 1,348.98 |
| | | | WHITE GLOSSY | 63.00 | 63.00 | | CT | 21.41 | |

Branch DES TOTAL PRICE \$ 1,348.98

TOTAL AMOUNT DUE \$ 1,348.98
Amount Paid \$ 1,348.98
Balance Due \$ 0.00

Due to continued and persistent upward pressure on inbound freight surcharges, our surcharge will increase from 1.0% to 1.5% on all flooring products effective October 8, 2018.

Please return this portion with your remittance.

| ACCT# | INVOICE# | DATE |
|--------|----------|----------|
| 031155 | 259620 | 09/14/18 |

REMIT TO:
JAECKLE DISTRIBUTORS INC.
PO BOX 8490
MADISON WI 53708-8490

HOBO CORPORATE OFFICE TOTAL PRICE \$ 1,348.98
DES

TOTAL AMOUNT DUE \$ 1,348.98
Amount Paid \$ 1,348.98
Balance Due \$ 0.00



| INVOICE# | PAGE# |
|----------|-------|
| 261613 | 1 |

DISTRIBUTORS

(DIR SHIP)

| INVOICE DATE | SHIP DATE | SHIP VIA | F.O.B. | ACCT# | YOUR P.O.# | TERMS | OUR REF# | ORDER# |
|--------------|-----------|---------------|-----------|--------|------------|-------------|------------|--------|
| 09/21/18 | 09/12/18 | COMMON CARRIE | WAREHOUSE | 031155 | N000020953 | NET 30 DAYS | 3973579 | 773842 |
| EMAIL | | | | | | | LP / DES / | M5 |

BILL TO:

HOBO CORPORATE OFFICE
2650 BELVIDERE RD
WAUKEGAN IL 60085

SHIP TO:

HOBO
7557 S 78TH AVE
BRIDGEVIEW IL 60455

| LINE# | ITEM NUMBER | SERIAL# | DESCRIPTION | QUANTITY ORDERED | QUANTITY SHIPPED | QUANTITY B/O | UM | PRICE | AMOUNT |
|-----------------------------------------------|-------------|---------|---------------------------|------------------|------------------|--------------|----------|-------|----------|
| WAREHOUSE: No partial ct's or wet/moldy ct's. | | | | | | | | | |
| 0003 | | | | | | | | | |
| 0004 | | | | | | | | | |
| 0005 | | | | | | | | | |
| 0006 | | | | | | | | | |
| 0007 | | | | | | | | | |
| 0008 | | | | | | | | | |
| 0009 | | | | | | | | | |
| | | | Salesperson: FRANK FEITER | | | | | | |
| 0080 | TICRF416WGC | | RAINFALL CALM 4X16 | 3,464.72 | 3,464.72 | | SF | 1.580 | 5,474.26 |
| | | | WHITE GLOSSY | 322.00 | 322.00 | | CT 17.00 | | |
| 0090 | TICRF416WMC | | RAINFALL CALM 4X16 | 1,710.84 | 1,710.84 | | SF | 1.580 | 2,703.13 |
| | | | WHITE MATTE | 159.00 | 159.00 | | CT 17.00 | | |
| 0100 | TICRF416FGC | | RAINFALL CALM 4X16 | 903.84 | 903.84 | | SF | 1.580 | 1,428.07 |
| | | | FOG GLOSSY | 84.00 | 84.00 | | CT 17.00 | | |
| 0110 | TICRF416SGC | | RAINFALL CALM 4X16 | 1,807.68 | 1,807.68 | | SF | 1.580 | 2,856.13 |
| | | | SLATE GLOSSY | 168.00 | 168.00 | | CT 17.00 | | |
| 0120 | TICRF416SGT | | RAINFALL TORRENT 4X16 | 867.72 | 867.72 | | SF | 2.620 | 2,273.43 |
| | | | SLATE GLOSSY | 84.00 | 84.00 | | CT 27.06 | | |
| 0130 | TICRF416WGT | | RAINFALL TORRENT 4X16 | 867.72 | 867.72 | | SF | 2.620 | 2,273.43 |
| | | | WHITE GLOSSY | 84.00 | 84.00 | | CT 27.06 | | |
| 9961 | | | I* PRICING PER FRANK F | | | | | | |

Branch DES BLV 26963 09/13/18

TOTAL PRICE \$ 17,008.45

TOTAL AMOUNT DUE \$ 17,008.45

Amount Paid \$ 17,008.45

Balance Due \$ 0.00

Due to continued and persistent upward pressure on inbound freight surcharges, our surcharge will increase from 1.0% to 1.5% on all flooring products effective October 8, 2018.

Please return this portion with your remittance.

| ACCT# | INVOICE# | DATE |
|--------|----------|----------|
| 031155 | 261613 | 09/21/18 |

REMIT TO:
JAECKLE DISTRIBUTORS INC.
PO BOX 8490
MADISON WI 53708-8490

HOBO CORPORATE OFFICE

DES

TOTAL PRICE \$ 17,008.45

TOTAL AMOUNT DUE \$ 17,008.45

Amount Paid \$ 17,008.45

Balance Due \$ 0.00

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):**

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <p><i>Creditor:</i> (27239443) History Claim No: 25 JAECKLE DISTRIBUTORS INC. 4101 OWL CREEK DR. MADISON, WI 537018</p> | <p><i>Original Filed</i> Date: 01/08/2019 <i>Original Entered</i> Date: 01/08/2019 <i>Last Amendment</i> Filed: 01/25/2019 <i>Last Amendment</i> Entered: 01/28/2019</p> | <p><i>Status:</i> Filed by: CR Entered by: Nilsa Molina Modified:</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

Amount claimed: \$26879.04

History:

[Details](#) [25-1](#) 01/08/2019 Claim #25 filed by JAECKLE DISTRIBUTORS INC., Amount claimed: (Collier, Kimetha)

[Details](#) [25-2](#) 01/25/2019 Amended Claim #25 filed by JAECKLE DISTRIBUTORS INC., Amount claimed: \$26879.04 (Molina, Nilsa)

Description:

Remarks: (25-1) PDF error-filer notified to file Amended Claim
 (25-2) PDF error-filer notified to file Amended Claim

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* | \$26879.04 |
| 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 | | |