

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
JAN 15 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?

FRANK ROBERT KALEMBA
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?

FRANK R. KALEMBA
Name
6131 W. Birmingham St.
Number Street
Chicago Ridge IL 60415
City State ZIP Code

Contact phone 708-897-7867Contact email frankkalemba@ymail.com

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: 9 4 0 1

7. How much is the claim? \$ 1,559.05 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.

PAID VACATION TIME, NEVER paid out to me.

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 12 26 2018
MM / DD / YYYY


Signature

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

Name

FRANK
First name

ROBERT
Middle name

KALEMBA
Last name

Title

Company

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

Address

6131 W. BIRMINGHAM ST.
Number Street

CHICAGO RIDGE
City

IL 60415
State ZIP Code

Contact phone

708-897-7867

Email frankkalemba@ymail.com

#2289 - Frank R. Kalemba 25		Voucher # (31131)		Pay Date: 11/23/2018 Pay Period: 11/04/2018-11/17/2018	
Earnings			Company Paid Benefits		
	Rate	Hours	YTD	Current	YTD
COM					2,860.61
COM					14.30
HOL			16:00		224.00
OT			8:34		190.23
REG			1580:17		23,114.05
SICK			84:30		1,243.50
TRA			2:39		37.67
VAC			104:00		1,552.00
VAC	15.00	4:37	4:37	69.25	69.25
Gross Pay				69.25	29,305.61
Deductions					
			Current	YTD	
DENTAL125					189.86
LTD					41.80
MED125			46.94		1,209.72
Total				46.94	1,441.38
Taxes Withheld					
	Taxable	Taxable YTD	Current	YTD	
FIT	22.31	27,906.03			2,841.82
FICA	22.31	27,906.03	1.38		1,730.17
MED	22.31	27,906.03	0.33		404.64
SIT:IL	22.31	27,906.03	1.10		1,381.32
Total				2.81	6,357.95
Net Pay				19.50	21,506.28
Savings (8415)				19.50	3,469.50
Checking (4232)				0.00	18,036.78

Federal: Single/0
 Illinois: Allowances: 0
 Additional Allowances: 0

¹ Reduces your Federal Withholding, OASDI & Medicare Taxable Wage
² For information purposes only. No effect on your net pay.

HOB0 Group - Multi-EIN 2650 Belvidere Road, Waukegan, IL 60085

1 of 1

HOB0 Group - Multi-EIN
 2650 Belvidere Road
 Waukegan, IL 60085

Pay Date: 11/23/2018
Voucher #: (31131)

Deposited To The Account(s) Of	Deposit #	Account Type	Account #	Transit ABA	Deposit
Frank R. Kalemba	1	Savings	XXX6415	071923213	19.50
25 2289 11/23/2018 (31131) Frank R. Kalemba 6131 W Birmingham St Chicago Ridge, IL 60415					

NON-NEGOTIABLE - THIS IS NOT A CHECK

HOB0 Group - Multi-EIN
 2650 Belvidere Road
 Waukegan, IL 60085

25 2289 11/23/2018 (31131)
Frank R. Kalemba
 6131 W Birmingham St
 Chicago Ridge, IL 60415

PERSONAL & CONFIDENTIAL

Accruals History Report

Employee: Frank R. Kalembe
Time Off: Vacation

Added	Transaction Type	Range	Days Authorized	Days Taken	Updated To Date	Comment	Created By	Created By Employee Id
10/11/2018 03:35a	Automatic Accruals Execution	10/11/2018 - 10/11/2019	10.00		- 10/11/2019		System Administrator	159
10/11/2018 03:35a	Carry Over Rule	10/11/2018	2.77		- 10/11/2018		System Administrator	159
10/11/2018 03:35a	Carry Over Rule Prev Year Adjustment	10/11/2018	-2.77		- 10/11/2018		System Administrator	159
09/12/2018 04:38p	Time Entry (Deleted)	09/13/2018					System Administrator	159
09/12/2018 04:37p	Time Entry (Deleted)	09/13/2018					Kathleen A. Newton	159
09/12/2018 04:41p	Time Entry (Modified)	09/13/2018		-1.00			Kathleen A. Newton	159
09/07/2018 10:13a	Time Entry	09/13/2018		1.00			Kathleen A. Newton	159
09/04/2018 07:21a	Time Entry	09/19/2018		1.00			Kathleen A. Newton	159
09/04/2018 07:20a	Time Entry	10/06/2018		1.00			Kathleen A. Newton	159
09/04/2018 10:08a	Time Entry	10/04/2018		1.00			Kathleen A. Newton	159
08/29/2018 10:08a	Time Entry	09/18/2018		1.00			Kathleen A. Newton	159
08/29/2018 10:07a	Time Entry	09/15/2018		1.00			Michael M. Eichinger	152
08/29/2018 10:07a	Time Entry	09/13/2018		1.00			Michael M. Eichinger	152
08/28/2018 09:37a	Time Entry	09/08/2018		1.00			Michael M. Eichinger	152
08/14/2018 06:08p	Time Entry	09/17/2018		1.00			Michael M. Eichinger	152
08/14/2018 06:08p	Time Entry	08/25/2018		1.00			Michael M. Eichinger	152
05/23/2018 07:49a	Time Entry	08/23/2018		1.00			Michael M. Eichinger	152
05/23/2018 07:48a	Time Entry	06/04/2018		1.00			Michael M. Eichinger	152
02/12/2018 09:52a	Time Entry	06/02/2018		1.00			Michael M. Eichinger	152
02/09/2018 01:13p	Time Entry (Deleted)	02/15/2018		1.00			Michael M. Eichinger	152
02/05/2018 02:52p	Time Entry	02/10/2018		1.00			Michael M. Eichinger	152
10/21/2017 03:04a	Automatic Accruals Execution	02/10/2018		-1.00			Michael M. Eichinger	152
10/11/2017 01:09p	Manual Information Modification	10/11/2017 - 10/11/2018	5.00		- 10/11/2018		Frank R. Kalembe	2289
10/11/2017 12:43p	Manual Information Modification	10/10/2017				Correct Updated To Date	Kathleen A. Newton	159
10/11/2017 03:05a	Automatic Accruals Execution	08/12/2017			- 10/11/2017		System Administrator	159
10/11/2017 03:05a	Carry Over Rule	10/11/2017 - 10/11/2018	10.00		- 08/13/2017		System Administrator	159
10/11/2017 03:05a	Carry Over Rule Prev Year Adjustment	10/11/2017	4.77		- 10/11/2018		System Administrator	159
10/06/2017 08:59a	Automatic Accruals Execution	10/11/2017	-4.77		- 10/11/2017		System Administrator	159
10/04/2017 07:57a	Initial Import Adjustment	08/16/2017 - 10/11/2017	0.77		- 10/11/2017		System Administrator	159
10/04/2017 07:56a	Time Entry	08/13/2017	5.00		- 10/11/2017		System Administrator	159
10/04/2017 07:56a	Time Entry	10/28/2017		1.00	- 08/16/2017		System Administrator	159
10/04/2017 07:55a	Time Entry	10/26/2017		1.00			Michael M. Eichinger	152
08/18/2017 03:28p	Time Entry	10/25/2017		1.00			Michael M. Eichinger	152
	Time Entry	10/24/2017		1.00			Michael M. Eichinger	152
		07/29/2017		1.00			System Administrator	152
Report Total			30.77	18.00				

Sorted By: Added Descending

Bradenton

Generated: 12/21/2018 12:58p
Generated By: Michael J. Earl
Page 1 of 1

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: (27419742)
FRANK ROBERT KALEMBA
6131 W. BIRMINGHAM ST.
CHICAGO RIDGE, IL
60415

Claim No: 30
Original Filed
Date: 01/15/2019
Original Entered
Date: 01/15/2019

Status:
Filed by: CR
Entered by: Kevin Lyons
Modified:

Amount claimed: \$1559.05

History:

[Details](#) [30-1](#) 01/15/2019 Claim #30 filed by FRANK ROBERT KALEMBA, Amount claimed: \$1559.05
(Lyons, Kevin)

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*	\$1559.05
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		