

**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 23 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? Romanita Quintanilla  
 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><b>Where should notices to the creditor be sent?</b></p> <p><u>Romanita Quintanilla</u> Name _____</p> <p><u>3115 S. Avers Ave</u> Number Street _____</p> <p><u>Chicago IL 60623</u> City State ZIP Code _____</p> <p>Contact phone <u>773-719-5274</u> Contact email <u>0213ix@gmail.com</u></p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> <p>Contact phone _____ Contact email _____</p>
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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? \$ 8,148.64 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 and not received

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: Custom cabinets  
**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 1 14 2019  
MM / DD / YYYY

Romanita Quintanilla  
Signature

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

Name Romanita Quintanilla  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_

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

Address 3115 S Avers Ave  
Number Street

Chicago IL 60623  
City State ZIP Code

Contact phone 773-719-5274 Email 0713iv@gmail.com



THANK YOU FOR SHOPPING AT HOBBO  
HOBBO 22  
7630 ROOSEVELT RD  
FOREST PARK, IL  
60130  
(708) 488-9800

08/13/18 10:13AM TJAM 34 ORDER

SUB-TOTAL:\$ 7552.27 TAX: \$ 755.23  
TOTAL: \$ 8307.50  
CASH TEND: 8307.50  
DEPOSIT : 8307.50



ORDER# 302804/22  
CUST NO: 21722  
Customer Copy

Acct: ROMANTA QUINTANILLA  
REF: K\* KAB MISSION ESPRSO F4 1  
- ALL RETURNS AND EXCHANGES MUST BE IN ORIGINAL CONDITION IN FACTORY SEALED CARTON AND ACCOMPANIED BY ORIGINAL REGISTER RECEIPT WITHIN 30 DAYS OF PURCHASE.  
- HOBBO RESERVES THE RIGHT TO DENY ANY RETURN OR EXCHANGE AND MAY REQUEST IDENTIFICATION AS A CONDITION OF RETURN OR EXCHANGE.  
- SPECIAL ORDER, CUSTOM, AND MANUFACTURER DIRECT ITEMS ARE NON-REFUNDABLE.  
- GIFT CARDS ARE NON-REFUNDABLE AND LOST OR STOLEN GIFT CARDS ARE NON-REPLACEABLE.  
- PLEASE SEE FULL RETURN POLICY FOR ADDITIONAL EXCLUSIONS / LIMITATIONS  
- Text BARGAIN to 555888 to join the Bargain Squad and receive exclusive subscriber benefits and savings!!!



PAGE NO: 1

**FP Retail Associates LLC**  
**7630 ROOSEVELT RD**  
**FOREST PARK, IL**  
**60130**  
**PHONE: (708) 488-9800**

SOLD TO: ROMANTA QUINTANILLA  
 TO: 3115 S. AVERS STREET

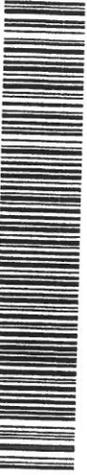
CUSTOMER: 21722 JOB: 000  
 TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 8/25/18 5:45  
 CLERK: ADAV  
 TERMINAL: 31

CHICAGO IL 60623 773-425-6148 REFERENCE: K\* KAB MISSION ESPRSO F4 1

**DEP REFUND: 302804/O**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOKART	SPECIAL ORDER KABINART Kabinart 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. Please allow 4-6 weeks for delivery. See design contract for additional terms and		9877.14	/EA	9,877.14
CONTINUED...							





PAGE NO: 2

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 3115 S. AVERS STREET

CUSTOMER: 21722 JOB: 000  
 TERMS: CASH/CHECK/BANKCARD

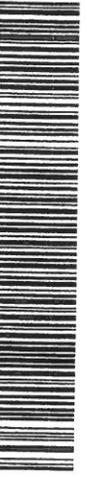
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**DEP REFUND: 302804/O**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
-1	EA	SOKART % OFF	conditions. KABINART % OFF DISCOUNT CREDIT RETURN DISCOUNT: \$2,469.29 NOTE: OK PER TALION TO OFFER KABINART PROMO OF FREE SINK BASE CABINET WITH PURCHASE OF 15 OR MORE CABINETS. ACTUAL CABINET TOTAL IS \$9,877.14 LESS \$436.80 GIVING PRE-SALE TOTAL OF \$9,440.34. SELECTION: MISSION CHERRY (REVERSE PANEL) - ESPRESSO. SP: JWIL (F4)		2469.29	/EA	-2,469.29

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PAGE NO: 3

FP Retail Associates LLC  
 7630 ROOSEVELT RD  
 FOREST PARK, IL  
 60130  
 PHONE: (708) 488-9800

DATE / TIME: 8/25/18 5:45  
 CLERK: ADAV  
 TERMINAL: 31

CUSTOMER: 21722 JOB: 000  
 TERMS: CASH/CHECK/BANKCARD

SOLD TO: ROMANTA QUINTANILLA  
 3115 S. AVERS STREET

CHICAGO IL 60623 773-425-6148 REFERENCE: K\* KAB MISSION ESPRSO F4 1

**DEP REFUND: 302804/O**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
			CUSTOMER: ROMANTA QUINTANILLA 3115 S. AVERS STREET; CHICAGO, IL. 60623 PHONE: 773.425.6148 (HOME) ALTERNATE: 773.440.1809 (ROSIE - CALL 1ST) 08.13.18 CUST PAID WITH CASHIER CHECK ENTERED AS CASH TJAM PER MTUCK AND TALION				
				TAXABLE			7407.85
				NON-TAXABLE			0.00
				SUB-TOTAL			7407.85
				TAX AMOUNT			740.79
				<b>TOTAL</b>			<b>8148.64</b>

\*\*DEPOSIT REFUND\*\*  
 CASH RETURNED

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):**

<i>Creditor:</i> (27242074)	<b>Claim No:</b> 44	<i>Status:</i>
ROMANTA QUINTANILLA	<i>Original Filed</i>	<i>Filed by:</i> CR
3115 S. AVERS STREET	<i>Date:</i> 01/23/2019	<i>Entered by:</i> Kimetha Collier
CHICAGO, IL 60623	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 01/23/2019	

Amount claimed: \$8148.64

*History:*

[Details](#)   [44-1](#) 01/23/2019 Claim #44 filed by ROMANTA QUINTANILLA, Amount claimed: \$8148.64 (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>	\$8148.64
<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>		
<b>Administrative</b>		