

**Fill in this information to identify the case:**

Debtor 1 HOCO

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the \_\_\_\_\_ District of \_\_\_\_\_

Case number \_\_\_\_\_

**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.

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?  
BRIAN CLARK  
 Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor N/A

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)

Name <u>Brian Clark</u> Number <u>11534</u> Street <u>S. Oakley Ave.</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code <u>60643</u>	Where should payments to the creditor be sent? (if different) Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Contact phone _____ Contact email _____
--	---

Contact phone (773) 344-2727 (cell)  
 Contact email brianc0035@gmail.com  
(773) 238-1358 (home)

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) \_\_\_\_\_

5. Do you know if anyone else has filed a proof of claim for this claim?  
 No  
 Yes. Who made the earlier filing? \_\_\_\_\_

Filed on \_\_\_\_\_  
 MM / DD / YYYY

**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: SEE BELOW INFO. THAT I HAVE ON STORE HOBBS 25  
HOBBS 25, 8716 S. Cicero-Oakland, Ill. 60453 / (708) 423-4656 (WHICH HAS NOW CLOSED AS OF 12/15/18)

7. How much is the claim? \$ 158.89 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).

THIS WAS HOW MUCH INCLUDING THE TAXES WAS ON THE GIFT CARD.

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.

I purchased a laundry room sink/and VANITY combo. I returned it to the Hobbs Store and I was issued a gift card for the returned merchandise in the amount of \$158.89. I went to Hobbs to use the card on 12/15/18 and was told I couldn't use gift card because the store was closing down on this date. They issued me these papers and told me to send them in for a refund off the gift card.

9. Is all or part of the claim secured?  No  Yes. The claim is secured by a lien on property. UNSURE OF WHAT THAT MEANS

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: THIS IS A GIFT CARD. I AM SENDING IN A COPY OF THE RECEIPT AND A COPY OF THE FRONT & BACKSIDE OF THE GIFT CARD

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: \$ 158.89 → ON GIFT CARD  
 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: \$ 158.89

N/A Annual interest rate (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

N/A (No interest rate) There is only a gift card refund amount I am wanting to be refunded back to me in the amount of \$158.89.

10. Is this claim based on a lease?  No  Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_  
Based on a purchase & I was given a refund given through a gift card, from HOBBS 25 STORE

11. Is this claim subject to a right of setoff?  No  Yes. Identify the property: a gift card in the amount of \$158.89

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.

*This IS ONLY For a gift card refund in amount of \$158.89*

- 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.

Amount entitled to priority  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/13 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 09 2019  
MM / DD / YYYY

Brian Clark  
 Signature

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

Name BRIAN Clark  
First name Middle name Last name

Title I am the customer who received the gift card from  
 Company Hobo 2.5 For Returning merchandise to the store.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 11534 South Oakley Ave.  
Number Street

Chicago, Illinois 60643  
City State ZIP Code

Contact phone (773) 344-2727 (cell) brianc0035@gmail.com  
(773) 238-1358 (house)  
Email

*are numbers, not letters*

This is a copy of the Hobo gift card (Front and Back) & copy of the receipt given with the gift card. The receipt has faded some from being in my wallet.

THANK YOU FOR SHOPPING AT HOBO  
HOBO 25  
8716 S. CICERO  
OAK LAWN, IL  
(708) 423-4656

PAID

\$ 158.89

158.89

JRNL#060398/25  
Customer Copy

<<==

7777 0502 2408 3017

This card can be used for the purchase of merchandise and cannot be redeemed for cash. Lost or stolen cards will not be replaced. Gift cards are void if not activated by the cashier at the time of purchase. Gift cards are not refundable. Merchandise purchased with a gift card that is subsequently returned will be refunded in the form of another gift card.



PROOF OF CLAIM FILING INFORMATION FOR

MORGAN ADMINISTRATION, INC.

CASE NO. 18-30039

US BANKRUPTCY COURT, NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

Debtor Name	Case Number
Morgan Administration, Inc.	18-30039
Belvidere Associates LLC	18-30043
Deforab LLC	18-30057
FP Retail Associates LLC	18-30046
Hillcrest Enterprises, LLC	18-30047
Jular Media LLC	18-30050
KLS Acquisition Corp.	18-30052
Loomis Enterprises LLC	18-30053
North Avenue Associates LLC	18-30054
Oak Creek Distribution LLC	18-30055
OL Enterprises LLC	15-30056

General Bar Date: TBD

General Administrative Bar Date: TBD

Governmental Bar Date: TBD

**NOTE: The Bar Date motion has not been filed. Until such time, you may send completed Proofs of Claims to:**

US Bankruptcy Court – Northern District of Illinois – Eastern Division  
Everett McKinley Dirksen United States Courthouse  
219 South Dearborn Street  
Chicago, IL 60604

# 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> (27477224)	<b>Claim No:</b> 47	<i>Status:</i>
Brian Clark	<i>Original Filed</i>	<i>Filed by:</i> CR
11534 S. Oakley Ave.	<i>Date:</i> 01/23/2019	<i>Entered by:</i> Melissa Myers
Chicago, IL 60643	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 01/24/2019	

Amount claimed: \$158.89

*History:*

[Details](#) [47-1](#) 01/23/2019 Claim #47 filed by Brian Clark, Amount claimed: \$158.89 (Myers, Melissa)

*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>	\$158.89
<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>		