

Fill in this information to identify the case:

Debtor 1 <u>OL Enterprises LLC</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Northern District of Illinois</u>
Case number: <u>18-30056</u>

FILED
 U.S. Bankruptcy Court
 Northern District of Illinois
 1/28/2019
 Jeffrey P. Allsteadt, Clerk

**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?	<u>ANNETTE PLUKARSKI</u>	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	Where should payments to the creditor be sent? (if different)
	<u>ANNETTE PLUKARSKI</u>	_____
	Name	Name
	<u>5127 154TH STREET OAK FOREST, IL 60452</u>	_____
	Contact phone <u>708-278-2155</u>	Contact phone _____
	Contact email <u>anet417@gmail.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

<p>6. Do you have any number you use to identify the debtor?</p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
<p>7. How much is the claim?</p>	<p>\$ 4948.63</p> <p>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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 healthcare information.</p> <p style="text-align: center;">Good and services sold</p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	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.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input checked="" type="checkbox"/> 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).	\$ 2850.00
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/1/19 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(b).</p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p>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.</p>	<p>Check the appropriate box:</p> <p><input type="checkbox"/> I am the creditor.</p> <p><input checked="" type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.</p> <p>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.</p> <p>I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date <u>1/28/2019</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ /s/Michael C. Moody</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>/s/Michael C. Moody</u></p> <table style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width:33%;">First name</td> <td style="width:33%;">Middle name</td> <td style="width:33%;">Last name</td> </tr> <tr> <td colspan="3"><u>Attorney</u></td> </tr> </table> <p>Title _____</p> <p>Company <u>O'Rourke & Moody LLP</u></p> <p style="font-size: x-small;">Identify the corporate servicer as the company if the authorized agent is a servicer</p> <p>Address <u>55 West Wacker Drive, Suite 1400</u></p> <table style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:33%;">Number</td> <td style="width:33%;">Street</td> <td style="width:33%;"></td> </tr> <tr> <td colspan="3"><u>Chicago, IL 60601</u></td> </tr> <tr> <td>City</td> <td>State</td> <td>ZIP Code</td> </tr> </table> <p>Contact phone <u>312-849-2020</u> Email <u>mmoody@orourkeandmoody.com</u></p>	First name	Middle name	Last name	<u>Attorney</u>			Number	Street		<u>Chicago, IL 60601</u>			City	State	ZIP Code
First name	Middle name	Last name														
<u>Attorney</u>																
Number	Street															
<u>Chicago, IL 60601</u>																
City	State	ZIP Code														



ANNETTE M PLUKARSKI

Account Number: [REDACTED]
Statement Date: 10/04/18

MISCELLANEOUS DEBITS & CREDITS

Date	Activity Description	Deposits	Withdrawals	Balance
9/17	[REDACTED]		[REDACTED]	[REDACTED]
9/17	[REDACTED]		[REDACTED]	[REDACTED]
9/17	[REDACTED]		[REDACTED]	[REDACTED]
9/17	[REDACTED]		[REDACTED]	[REDACTED]
9/17	[REDACTED]		[REDACTED]	[REDACTED]
9/17	[REDACTED]		[REDACTED]	[REDACTED]
9/18	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
9/18	[REDACTED]		[REDACTED]	[REDACTED]
	*****6631 09/18 12:21			
9/18	HOBO 25/PURCHASE Check Number: 5427 OAKL IL		4,948.63	[REDACTED]
9/19	[REDACTED]		[REDACTED]	[REDACTED]
9/19	[REDACTED]		[REDACTED]	[REDACTED]
9/19	[REDACTED]		[REDACTED]	[REDACTED]
9/19	[REDACTED]		[REDACTED]	[REDACTED]
9/19	[REDACTED]		[REDACTED]	[REDACTED]
9/20	[REDACTED]	[REDACTED]		[REDACTED]
9/20	[REDACTED]		[REDACTED]	[REDACTED]
9/20	[REDACTED]		[REDACTED]	[REDACTED]
9/20	[REDACTED]		[REDACTED]	[REDACTED]
9/21	[REDACTED]		[REDACTED]	[REDACTED]
9/21	[REDACTED]		[REDACTED]	[REDACTED]
9/21	[REDACTED]		[REDACTED]	[REDACTED]



ORDER CONTRACT

Thank you for your countertop purchase at HOBO.
We have contracted with a vendor and fabricator to furnish the products for your project.

Please read the contract below. If you have any questions, please address them with your salesperson prior to signing this document.

PURCHASER INFORMATION	
NAME	ANNETTE PLUKARSKI
ADDRESS	5127 154TH STREET
CITY	OAK FOREST
PHONE	708-278-2155
ALT PHONE	
EMAIL	ANET417@SBCGLOBAL.NET

GENERAL INFORMATION	
SLSP	CATHIE
DATE	SEPT 15 2018
VENDOR	STONE SYSTEMS, INC
VDR CONTACT	KIMBERLY MEIGLER - (847) 566-2277
NEW CABINETS? CABINET SET ETA? NOTES	CABINETS ETA 2 WEEKS

TRUPTI?

HOBO WILL ARRANGE FOR THE VENDOR LISTED ABOVE TO COMPLETE (purchaser to initial all applicable)

- YES Measurement for fabrication and installation of the countertops
- YES Delivery of the countertops
- YES Installation of the countertops

Purchaser to initial below

This vendor listed above will be contacting you within four (4) business days to make arrangements to complete measurements, delivery and/or installation as marked above. This lead time for scheduling work may be effected by holidays, weekends and sales volume.

Material is ordered immediately for your project. A 5% cancel order fee will apply if your order is cancelled prior to measurements by the vendor and viewing of slabs.

Our estimate / order is based upon dimensions provided by you. Our vendors commonly find that the dimensions are slightly different upon measurement by the vendor. Any increase in measurements will cause an increase in the price of your countertops, and that increase must be paid by you prior to the fabrication of your countertops.

Your cabinets **MUST BE SET** prior to measurement by the vendor, otherwise additional trip charges will be incurred for follow-up appointments. And adult must be present at time of measurement and installation by the vendor.

This vendor will only install purchased countertops. Your purchase does not include any additional labor or materials such as carpentry, plumbing, electrical, flooring, drywall, or painting.

THESE COUNTERTOPS ARE CUSTOM MADE FOR YOUR PROJECT AND ARE NOT RETURNABLE FOR ANY NON-WARRANTY REASON.

HOBO AND ITS OWNERS AND EMPLOYEES ARE NOT RESPONSIBLE FOR ANY ERRORS, DAMAGE OR DEFECTS DURING MEASUREMENT, DELIVERY, AND/OR INSTALLATION OF PRODUCTS PURCHASED UNDER THIS ORDER CONTRACT.

After today, please maintain contact with the vendor, and the vendor will handle any questions about measurements, delivery, installation, product issues, and/or warranty claims. The phone number for the vendor is listed below.

CONTACTS & REQUIRED FORMS

- SENA / PARAMOUNT (STONE SYSTEMS) - (847) 566-2277 FORMS A-B-C-D
- AVANZA / ECO (STONE SYSTEMS) - (847) 566-2277 FORMS A-B
- LAMINATE- ILL(847) 451-9300 WIS(414) 352-7870 FORMS A-B
- WILCOR SOLID SURFACE - (630) 350-7758 FORMS A-B

I have read and understand the above. By signing this document, I am in complete acceptance and understand what is being ordered for my project.

Purchaser Signature

Date

Sales Associate Signature

Date

PLEASE CONTACT THIS HOBO STORE WITH ANY QUESTIONS



HOBO #21
800 S. 108th
West Allis, WI
PH: (414) 302-4626
FX: (414) 302-4630



HOBO #23
1693 Plainfield Rd
Crest Hill, IL
PH: (815) 730-8340
FX: (815) 730-9297



HOBO #24
2650 Beverly Rd
Waukegan, IL
PH: (847) 293-1812
FX: (847) 300-9616



HOBO #25
8716 S. Cicero Ave
Oak Lawn, IL
PH: (708) 423-4856
FX: (708) 423-9256



HOBO #26
300 W. North Ave
Villa Park, IL
PH: (630) 633-2200
FX: (630) 758-0915



HOBO #27
2545 S. 27th St
Milwaukee, WI
PH: (414) 643-1226
FX: (414) 643-1715



ORDER CHECKLIST

Thank you for your countertop purchase at HOBO.
 We have contracted with a vendor and fabricator to furnish the products for your project.

Please review this form with your salesperson. It lists the most common options and choices available with your purchase. If you expect to receive any of these options listed below, but they were not included with your quote, please communicate further with your salesperson. If there is no initial next to a listed option, you WILL NOT receive that option.

ORDER SPECIFICATIONS

Type of Backsplash - Be Descriptive! (All Types Of Tops)

NO BACKSPLASH

Review your order specifications, and initial by each one if you approve.

<u>AN</u> <u>AN</u> <u>AN</u> <u>AN</u>	<u>AN</u> <u>AN</u>	<u>AN</u> <u>AN</u>
STONE SYSTEMS / SENSIA	QUARTZ	
VENDOR / BRAND	TYPE OF MATERIAL	
SIERRA MADRE	EASED EDGE	
COLOR NAME	EDGE STYLE	
66	NO	
TOTAL SQ FOOT	TEAR OUT?	
	HAUL AWAY INCLUDED	
	EDGE LIN FOOT	

MISC NOTES / CHARGES / OPTIONS / CUSTOMIZATIONS

OPTION CHECKLIST

Review each option, and initial by the options you have chosen.

STONE SYSTEMS OPTIONS

- 1" to 6" Radius Corner
- Radius larger than 6", less than 31"
- Radius larger than 30", less than 42"
- Diagonal Corner Cut
- Cutouts for electrical outlets
- More than four faucet holes (up to four free)
- Sink Cut-Out for Drop-In Sink
- Undermounting of sink provided by owner

LAMINATE ONLY

- Eased or Clipped Corners
- End Splash(s)
- Sink Cut Out
- Full Radius End

If your project requires any cut-outs for your countertops, items that require cutouts must be present at time of measurement by vendor. This includes, but is not limited to: cooktops, sinks, faucets, soap dispensers, air gaps and cutting boards. Failure to have these items at the time of measurement will result in additional trip charge.

I have read and understand the above. By my signature of this document, I have agreed to the terms and conditions outlined above.

[Signature] 9-15-18
 Customer Signature Date

[Signature] 9-15-18
 Sales Associate Signature Date

PLEASE CONTACT THIS HOBO STORE WITH ANY QUESTIONS

- | | | | | | |
|--|--|---|--|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HOBO #21
800 S. 108th
West Allis, WI
PH: (414) 302-4626
FX: (414) 302-4630 | HOBO #23
1693 Pfanzelt Rd
Crest Hill, IL
PH: (815) 730-8340
FX: (815) 730-0297 | HOBO #24
2650 Berwind Rd
Waukegan, IL
PH: (847) 293-1612
FX: (847) 360-9616 | HOBO #25
8715 S. Cicero Ave
Oak Lawn, IL
PH: (708) 423-4655
FX: (708) 423-6058 | HOBO #26
300 W. North Ave
Villa Park, IL
PH: (630) 833-5200
FX: (630) 756-9915 | HOBO #27
3545 S. 27th St
Milwaukee, WI
PH: (414) 643-1226
FX: (414) 643-1715 |

COPY TO CUSTOMER - COPY TO FILE - COPY TO VENDOR



MATERIAL DISCLAIMER

Thank you for your granite countertop purchase at HOBO.
We have contracted with a vendor and fabricator to furnish the products for your project.

Please read the disclaimer below. If you have any questions, please address them with your salesperson prior to signing this document.

I UNDERSTAND THAT:

- Granite and/or engineered stone is a natural material and will vary in polish, color, structure, and movement;
- HOBO and the vendor do not guarantee an exact match between the countertops purchased by you and the samples provided in stores or displays. Granite and engineered stone varies by lot, and samples are cut from different lots than the actual granite or engineered stone purchased.
- Inherent in these materials are visible fissures, pits, and inclusions that are not flaws in the stone;
- Fissures are very tiny hairline crevices in the stone surface; pits are surface air gaps created during rock formation that are revealed when slabs are cut and polished; and inclusions are clusters of mineral deposits of any color also created during rock formation;
- Remember fissures, pits, and inclusions are present through the entire thickness of the slab and pieces may not match seam to seam due to movement of color and thickness of material
- The material thickness can vary up to one-fourth of an inch (1/4")

I have read and understand the above. By signing this document, I am in complete acceptance and understand what is being ordered for my project.

[Signature] 9-15-18
 Customer Signature Date

[Signature] 9-15-18
 Sales Associate Signature Date

SLAB VIEWING REQUEST

Please mark choice below with an "X", initial and date.

YES, I would like to view my granite slabs at the vendor or their supplier before fabrication. Slabs can only be viewed after field measurement by the vendor, and by appointment. Please review the viewing information form (form D) for more information.

~~NO~~, I do not want to view my granite slabs before fabrication. By checking this box, I waive all rights to rejecting the material based upon the above conditions listed under the material disclaimer above.

PLEASE CONTACT THIS HOBO STORE WITH ANY QUESTIONS

HOBO #21
 800 S. 108th
 West Allis, WI
 PH: (414) 302-4626
 FX: (414) 302-4630

HOBO #23
 1693 Plainfield Rd
 Crest Hill, IL
 PH: (815) 730-8340
 FX: (815) 730-0297

HOBO #24
 2650 Belvidere Rd
 Waukegan, IL
 PH: (847) 263-1612
 FX: (847) 360-9616

HOBO #25
 8716 S. Cicero Ave
 Oak Lawn, IL
 PH: (708) 423-4656
 FX: (708) 423-5058

HOBO #26
 300 W. North Ave
 Villa Park, IL
 PH: (630) 833-3200
 FX: (630) 758-0915

HOBO #27
 3545 S. 27th St
 Milwaukee, WI
 PH: (414) 643-1226
 FX: (414) 643-1715

COPY TO CUSTOMER - COPY TO FILE - COPY TO VENDOR

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: (27242126) ANNETTE PLUKARSKI 5127 154TH STREET OAK FOREST, IL 60452	Claim No: 57 <i>Original Filed</i> Date: 01/28/2019 <i>Original Entered</i> Date: 01/28/2019	Status: Filed by: CR Entered by: EPoc ADI Modified:
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Amount claimed: \$4948.63
 Priority claimed: \$2850.00

History:
[Details](#) [57-1](#) 01/28/2019 Claim #57 filed by ANNETTE PLUKARSKI, Amount claimed: \$4948.63 (ADI, EPoc)

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*	\$4948.63
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	\$2850.00	
Administrative		