Fill in this information to identify the case:					
Debtor 1	OL Enterprises LLC				
Debtor 2 (Spouse, if filing)					
United States I	Bankruptcy Court for the: Northern District of Illinois - Eastern Div				
Case number	18-30056				

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

FEB 04 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.

Who is the current creditor?	Mildred M Phelps							
Creditor	Name of the current creditor (the person or entity to be paid for this claim)							
	Other names the creditor used wit	,						
Has this claim been acquired from someone else?	☑ No □ Yes. From whom?							
Where should notices and payments to the	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)				
creditor be sent?	Mildred M Phelps							
Federal Rule of Bankruptcy Procedure	Name	1 200	Name	Name				
(FRBP) 2002(g)	8435 Merrimac Ave							
20)	Number Street		Number	Street				
	Burbank I	60459						
	City	State ZIF	Code City	State	ZIP Code			
	Contact phone 708-204-2229	9	Contact pho	one				
	Contact email Millie824@co	mcast.net	Contact ema	ail				
	Uniform claim identifier for electron	ic payments in chapter 1	(if you use one):					
Does this claim amend one already filed?	☑ No ☐ Yes. Claim number on cou	urt claims registry (if k	own)	Filed on MM /	DD / YYYY			
Oo you know if anyone alse has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made the earlie	r filing?						

P	art 2: Give Informatio	n About the Claim as of the Date the Case Was Filed						
5.	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?	\$ Does this amount include interest or other charges?						
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).						
١,	What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.						
	claim?	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.						
		Unpaid vacation time						
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						
1(). Is this claim based on a lease?	☑ No						
	104301	☐ Yes. Amount necessary to cure any default as of the date of the petition. \$						
1	1. Is this claim subject to a	☑ No						
	right of setoff?	☐ Yes. Identify the property:						

12. Is all or part of the claim entitled to priority under	☐ No ☑ Yes. Check	one:			Amount entitled to priority		
11 U.S.C. § 507(a)? A claim may be partly	☐ Domestic	c support obligations c. § 507(a)(1)(A) or (\$				
priority and partly nonpriority. For example, in some categories, the law limits the amount	☐ Up to \$2	,850* of deposits to , family, or househo	s for \$				
entitled to priority.	bankrupt	salaries, or commissicy petition is filed or c. § 507(a)(4).	the \$				
			governmental units. 11 U.S.	C. § 507(a)(8).	\$		
					\$		
			e benefit plan. 11 U.S.C. §		\$		
			f 11 U.S.C. § 507(a)() tha		Ψ		
	* Amounts a	re subject to adjustmer	nt on 4/01/19 and every 3 years	after that for cases begun or	n or after the date of adjustment.		
Part 3: Sign Below							
	0	- data bass					
The person completing this proof of claim must	Check the approp						
sign and date it.	I am the creditor.						
FRBP 9011(b).	I am the creditor's attorney or authorized agent.						
If you file this claim electronically, FRBP	l am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
5005(a)(2) authorizes courts	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
to establish local rules specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.						
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5							
years, or both.	I declare under penalty of perjury that the foregoing is true and correct.						
18 U.S.C. §§ 152, 157, and 3571.	Executed on dat	04/08/0010					
	Mild	edM. f.	N .				
	Signature						
	Print the name	of the person who	is completing and signing	this claim:			
		Mildred	Mary	Pho	elps		
	Name	First name	Middle name	Last	name		
	Title						
	Company Identify the corporate servicer as the company if the authorized agent is a servicer.						
		Identify the corpora	ite servicer as the company if th	e authorized agent is a servi	cer.		
	Address 8435 Merrimac Ave						
	Addiess	Number S	Street				
-		Burbank		II 60	459		
		City		State ZIP (Code		
	Contact phone	708-204-2229	9	Email Millie824	@comcast.net		

Contact phone

No subject

Millie Phelps <millie824@comcast.net>

2:57 PM

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TIME OFF	ACCRUED TO		CURRENT ACCRUED	TAKEN	CURRENT BALANCE	SCH	PENDI APPRO
Sick	11/01/2019	Days:	10.81	2.00	8.81	0.00	0.00
Vacation	11/01/2019	Days:	22.59	1.00	21.59	0.00	0.00

Approvers



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: (27506239) Claim No: 64 Status: MILDRED M PHELPS Original Filed Filed by: CR

8435 MERRIMAC AVE Date: 02/04/2019 Entered by: Kimetha Collier

BURBANK, IL 60459 Original Entered Modified:

Date: 02/04/2019

Amount claimed: \$2982.87 Priority claimed: \$2982.87

History:

Details 64-1 02/04/2019 Claim #64 filed by MILDRED M PHELPS, Amount claimed: \$2982.87 (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

Total Amount Claimed*	\$2982.87
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	\$2982.87	
Administrative		