

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT NORTHERN District of Illinois		PROOF OF CLAIM FILED UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS FEB 26 2019 JEFFREY P. ALLSTEADT, CLERK TEAM - CA
Name of Debtor: <div style="font-size: 1.5em; margin-top: 10px;">OL ENTERPRISES</div>	Case Number: <div style="font-size: 1.5em; margin-top: 10px;">18-30056</div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> Check this box if this claim amends a previously filed claim. </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Court Claim Number: _____ <i>(If known)</i> </div> <div style="border: 1px solid black; padding: 5px;"> Filed on: _____ </div>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property):		
Name and address where notices should be sent: ROBERT DiFoggio DiFoggio Plumbing PARTNERS, INC 3241 S. SHIELDS AVE, CHgo IL 60616 Telephone number: email: <div style="display: flex; justify-content: space-between;"> 312.842.1102 DIFOGGIOPLUMBING@COMCAST.NET </div>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. </div>
Name and address where payment should be sent (if different from above): <div style="font-size: 1.5em; margin-top: 10px; text-align: center;">N/A</div>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. </div>
Telephone number: email: <div style="display: flex; justify-content: space-between;"> 312.842.1102 DIFOGGIOPLUMBING@COMCAST.NET </div>		
1. Amount of Claim as of Date Case Filed: \$ <u>226.00</u>		
If all or part of the claim is secured, complete item 4.		
If all or part of the claim is entitled to priority, complete item 5. * SEE ATTACHED * RETURNED CHECK FEE		
<input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>SERVICES PERFORMED</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <div style="font-size: 1.5em; margin-top: 10px; text-align: center;">N/A</div>	3a. Debtor may have scheduled account as: <div style="font-size: 1.5em; margin-top: 10px; text-align: center;">N/A</div> (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Value of Property: \$ _____		Basis for perfection: _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
Amount entitled to priority: \$ _____		
<i>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

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7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

- ☐ I am the creditor. ☐ I am the creditor's authorized agent. ☒ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: VERONICA BLAIR
Title: OFFICE MANAGER
Company: DIFOGGIO PLUMBING PARTNERS
Address and telephone number (if different from notice address above):

Telephone number: _____ email: _____

Veronica Blair JAN 18, 2019
(Signature) (Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

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.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

JAMES DiFOGGIO & SONS, INC.
 DiFOGGIO PLUMBING PARTNERS, INC.
 3241 S SHIELDS AVE
 CHICAGO, IL 60616

Invoice

Date	Invoice #
10/15/2018	19230

Bill To:

HOBO DISTRIBUTION CENTER
 ATTN: ACCOUNTS PAYABLE
 2650 BELVIDERE ROAD
 WAUKEGAN, IL 60085

Work Order No.	Terms	Job Location
78294MG	Due upon receipt	8716 S Cicero, Oak Lawn

Description	Qty	Rate	Amount
10/10/2018	1.5	130.00	195.00
Location: 8716 S Cicero, Oak Lawn Description: Toilet stopped in front, men's restroom. • Augered toilet to due blockage. • Toilet is now back in full functional order. Auger Personal Protection Equipment		15.00 4.00	15.00 4.00

THANK YOU FOR TRUSTING US SINCE 1915!

Total \$214.00

Phone	Fax	E-mail
(312) 842-1102	(312) 842-1105	info@difoggioplumbing.com

Payments/Credits \$0.00

Customer shall pay DiFoggio Plumbing Partners, Inc. ("DPP") within thirty (30) days of the date of invoice. If the Customer does not pay the invoice within the thirty (30) day period, interest shall accrue on the unpaid balance at the rate of 1.5% per month (18% per annum). DPP shall be entitled to recover all costs of collection, including reasonable attorney's fees, lien costs, and other expenses incurred as a result of nonpayment by Customer. Customer agrees that a mechanic's lien may be filed within 70 days of the invoice date if the invoice is unpaid.

Balance Due \$214.00

We're subtracting funds and charging a returned-check fee from your account ending in 1175.

Dear JAMES DI FOGGIO & SONS, INC.,
check(s) previously deposited to your account was returned unpaid to us.

COPY

Advice = 102666
JAMES DI FOGGIO & SONS, INC.
DBA DIFOGGIO PLUMBING PARTNERS, INC.
3241 S SHIELDS AVE
CHICAGO IL 60616-3601

Return Reason	Deposit Date	Internal Seq #	Item Amount
Frozen/Blocked The paying account is restricted.	10/26/2018	99012285	\$214.00

We've received the check(s) from the paying bank and will:

- Subtract the amount of the returned check(s) which was previously deposited
- Charge your account a returned-check fee of \$12.00 for each unpaid check(s), and
- Enclose a legal copy of the original check(s) that can be used in place of the original check(s)

1 Checks Charged Totaling: \$214.00
Total Returned Check Fees: \$12.00

If you have questions, please call us at 800-935-9935. Thank you for choosing Chase.

Sincerely,
Misty D. Hall
Executive Director

EXC2
JPMorgan Chase Bank, Member FDIC

074909962
10/31/2018
99012285

This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

RETURN REASON-F
FROZEN/BLOCKED ACCOUNT

8490184321
[074909962] 10/26/2018

FROZ/BLOCK ACC

THIS CHECK CONTAINS MULTIPLE SECURITY FEATURES DESIGNED TO DETECT DUPLICATION OR ALTERATION

CHECK NO.	CHECK DATE	VENDOR NO.
25386	10/23/18	DI100

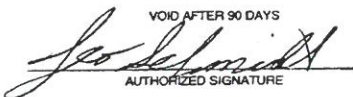
OL ENTERPRISES, LLC
DBA H.O.B.O.
2650 BELVIDERE ROAD
WAUKEGAN, IL 60085

CHECK NO. 025386

TWO HUNDRED FOURTEEN AND 00/100 DOLLARS

MB Financial Bank, N.A. 2173
CHICAGO, IL 60607 710
CHECK AMOUNT
\$*****214.00

PAY TO THE ORDER OF
JAMES DIFOGGIO & SONS, INC.
3241 S. SHIELDS AVE.
CHICAGO, IL 60616-

VOID AFTER 90 DAYS

AUTHORIZED SIGNATURE

⑈025386⑈ ⑆071001737⑆ 0692 75947⑈

⑈025386⑈ 4⑆071001737⑆ 069275947⑈ ⑆0000021400⑆

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: (27582162)

Claim No: 68

Status:

Robert Difoggio

Original Filed

Filed by: CR

Difoggio Plumbing Partners Inc

Date: 02/26/2019

Entered by: Kevin Lyons

3241 S Shields Avenue

Original Entered

Modified:

Chicago IL 60616

Date: 02/26/2019

Amount claimed: \$226.00

History:

[Details](#) [68-1](#) 02/26/2019 Claim #68 filed by Robert Difoggio, Amount claimed: \$226.00 (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*	\$226.00
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		