

Fill in this information to identify the case:

Debtor 1 DEFORAB, LLC

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

United States Bankruptcy Court for the: NORTHERN District of ILLINOIS  
(State)

Case number 18-30057

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? American Express Travel Related Services Co, Inc  
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)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Becket and Lee LLP</u> Name	_____ Name
<u>PO Box 3001</u> Number Street	_____ Number Street
<u>Malvern PA 19355-0701</u> City State ZIP Code	_____ City State ZIP Code
Contact phone <u>610-228-2570</u>	Contact phone <u>610-228-2570</u>
Contact email <u>proofofclaim@becket-lee.com</u>	Contact email <u>payments@becket-lee.com</u>
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:   0     7     7     2  

7. How much is the claim?  \$3,455.86  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 healthcare information.  
 CONSIDERATION FOR THIS DEBT IS AMOUNTS OWED PURSUANT TO AGREEMENT WHEREBY THE DEBTOR ACCEPTED THE AMERICAN EXPRESS CARD FOR PURCHASE OF GOODS AND SERVICES.

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

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:*

	<b>Amount entitled to priority</b>
<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</p> <p><input 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).</p> <p><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).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>

\* 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).**

*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.

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.**

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 12/20/2018  
MM / DD / YYYY

/s/ Sabari Mukherjee  
Signature

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

Name Sabari Mukherjee  
First Name Middle Name Last Name

Title Claims Administrator

Company Becket and Lee LLP  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address POB 3001  
Number Street

Malvern PA 19355-0701  
City State ZIP Code

Contact phone 610-228-2570 Email proofofclaim@becket-lee.com

DURAND AVE LIMITED

ACCOUNT	ACCOUNT	PAY DATE	SUM NBR	ORIG SOC	DISCOUNT	NET	CHECK#/ DRAFT#/ ADVISE	CHECKS/ DRCT DB AMOUNT	CHK PROC GRP DATE	BATCH NUM	MASSED SERV FEE	CAP TRACK CTR	ID	NUM
PAYEE *	PAYEE *	SYS	CARD	GROSS	OPTIMA DIVIDEND				SE BUS	BLOD		OPTIMA GROSS	CHGS	OPTI
0772*		1101	304018	149.97	4.46	145.51	304B1376	0.00	0	1031	0501	00934226	02	304013018
		A	AX	0.00	0.00					1031	000	0.00		0
		1101	000000	145.31-	0.00	145.31-	304B1376	0.00	8	1031	08KR	00000000	02	304000000
		A	AX	0.00	0.00					1031	000	1.45		0
		1102	558147	1798.58-	0.00	1798.58-	305B1510	1798.58-	0	1101	0567	00000000	02	304000009
		A	AX	0.00	0.00					1031	785	0.00		0
		1105	000000	0.00	1320.67	1357.29-	307M2730	1357.29-	0	1103	0999	00000000	02	272299999
		A	AX	0.00	0.00					0929		0.36		0
		1109	566651	1357.29-	0.00	1357.29-	312B0591	3155.86-	0	1106	0567	00000000	02	311000009
		A	AX	0.00	0.00					1107	785	0.00		0
		1109	000000	1798.58-	0.00	1798.58-	312B0591	3155.86-	0	1106	0000	00000000	02	311000000
		A	AX	0.00	0.00					1101		0.00		0
		1112	557912	300.00-	0.00	300.00-	314B2296	3455.86-	0	1110	0560	00000000	02	314000008
		A	AX	0.00	0.00					1110	037	0.00		0
		1112	000000	3155.86-	0.00	3155.86-	314B2296	3455.86-	0	1110	0000	00000000	02	313000000
		A	AX	0.00	0.00					1101		0.00		0

# Northern District of Illinois Claims Register

[18-30057 Deforab, LLC](#)

**Honorable Judge:** Jacqueline P. Cox

**Chapter:** 11

**Office:** Eastern Division

**Last Date to file claims:**

**Trustee:**

**Last Date to file (Govt):**

*Creditor:* (27392412)

**Claim No:** 4

*Status:*

American Express Travel Related

*Original Filed*

*Filed by:* CR

Services Co, Inc

*Date:* 12/20/2018

*Entered by:* Sabari Mukherjee

c/o Becket and Lee LLP

*Original Entered*

*Modified:*

PO Box 3001

*Date:* 12/20/2018

Malvern PA 19355-0701

Amount claimed: \$3455.86

*History:*

[Details](#) [4-1](#) 12/20/2018 Claim #4 filed by American Express Travel Related Services Co, Inc, Amount claimed: \$3455.86 (Mukherjee, Sabari)

*Description:*

*Remarks:*

## Claims Register Summary

**Case Name:** Deforab, LLC

**Case Number:** 18-30057

**Chapter:** 11

**Date Filed:** 10/25/2018

**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$3455.86
<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>		