

Fill in this information to identify the case:

Debtor 1 De forab

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Northern District of Illinois - Eastern Div

Case number 18-30057

FILED
 UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS
 JAN -8 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.

Part 1: Identify the Claim

1. Who is the current creditor? Jaেকে Distributors
 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)
Name <u>Jaেকে Distributors</u>	Name _____
Number <u>4101</u> Street <u>Owl Creek Dr</u>	Number _____ Street _____
City <u>Madison</u> State <u>WI</u> ZIP Code <u>53718</u>	City _____ State _____ ZIP Code _____
Contact phone <u>608-838-5352</u>	Contact phone _____
Contact email <u>rich.weiss@jaেকে distributors.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?
 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? _____

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):

<i>Creditor:</i> (27243952) History Claim No: 7	<i>Status:</i>
JAECKLE DISTRIBUTORS INC.	<i>Filed by:</i> CR
4101 OWL CREEK DR.	<i>Entered by:</i> Kimetha Collier
MADISON, WI 53718	<i>Modified:</i>
<i>Original Filed</i>	
<i>Date:</i> 01/08/2019	
<i>Original Entered</i>	
<i>Date:</i> 01/08/2019	

No amounts claimed

History:

[Details](#) [7-1](#) 01/08/2019 Claim #7 filed by JAECKLE DISTRIBUTORS INC., Amount claimed: (Collier, Kimetha)

Description:

Remarks: (7-1) PDF error-filer notified to file Amended Claim

Claims Register Summary

Case Name: Deforab, LLC

Case Number: 18-30057

Chapter: 11

Date Filed: 10/25/2018

Total Number Of Claims: 1

No Amounts Claimed