

Fill in this information to identify the case:

Debtor 1 <u>Morgan Administration, Inc.</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Northern District of Illinois</u>
Case number: <u>18-30039</u>

FILED
 U.S. Bankruptcy Court
 Northern District of Illinois
 11/1/2018
 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>United Cabinet Co. DBA Kabinart</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>United Cabinet Co. DBA Kabinart</u>	_____
	Name	Name
	<u>3650 Trousdale Dr Nashville, TN 37204</u>	_____
	Contact phone <u>615-833-1961</u>	Contact phone _____
	Contact email <u>denise@kabinart.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

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: 1600

7. How much is the claim? \$ 5537.21 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.
goods sold

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)?	<input checked="" type="checkbox"/> No <input 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 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).	\$ _____
	<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

The person completing this proof of claim must sign and date it. FRBP 9011(b).

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.

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.

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 11/1/2018
MM / DD / YYYY

/s/ Denise Giulliani

Signature

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

Name Denise Giulliani

First name Middle name Last name

Title Credit manager

Company United Cabinet Co DBA Kabinart

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 3650 Trousdale Dr

Number Street
Nashville, TN 37204

City State ZIP Code

Contact phone 615-833-1961 Email denise@kabinart.com



Nashville, TN 37204
 Denise@kabinart.com

Ph. # 615-833-1961 Fax# 000-0000

Invoice 192909

BILL TO 4491600 Fax# 708-423-5082

SHIP TO

HOBO #25 Oak Lawn
2650 Belvidere Rd

Waukegan, IL 60085

HOBO # 25 Oak Lawn C/O ML Mathews
 23 Stonehill Rd

 Oswego, IL 60543

Invoice Date	Ship Via	F.O.B.	Carrier	Terms
09/25/2018	SHIP TRUCK ZAP	Ship Point	Averitt	2 % 10 Days, Net 30 Days
Purchase Order Number	Ship Date	Sales Persons	Our Order Number	
R000018572 PLUKARSKI	09/24/2018	1) Rich Henschel, Jr. 2) Kelly Moore 3) Designer: 200322	239101	

Ordered	Item Number Description	Ship Qty	Back Order	List Price	Unit Price	Amount
	Bol Tracer: 000072876 54671 Class: M5 SPA Pricing 5% VIN/ID: 200322 Batch: 09/07-04 REC CHANGES TO THIS ORDER MUST BE SUBMITTED TO ORDERS@KABINART.COM BY 4PM CST 8/24.					
1	PPB30 Wakefield Flat Center Panel, Cherry, Sable, 5-Piece, Soft Close Dovetail Drawer, NES, Standard Face Frame	1		1288.80	395.6616	395.66
1	DDEB24 Wakefield Flat Center Panel, Cherry, No Hinge Prep, Sable	1		251.10	77.0877	77.09
1	BFH18WWB-2 Wakefield Flat Center Panel, Cherry, No Hinge Prep, Sable, NES, Standard Face Frame	1		1084.50	332.9415	332.94
1	APRSB36D Wakefield Flat Center Panel, Cherry, DD, Sable, NES, Standard Face Frame	1		594.00	182.3580	182.36
1	DB12-3 Wakefield Flat Center Panel, Cherry, Sable, 5-Piece, Soft Close Dovetail Drawer, NES, Standard Face Frame	1		694.80	213.3036	213.30
1	BLS Wakefield Flat Center Panel, Cherry, DD, Sable, NES, Standard Face Frame	1		963.90	295.9173	295.92
1	TB9-MP9 Wakefield Flat Center Panel, Cherry, No Hinge Prep, Sable, REF, Standard Face Frame	1		1002.60	307.7982	307.80
1	B12 Wakefield Flat Center Panel, Cherry, HL, Sable, 5-Piece, Soft Close Dovetail Drawer, LEF, Standard Face Frame	1		574.20	176.2794	176.28
1	BFH18 Wakefield Flat Center Panel, Cherry, HL, Sable, NES, Standard Face Frame	1		506.70	155.5569	155.56
2	ACHSS18 ACHSS18	2		148.00	45.4360	90.87
1	QTPOST AC POST KIT	1		78.00	23.9460	23.95



Nashville, TN 37204
 Denise@kabinart.com

Ph. # 615-833-1961 Fax# 000-0000

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HOBO #25 Oak Lawn
2650 Belvidere Rd

Waukegan, IL 60085

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 23 Stonehill Rd

 Oswego, IL 60543

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Purchase Order Number	Ship Date	Sales Persons	Our Order Number	
R000018572 PLUKARSKI	09/24/2018	1) Rich Henschel, Jr. 2) Kelly Moore 3) Designer: 200322	239101	

Ordered	Item Number Description	Ship Qty	Back Order	List Price	Unit Price	Amount
1	BFH18 Wakefield Flat Center Panel, Cherry, HL, Sable, NES, Standard Face Frame	1		506.70	155.5569	155.56
1	DB12 Wakefield Flat Center Panel, Cherry, Sable, 5-Piece, Soft Close Dovetail Drawer, NES, Standard Face Frame	1		738.90	226.8423	226.84
2	DDEW42 Wakefield Flat Center Panel, Cherry, No Hinge Prep, Sable	2		172.80	53.0496	106.10
2	W3042D Wakefield Flat Center Panel, Cherry, DD, Sable, NES, Standard Face Frame	2		701.10	215.2377	430.48
1	RW3318DX24 Wakefield Flat Center Panel, Cherry, DD, Sable, NES, Standard Face Frame	1		595.80	182.9106	182.91
1	W1236 Wakefield Flat Center Panel, Cherry, HL, Sable, FFR, Standard Face Frame	1		434.70	133.4529	133.45
1	RPVAL48 Cherry, Sable	1		738.90	226.8423	226.84
1	W2136 Wakefield Flat Center Panel, Cherry, HR, Sable, FFL, Standard Face Frame	1		522.90	160.5303	160.53
1	WEZ2436R Wakefield Flat Center Panel, Cherry, HR, Sable, NES, Standard Face Frame	1		842.40	258.6168	258.62
1	W1836 Wakefield Flat Center Panel, Cherry, HL, Sable, FFR, Standard Face Frame	1		482.40	148.0968	148.10
1	DDEW42 Wakefield Flat Center Panel, Cherry, No Hinge Prep, Sable	1		172.80	53.0496	53.05
1	W3642D Wakefield Flat Center Panel, Cherry, DD, Sable, NES, Standard Face Frame	1		780.30	239.5521	239.55
1	W3642D Wakefield Flat Center Panel, Cherry, DD, Sable, NES, Standard Face Frame	1		780.30	239.5521	239.55



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Purchase Order Number	Ship Date	Sales Persons	Our Order Number	
R000018572 PLUKARSKI	09/24/2018	1) Rich Henschel, Jr. 2) Kelly Moore 3) Designer: 200322	239101	

Ordered	Item Number Description	Ship Qty	Back Order	List Price	Unit Price	Amount
1	BR1590 Wakefield Flat Center Panel, Cherry, HL, Sable, FFL & REF, Standard Face Frame	1		1344.60	412.7922	412.79
1	QTPOSTBR AC BROOMER POST KIT	1		169.00	51.8830	51.88
3	ACHSS15 ACHSS15	3		141.00	43.2870	129.86
1	REP2490X3/4 Cherry, Sable, NES	1		474.30	145.6101	145.61
2	BF3 Cherry, Sable	2		58.50	17.9595	35.92
1	UF342 Cherry, Sable	1		55.80	17.1306	17.13
4	CCM3 Cherry, Sable	4		126.90	38.9583	155.83
5	TK496 Cherry, Sable	5		43.20	13.2624	66.31
1	SPA DISCOUNT Special Pricing Arrangement Shipped Cabinet Count: 20	1		-291.43	-291.4321	291.43CR

INVUCC	SUB-TOTAL	5,537.21
	SALES-TAX	.00
	FREIGHT	.00
	INVOICE TOTAL \$	5,537.21

Discount 2.00% \$ 110.74CR, Total Less Discount 5,426.47

3650 Trousdale Drive

Nashville, TN 37204
 Denise@kabinart.com

Phone # 615 833 1961 Fax # 000 000 0000



11/1/2018 9:43:19 AM

Customer **4491600**

STATEMENT OF ACCOUNT

**HOBO #25 Oak Lawn
 2650 Belvidere Rd
 Waukegan, IL 60085**

Inv Date	Ref#	Customer PO	Order No.	Due Date	Ref	Invoice Amount	Open Amount
09/25/18	192909	1 R000018572	239101	10/25/18	INV	5537.21	5537.21
10/26/18	192909	1 R000018572 PLUKARSKI	239101	10/25/18	F/C	2.73	2.73

Current	01 - 30	31 - 60	61 - 90	Over 90	
2.73	5,537.21				5,539.94

Northern District of Illinois Claims Register

[18-30039 Morgan Administration, Inc.](#)

Honorable Judge: Jacqueline P. Cox **Chapter:** 11
Office: Chicago **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (27267759)	Claim No: 10	<i>Status:</i>
United Cabinet Co. DBA	<i>Original Filed</i>	<i>Filed by:</i> CR
Kabinart	<i>Date:</i> 11/01/2018	<i>Entered by:</i> EPoc ADI
3650 Trousdale Dr	<i>Original Entered</i>	<i>Modified:</i>
Nashville, TN 37204	<i>Date:</i> 11/01/2018	

Amount claimed: \$5537.21

History:

[Details](#) [10-1](#) 11/01/2018 Claim #10 filed by United Cabinet Co. DBA Kabinart, Amount claimed: \$5537.21 (ADI, EPoc)

Description:

Remarks: (10-1) Account Number (last 4 digits):1600

Claims Register Summary

Case Name: Morgan Administration, Inc.
Case Number: 18-30039
Chapter: 11
Date Filed: 10/25/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$5537.21
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		