

Fill in this information to identify the case:

Debtor 1 Morgan Administration

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of _____

Case number 18-30039

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
NOV - 1 2018

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?

Shelterlogic Corp

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?

Shelterlogic Corp

Name

150 Callendar Rd

Number Street

Watertown

City

CT

State

06795

ZIP Code

Contact phone 860-417-5510

Contact email Samantha.Ciarlo@shelterlogic.com

Where should payments to the creditor be sent? (if different)

Shelterlogic Corp

Name

PO Box 844304

Number Street

Boston

City

MA

State

02284

ZIP Code

Contact phone 732-220-3590

Contact email paul.methione@pnc.com

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 5 0 5

7. How much is the claim? \$ 62,798.42 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 health care 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)?

☒ No

☐ Yes. Check one:

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.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____

☐ 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). \$ _____

☐ 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). \$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ _____

* 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).

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 10/30/2018
MM / DD / YYYY

Samantha Ciavolo
Signature

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

Name Samantha Ciavolo
First name Middle name Last name

Title AR Administrator

Company ShelterLogic Corp
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 150 Callendar Rd
Number Street

Watertown, CT 06795
City State ZIP Code

Contact phone 860-417-5510 Email Samantha.Ciavolo@shelterlogic.com

SHELTERLOGIC CORP
150 CALLENDER ROAD
WATERTOWN, CT 06795

INVOICE

Invoice Number: 1589555
Date: 5/31/2018
Page Number: 1
Order Number: 1259510
F.O.B: SHIPPING_POINT**Sold To**HOBO FINANCIAL
HOBO CORPORATE OFFICE
2650 BELVIDERE ROAD
WAUKEGAN, IL 60085**Ship To**HOBO STORE# 47
7557 S. 78TH AVE
BRIDGEVIEW, IL 60455
USA

CUSTOMER ID		CUSTOMER PO		PAYMENT TERMS		FREIGHT TERMS	
A100505		n000021154		Net 90		Freight: Collect	
SALES REP ID			SHIPPING METHOD		SHIP DATE		INVOICE DUE DATE
CSR010			COLLECT		5/31/2018		8/29/2018
QUANTITY			PART	DESCRIPTION	T X	UNIT PRICE	EXTENDED PRICE
ORD	SHP	BCK					
190	190		0 BW54FB	BRENTWOOD 5X4 1 CTN		81.03	\$15,395.70
80	80		0 SA8667FB	SALEM 8X6 1 CTN		133.93	\$10,714.40
12	12		0 SMBDCM	STORBOSS BULL DOG CAMO		60.00	\$720.00
50	50		0 SMBDCHVA	STORBOSS VIKING		60.00	\$3,000.00
	1		0	Sales Tax		1,864.38	\$1,864.38

SUB TOTAL: \$31,694.48

TOTAL AMOUNT: \$31,694.48

PAYMENTS APPLIED: 0.00
TOTAL AMOUNT DUE: 31,694.48IF YOU HAVE QUESTIONS ON HOW THIS INVOICE WAS CALCULATED, OR QUESTIONS ABOUT ANY OF OUR OTHER PRODUCTS,
PLEASE CONTACT OUR SALES OFFICE.

PLEASE REFERENCE THIS INVOICE NUMBER ON YOUR CHECK AND REMIT TO:

SHELTERLOGIC, CORP
P.O. Box 844304
Boston, MA 02284-4304

Date: 5/31/2018

BILL OF LADING

SHIP FROM

Name: **ShelterLogic**
 Address: **1101 N. FOURTH ST.**
 City/State/Zip: **BREESE, IL 62230**
 SID#: _____ FOB: ☒

Bill of Lading Number: 1259510



SHIP TO

Name: **HOBO STORE# 47**
 Address: **7557 S. 78TH AVE**
 City/State/Zip: **BRIDGEVIEW, IL 60455**
 CID#: _____ FOB: ☐

Carrier: **PICKUP** *Cycle Logistics*
 DELIVERY APPOINTMENT REQUIRED

PLACE PRO# STICKER HERE

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

City/State/Zip: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: ☐ Collect: ☒ 3rd Party: ☐

FOR CARRIER CONVENIENCE 708.924.9155
 Customer PO#: n000021154

Special Pricing Quotation #
 Expiration Date:

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section (2e) of NMFC Item 350.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1		331 PCS		37275 lbs		Houses, or buildings, not Steel or wood, separate or Combined kg (density exceeds 15 lbs. pcf or wall, roof Sections items 38470 sub 3		
				lbs				
				lbs				
				lbs				
				lbs				
				lbs				
				lbs				
				lbs				
		334		37275 lbs		GRAND TOTAL		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

COD Amount: \$ _____

Fee Terms: Collect: ☐ Prepaid: ☐Customer check acceptable: ☐

NOTE: Liability Limitations for loss or damage in this shipment may be applicable. See 49 U.S.C. = 14706(c)

RECEIVED, subject to individually determined rates or contracts and have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rates that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

☐ By Shipper
☐ By Driver/pallets said to contain

SHIPPER SIGNATURE/DATE:

S. Otenschen 5/31/18
 TRL 53152
 seal 024093

CARRIER SIGNATURE/DATE:

MO CYCLE LOGISTICS



SHELTERLOGIC CORP
150 CALLENDER ROAD
WATERTOWN, CT 06795

INVOICE

Invoice Number: 1696478
Date: 9/20/2018
Page Number: 1
Order Number: 1358619
F.O.B: SHIPPING_POINT

Sold To

HOBO FINANCIAL
HOBO CORPORATE OFFICE
2650 BELVIDERE ROAD
WAUKEGAN, IL 60085

Ship To

HOBO STORE# 47
7557 S. 78TH AVE
BRIDGEVIEW, IL 60455
USA

CUSTOMER ID			CUSTOMER PO		PAYMENT TERMS		FREIGHT TERMS	
A100505			n000021940		Net 90		Freight: Collect	
SALES REP ID			SHIPPING METHOD		SHIP DATE		INVOICE DUE DATE	
CSR010			COLLECT		9/20/2018		12/19/2018	
QUANTITY			PART	DESCRIPTION	T X	UNIT PRICE	EXTENDED PRICE	
ORD	SHF	BCK						
10	10	0	SA8667FB	SALEM 8X6 1 CTN 1244775		133.93	\$1,339.30	
40	40	0	NW106	NEWBURGH 1 CTN 1247827		150.00	\$6,000.00	
40	40	0	FB106-A	FLOOR FRAME KIT for 8x6 and 10x6 1247828		0.00	\$0.00	
107	107	0	LM109	EURO HAMLET 10X9 1 CTN 1249194		205.00	\$21,935.00	
107	107	0	FB109-A	FLOOR FRAME KIT 1249195		0.00	\$0.00	
	1	0		Sales Tax		1,829.64	\$1,829.64	

SUB TOTAL: \$31,103.94

TOTAL AMOUNT: \$31,103.94

PAYMENTS APPLIED: 0.00

TOTAL AMOUNT DUE: 31,103.94

IF YOU HAVE QUESTIONS ON HOW THIS INVOICE WAS CALCULATED, OR QUESTIONS ABOUT ANY OF OUR OTHER PRODUCTS, PLEASE CONTACT OUR SALES OFFICE.

PLEASE REFERENCE THIS INVOICE NUMBER ON YOUR CHECK AND REMIT TO:

**SHELTERLOGIC, CORP
P.O. Box 844304
Boston, MA 02284-4304**

Date: 9/18/2018

BILL OF LADING

SHIP FROM

Name: *ShelterLogic*
 Address: *1101 N. FOURTH ST.*
 City/State/Zip: *BREESE, IL 62230*
 SID#:

FOB: ☒

Bill of Lading Number: 1358619



* 1 3 5 8 6 1 9 *

A100505

SHIP TO

Name: *HOB0 STORE# 47*
 Address: *7557 S. 78TH AVE*
 City/State/Zip: *BRIDGEVIEW, IL 60455*
 CID#:

FOB: ☐Carrier: *Online Freight*

DELIVERY APPOINTMENT REQUIRED

PLACE PRO# STICKER HERE

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
 Address:

City/State/Zip:

33 Skids

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: ☐Collect: ☒3rd Party: ☐

FOR CARRIER CONVENIENCE 708.924.9155
 Customer PO#: n000021940

Special Pricing Quotation #
 Expiration Date:

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section (2a) of NMFC Item 350.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
		<i>304</i>	<i>PCS</i>	<i>33115</i> lbs		<i>Houses, or buildings. Not</i>		
				lbs		<i>Steel or wood, separate or</i>		
				lbs		<i>Combined kd (density exceeds</i>		
				lbs		<i>15 lbs. pcf or wall, roof</i>		
				lbs		<i>Sections items 38470 sub 8</i>		
				lbs				
				lbs				
		<i>304</i>		<i>33115</i> lbs		GRAND TOTAL		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

COD Amount: \$ _____

Fee Terms: Collect: ☐ Prepaid:Customer check acceptable: ☐

NOTE: Liability Limitations for loss or damage in this shipment may be applicable. See 49 U.S.C. = 14706(c)

RECEIVED, subject to individually determined rates or contracts and have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rates that have been established by the carrier and are available to the shipper, on request. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.

Trailer Loaded:

☐ By Shipper☐ By Driver

Freight Counted:

☐ By Shipper☐ By Driver/pallets said to contain

SHIPPER SIGNATURE/DATE:

CARRIER SIGNATURE/DATE:

S. Atchamish *9/19/18*
TRL# 53214
SEN# 024603

John *9/19/18*

PROOF OF CLAIM FILING INFORMATION FOR

MORGAN ADMINISTRATION, INC.

CASE NO. 18-30039

US BANKRUPTCY COURT, NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

Debtor Name	Case Number
Morgan Administration, Inc.	18-30039
Belvidere Associates LLC	18-30043
Deforab LLC	18-30057
FP Retail Associates LLC	18-30046
Hillcrest Enterprises, LLC	18-30047
Jular Media LLC	18-30050
KLS Acquisition Corp.	18-30052
Loomis Enterprises LLC	18-30053
North Avenue Associates LLC	18-30054
Oak Creek Distribution LLC	18-30055
OL Enterprises LLC	15-30056

General Bar Date: TBD

General Administrative Bar Date: TBD

Governmental Bar Date: TBD

NOTE: The Bar Date motion has not been filed. Until such time, you may send completed Proofs of Claims to:

US Bankruptcy Court – Northern District of Illinois – Eastern Division
Everett McKinley Dirksen United States Courthouse
219 South Dearborn Street
Chicago, IL 60604

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):**

Creditor: (27200420) History SHELTERLOGIC CORP 150 CALLENDER RD WATERTOWN, CT 06795	Claim No: 11 <i>Original Filed</i> Date: 11/01/2018 <i>Original Entered</i> Date: 11/01/2018	Status: <i>Filed by:</i> CR <i>Entered by:</i> Kimetha Collier <i>Modified:</i>
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Amount claimed: \$62798.42

History:

[Details](#) [11-1](#) 11/01/2018 Claim #11 filed by SHELTERLOGIC CORP, Amount claimed: \$62798.42 (Collier, Kimetha)

Description:

Remarks:

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*	\$62798.42
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		