

Fill in this information to identify the case:

Debtor 1 Morgan Administration, Inc.Debtor 2
(Spouse, if filing) _____

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

Case number 18-30039

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
DEC 19 2018

JEFFREY P. ALLSTEADT, CLERK
TEAM - CA *KC*

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?

DIRECT INTERNATIONAL, 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?

DIRECT INTERNATIONAL, INC.

Name

1536 FIRST STREET

Number

Street

Newton Falls OH 44444

City

State

ZIP Code

Contact phone 330-872-1138Contact email nancy@DIRECTINTINC.COM

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

Name

Number

Street

City

State

ZIP Code

Contact phone _____

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? _____

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: 1877

7. How much is the claim?

\$ 4,473.60

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 - supporting documents attached

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

12/13/2018
MM / DD / YYYY


Signature

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

Name

Nancy

Ann

McDermott

First name

Middle name

Last name

Title

OFFICE MANAGER - Finance

Company

DIRECT INTERNATIONAL INC.

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

Address

1536 FIRST STREET

Number

Street

Newton Falls

OH

44444

City

State

ZIP Code

Contact phone

330-872-1138 ext 110

Email

nancy@directintline.com

**Direct International Inc.**

1536 First Street, Newton Falls, OH 44444

Tel: 330/872-1138 Fax: 330/872-6478

www.directinternationalinc.com

Invoice Number: 72666

Inv Due Date: 9/16/2018

TERMS : Net 30

Customer No.: 1877

Cust PO# n000021712

Sales Order# 60205

Ship Date: 8/17/2018

Invoice

Bill to:

Home Owners Bargain Outlet - HOBO
2650 Belvedere Rd,
Waukegan, IL 60085
847-263-1240 x 32 847-263-1232

Ship to:

Home Owners Bargain Outlet - HOBO
Bridgeview DC
7557 78th Avenue
Bridgeview IL 60455

Item #	Case(s)	Cspk	Inners	Pcs	Piece Price	Description	Ext Price
107-78049	3.50	12		42	\$6.00	9"x35" Wood Witch Hat Signs on Pole	\$252.00
107-78050	7.00	8		56	\$6.50	10"x42" Wood Skeleton Signs on Pole	\$364.00
200-15082	14.00	2		28	\$15.00	20" Stoneware Pumpkin Lantern	\$420.00
318-73128	1.00	48		48	\$2.50	14" x 9.5" Small Metal Pumpkin on 2	\$120.00
318-73567	3.00	24		72	\$4.50	18" Flat Metal Pumpkins On 2 Poles	\$324.00
318-78165	5.00	12		60	\$10.50	26"X29" Metal Pumpkin w/2 Leaves on	\$630.00
318-78176	1.00	72		72	\$2.00	6"X14" Tiny Metal Pumpkin on 2 Poles	\$144.00
318-78178	6.00	12		72	\$6.50	13.5"X26.5" Galvanized metal	\$468.00
505-78250	7.00	12		84	\$6.50	31.75" Wood Skeleton	\$546.00
505-78266	1.50	24		36	\$2.50	18"x3.5" Welcome Fall Wood Sign	\$90.00
512-78100	7.00	8		56	\$7.50	9.5"x10" Wood Boo Pumpkin	\$420.00
512-78101	7.00	8		56	\$7.50	10" Wood Boo Skeleton	\$420.00

Cases 63.00 Wt 1174

R&L I626616585

Attached Shipping Bill

Sales Amt.: \$ \$4,198.00

Shipping \$275.60

Total \$4,473.60

Receipts Applied \$0.00

Balance Due \$4,473.60

NOTE: COMPANY FILED
CHAPTER 11 BANKRUPTCY ON

Back Ordered

Item #	Case(s)	Cspk	Inners	Pcs	Piece Price	Description
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INVOICE

CUSTOMER CODE		DIREYO	DATE		08/17/18		FREIGHT BILL NO. I626616585	
SHIPPER			CONSIGNEE			BILL OF LADING NO.		
DIRECT INTERNATIONAL 1536 1ST ST NEWTON FALLS, OH 44444			HOB755 HOB755 7557 S 78TH AVE BRIDGEVIEW, IL 60455			NONE		
						Terms of Shipment PREPAID		
Pieces	Description of Articles		Tariff	RLC5020	Weight	Rate	Amount	
2	63 CARTONS OF NOVELTIES --> R&L'S DISCOUNT SAVES YOU -----> FUEL SURCHARGE 17.10% INTERNET PRO# WY9424674 P O # N000021712 BRIDGEVIEW DC 2 SKIDS STC 63 PCS			C85	1080	129.33 0.87	1396.76 -1215.18 31.05	
2	Total Pieces		Total Weight		1080	Amount Due	✓ \$212.63	

50557
Paid 9/6/18
check no. 2023

R/L CARRIERS: R/L Transfer / Gator Freightways / Greenwood Motor Lines / Paramount Transportation
Disputed Payments and Other Correspondence must be mailed to:

R/L Carriers • Attn: A/R Depart. • PO Box 271 • Wilmington, Ohio 45177-0271 • 937-382-1494 • 800-543-5589 Toll Free



600 Gillam Rd • PO Box 271
Wilmington, OH 45177-0271
937-382-1494 • 800-543-5589 Toll Free
www.gorlc.com

010705 000000160
ADDRESSEE:



DIRECT INTERNATIONAL
1536 1ST ST
NEWTON FALLS, OH 44444-1186

Please Detach this Section and return with Payment

IF PAYING BY CREDIT CARD PLEASE FILL OUT BELOW:

<input type="checkbox"/> VISA		<input type="checkbox"/> MasterCard		<input type="checkbox"/> AMERICAN EXPRESS	
CARD NUMBER				EXP. DATE	
SIGNATURE					
Customer Code	Date	Freight Bill No.	Amount		
DIREYO	08/17/18	I626616585	\$212.63		
ICC Regulations Require Payment of this Freight Bill within 15 days. All amounts are in U.S. Dollars. If payment has already been made, disregard invoice.					

Remit **R/L Carriers**
Payment **PO BOX 10020**
To **Port William, OH 45164-2000**

73 54 50 661658 53 0000021263 9

Northern District of Illinois Claims Register

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

Honorable Judge: Jacqueline P. Cox

Chapter: 11

Office: Eastern Division

Last Date to file claims: 01/28/2019

Trustee:

Last Date to file (Govt): 04/23/2019

Creditor: (27198353)
DIRECT INTERNATIONAL,
INC.
1536 FIRST ST.
NEWTON FALLS, OH
44444

Claim No: 36
Original Filed
Date: 12/19/2018
Original Entered
Date: 12/20/2018

Status:
Filed by: CR
Entered by: Kimetha Collier
Modified:

Amount claimed: \$4473.60

History:

[Details](#) [36-1](#) 12/19/2018 Claim #36 filed by DIRECT INTERNATIONAL, INC., Amount claimed: \$4473.60
(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*	\$4473.60
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		