

## 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 26 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?

CLARKE PRODUCTS, 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?

CLARKE PRODUCTS, INC.  
ANDREW THOMPSON

Name

820 CENTRAL DR.

Number

Street

Colleyville TX 76034

City

State

ZIP Code

Contact phone 817-796-5186 x106Contact email DThompson@CLARKEPRODUCTS.COMUniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

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

CLARKE PRODUCTS, INC.

Name

820 CENTRAL DRIVE

Number

Street

Colleyville TX 76034

City

State

ZIP Code

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

## 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: 3001
7. How much is the claim? \$ 21,830.00 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 12/19/2018  
MM / DD / YYYY

  
Signature

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

Name

Drew

First name

S.

Middle name

Thompson

Last name

Title

CFO

Company

CLARKE PRODUCTS, INC.

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

Address

820 CENTRAL DR

Number

Street

Colleyville

City

TX

State

76034

ZIP Code

Contact phone

817-796-5184

Email

DThompson@Clarke

Products.Llc



**ORDER INVOICE**CLARKE PRODUCTS, INC.  
820 CENTRAL DRIVE

COLLEYVILLE, TX 76034

| INVOICE NO | PAGE |
|------------|------|
| 206025     | 1    |

| INVOICE DATE |
|--------------|
| 9/21/2018    |

BILL TO: H.O.B.O. Corporate Office  
2650 Belvidere Road  
  
Waukegan, IL 60085  
USA

SHIP TO: HOBO 47  
7557 S. 78TH AVENUE  
708-924-9155  
BRIDGEVIEW, IL 60455  
USA

| ORDER NO | ORDER DATE | CUSTOMER NO | LOC | SALES REP |
|----------|------------|-------------|-----|-----------|
| 152832   | 8/30/2018  | 3001        | WCP | KMI       |

| CUSTOMER PO NUMBER | JOB NUMBER | SHIP VIA       | PPD/COL |
|--------------------|------------|----------------|---------|
| n000022113         |            | COMMON CARRIER |         |

| ITEM NUMBER<br>DESCRIPTION  | QTY<br>ORDERED | QTY SHIPPED/RETURNED<br>QTY BACKORDERED | UNIT<br>PRICE | UOM<br>DISC% | EXTENDED<br>PRICE |
|---|----------------|---|---------------|--------------|-------------------|
| W3260N-01CMH<br>HALLMARK 32X60-WHITE-7 hydro<br>HALLMARK WHITE & 1 Rotary jet | 46.00          | 46.00<br>0.00                           | 263.00        | EA<br>0.00   | 12,098.00         |
| SK5N-01<br>HALLMRK Skirt - WHITE - 60"<br>(FRP backing/chopped)               | 12.00          | 12.00<br>0.00                           | 34.00         | EA<br>0.00   | 408.00            |
| W3672N-01CMH<br>ALEXANDRIA, WHITE, COLOR<br>HYDRO JETS                        | 24.00          | 24.00<br>0.00                           | 370.00        | EA<br>0.00   | 8,880.00          |
| SK6-01<br>6 Foot Skirt - WHITE  | 6.00           | 6.00<br>0.00                            | 74.00         | EA<br>0.00   | 444.00            |

COMMENTS: CHR BOL 541423597 SEAL# 9326594  
TRLR 5331 09/21/2018

|                   |           |
|-------------------|-----------|
| SALE AMOUNT       | 21,830.00 |
| MISC CHARGES      | 0.00      |
| SHIPPING/HANDLING | 0.00      |
| SALES TAX         | 0.00      |
| SALE AMOUNT       | 21,830.00 |
| AMOUNT RECEIVED   | 0.00      |

TERMS: Net 30

BALANCE DUE 21,830.00



## ACCOUNTS RECEIVABLE AGING REPORT

Aged As Of 12/19/2018

Printed In Customer Number, Apply-To Number Order, Detail, Open Items Only

Minimum Balance Due: All

In Aging Period Or Older: All

Balance Forward Totals to Current Period Only

Document Types I = Invoice P = Payment C = Cr Memo D = Dr Memo B = Balance Forward F = Finance Charge

Notes: Types I, B And F Are Aged By Their Doc Date. Types P, C And D Are Aged By Doc Date Of The Document To Which They Apply.

On Types I, B, C And D Amount-1 Is Sale Amt. On Type P Amount-1 Is Cash Receipt Amt. On Type F Amount-1 Is Fin Charge Amt.

On Types I, C, and D Amount-2 Is Other Charges. On Type P Amount-2 Is Discount And Allowance. (No Amount-2 For Types F &amp; B).

| Cust-No | Name | Bal-Mthd | Contact | Phone-No | Terms | Slsman | Collectr | Terr | Loc | Crdt-Lmt | ***** Aged Customer Balance ***** |          |         |         |
|---------|------|----------|---------|----------|-------|--------|----------|------|-----|----------|-----------------------------------|----------|---------|---------|
|         |      |          |         |          |       |        |          |      |     |          | 1 to 33                           | 34 to 60 | OVER 60 | OVER 90 |

3001 H.O.B.O. Corporate Office

Opn-Itm RICK SOLGER

847-263-1240 Net 30 KMI WCP 100,000

| Doc-No | Doc-Date   | Tp | Apply-To | Due-Date | Amount-1  | Amount-2 | Doc Total | Apply-To Balance | Reference                     |
|--------|------------|----|----------|----------|-----------|----------|-----------|------------------|-------------------------------|
| 206025 | 09/21/2018 | I  | 206025   | 10/21/18 | 21,830.00 | .00      | 21,830.00 | 21,830.00        | Po: n000022113Our Ord: 152832 |

|                 |           |     |           |     |
|-----------------|-----------|-----|-----------|-----|
| Customer Total: | 21,830.00 | .00 | 21,830.00 | .00 |
|-----------------|-----------|-----|-----------|-----|

|                              |           |     |           |     |
|------------------------------|-----------|-----|-----------|-----|
| 1 Cust Printed Grand Totals: | 21,830.00 | .00 | 21,830.00 | .00 |
|------------------------------|-----------|-----|-----------|-----|

|               |     |        |     |
|---------------|-----|--------|-----|
| % Of Balance: | .00 | 100.00 | .00 |
|---------------|-----|--------|-----|

|                |           |     |           |     |
|----------------|-----------|-----|-----------|-----|
| Outstand B,D,I | 21,830.00 | .00 | 21,830.00 | .00 |
|----------------|-----------|-----|-----------|-----|

|               |     |     |     |     |
|---------------|-----|-----|-----|-----|
| Unapplied C,P | .00 | .00 | .00 | .00 |
|---------------|-----|-----|-----|-----|

|                 |     |     |     |     |
|-----------------|-----|-----|-----|-----|
| Finance Charges | .00 | .00 | .00 | .00 |
|-----------------|-----|-----|-----|-----|





000000003001

206025

H.O.B.O. Corporate Office  
 2650 Belvidere Road  
 Waukegan, IL 60085

HOBO 47  
 7557 S. 78TH AVENUE  
 708-924-9155  
 BRIDGEVIEW, IL 60455

| DATE     | ORDER NO. | SALESPERSON | PURCHASE ORDER | PAGE |
|----------|-----------|-------------|----------------|------|
| 09/21/18 | 00152832  | KMI         | n000022113     | 001  |

|    |              |                              |        |           |
|----|--------------|------------------------------|--------|-----------|
| 46 | W3260N-01CMH | HALLMARK 32X60-WHITE-7 hydro | 263.00 | 12,098.00 |
| 12 | SK5N-01      | HALLMRK Skirt - WHITE - 60"  | 34.00  | 408.00    |
| 24 | W3672N-01CMH | ALEXANDRIA, WHITE, COLOR MAT | 370.00 | 8,880.00  |
| 6  | SK6-01       | 6 Foot Skirt - WHITE         | 74.00  | 444.00    |

CHR BOL 541423597 SEAL# 9326594  
 TRLR 5331 09/21/2018

Subtotal 21,830.00

Net 30

Tax .00  
 Freight .00

Total 21,830.00



## PACKING LIST

**CLARKE PRODUCTS**

600 GENERAL PKWY BLD #24  
WACO, TX 76705  
Phone: (817) 796-5186

000000003001

1

H.O.B.O. Corporate Office  
2650 Belvidere Road

Waukegan, IL 60085

USA

HOBO 47  
7557 S. 78TH AVENUE  
708-924-9155  
BRIDGEVIEW, IL 60455

USA

COMMON CARRIER  
13

9/21/2018  
PREPAID

CARRIER CONTACT WAREHOUSE 708-924-9155  
FOR DELIVERY APPOINTMENT - HEATHER

WCP

n000022113  
00152832

SK5N-01  
HALLMRK Skirt - WHITE - 60"

12

0.00



n000022113  
00152832

SK6-01  
6 Foot Skirt - WHITE

6

0.00



n000022113  
00152832

W3260N-01CMH  
HALLMARK 32X60-WHITE-7 hydro

46

0.00



n000022113  
00152832

W3672N-01CMH  
ALEXANDRIA, WHITE, COLOR MATCH

24

0.00





Date: 9/21/2018

## BILL OF LADING

1 OF

1

## SHIP FROM

Name: CLARKE PRODUCTS  
 Address: 600 GENERAL PKWY BLD #24  
 City/State/Zip: WACO, TX 76705  
 SID# 541423597

FOB:

Bill of Lading No: 541423597

CARRIER NAME: CH ROBINSON

Trailer Number: 5331

Seal Number(s): 9326594

## SHIP TO

Name: HOBO 47  
 Address: 7557 S. 78TH AVENUE  
 City/State/Zip: BRIDGEVIEW, IL 60455  
 CID#

FOB:

SCAC:00

Pro Number: 00

## THIRD PARTY FREIGHT CHARGES BILL TO:

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

Prepaid

Collect

3rd Party

☐  
 (check box)

Master Bill of Lading: with attached underlying Bills of Lading

## SPECIAL INSTRUCTIONS:

## CUSTOMER ORDER INFORMATION

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT  | PALLETS/SLIP | Must Deliver By Date | 5-Digit Destination No. |
|-----------------------|--------|---------|--------------|----------------------|-------------------------|
| N00022113             | 88     | 9680.00 | N            |                      |                         |
| GRAND TOTAL           | 88     | 9680.00 |              |                      |                         |

## CARRIER INFORMATION

| HANDLING UNIT |      | PACKAGE |      | WEIGHT | H.M.<br>(X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small> | LTL ONLY |      |
|---------------|------|---------|------|--------|-------------|---|----------|------|
| QTY           | TYPE | QTY     | TYPE |        |             |   | NMFC #   | CI # |
|               |      |         |      |        |             |   |          |      |

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 to be not exceeding \_\_\_\_\_ per \_\_\_\_\_"

COD Amount \$

Fee Terms: Collect

Prepaid

Customer check acceptable

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED: subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature

## SHIPPER SIGNATURE/DATE

This is to certify that the above named materials are properly described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

## Trailer Loaded:

☒ By Shipper☐ By Driver

## Freight Counted:

☒ By Shipper☐ By Driver/ pallets sealed to contain☐ By Driver/ Pieces

## CARRIER SIGNATURE/ PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and that it has the DOT emergency response guidebook or equivalent document in the vehicle.

Property described above is received in good order, except as noted.





## PACKING LIST

**CLARKE PRODUCTS**

600 GENERAL PKWY BLD #24  
WACO, TX 76705  
Phone: (817) 796-5186

000000003001

1

H.O.B.O. Corporate Office  
2650 Belvidere Road  
  
Waukegan, IL 60085  
  
USA

HOB0 47  
7557 S. 78TH AVENUE  
708-924-9155  
BRIDGEVIEW, IL 60455  
  
USA

COMMON CARRIER  
13

9/21/2018  
PREPAID

CARRIER CONTACT WAREHOUSE 708-924-9155  
FOR DELIVERY APPOINTMENT - HEATHER

WCP

|                        |  |  |    |      |
|------------------------|--|--|----|------|
| n000022113<br>00152832 | SK5N-01<br>HALLMRK Skirt - WHITE - 60"         |   | 12 | 0.00 |
| n000022113<br>00152832 | SK6-01<br>6 Foot Skirt - WHITE                 |  | 6  | 0.00 |
| n000022113<br>00152832 | W3260N-01CMH<br>HALLMARK 32X60-WHITE-7 hydro   |  | 46 | 0.00 |
| n000022113<br>00152832 | W3672N-01CMH<br>ALEXANDRIA, WHITE, COLOR MATCH |  | 24 | 0.00 |



|  |  |   |
|--|--|---|
| <b>SHIP FROM</b>   |  | <b>Bill of Lading No:</b> 541423597<br><br><b>CARRIER NAME:</b> CH ROBINSON<br><b>Trailer Number:</b> 5331<br><b>Seal Number(s):</b> 9326594  |
| Name: CLARKE PRODUCTS<br>Address: 600 GENERAL PKWY BLD #24<br>City/State/Zip: WACO, TX 76705<br>SID# 541423597      FOB: |  |   |
| <b>SHIP TO</b>   |  | <b>SCAC:00</b><br><b>Pro Number:</b> 00   |
| Name: HOBO 47<br>Address: 7557 S. 78TH AVENUE<br>City/State/Zip: BRIDGEVIEW, IL 60455<br>CID#      FOB:                  |  |   |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>  |  | <b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)<br>Prepaid      Collect      3rd Party<br><input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading |
|  |  |   |

**SPECIAL INSTRUCTIONS:**

**CUSTOMER ORDER INFORMATION**

| CUSTOMER ORDER NUMBER | # PKGS    | WEIGHT         | PALLET/SLIP | Must Deliver By Date | 5-Digit Destination No. |
|-----------------------|-----------|----------------|-------------|----------------------|-------------------------|
| N00022113             | 88        | 9680.00        | N           |                      |                         |
| <b>GRAND TOTAL</b>    | <b>88</b> | <b>9680.00</b> |             |                      |                         |

**CARRIER INFORMATION**

| HANDLING UNIT |      | PACKAGE |      | WEIGHT | H.M.<br>(X) | COMMODITY DESCRIPTION<br><small>Commodities requiring special or additional care in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small> | LTL ONLY |     |
|---------------|------|---------|------|--------|-------------|---|----------|-----|
| QTY           | TYPE | QTY     | TYPE |        |             |   | NMFC #   | CLS |
|               |      |         |      |        |             |   |          |     |

|   |   |
|---|---|
| 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 _____ per _____ | <b>COD Amount \$</b> _____<br><b>Fee Terms:</b> Collect      Prepaid<br>Customer check acceptable |
|---|---|

**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

|  |  |
|--|--|
| RATES: subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations | The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.<br><br>Signature _____ |
|--|--|

**SHIPPER SIGNATURE/DATE**

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation

*[Handwritten Signature]*  
 9/21/18

**Trailer Loaded:**

☒ By Shipper  
☐ By Driver

**Freight Counted:**

☒ By Shipper  
☐ By Driver/ pallets said to contain  
☐ By Driver/ Pieces

**CARRIER SIGNATURE/ PICKUP DATE**

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  
 Property described above is received in good order, except as noted.

*[Handwritten Signature]*



CLARKE PRODUCTS, INC.  
820 CENTRAL DRIVE

ORDER NUMBER ORDER DATE PAGE NO.  
00152832 08/30/18 1

COLLEYVILLE, TX 76034

TELEPHONE: 817-796-5186

Dear Customer,

This document acknowledges receipt of your PO number n000022113  
Please review the information presented here and advise us of any errors you  
notice or disagreements you have at your earliest convenience. For fastest  
service, write or call us at the address and phone number printed above and  
refer to order number 152832 in all correspondence.

BILL TO:  
H.O.B.O. Corporate Office  
2650 Belvidere Road

Waukegan, IL 60085  
USA

SHIP TO:  
HOBO 47  
7557 S. 78TH AVENUE  
708-924-9155  
BRIDGEVIEW, IL 60455  
USA

|              |                          |                  |  |
|--------------|--------------------------|------------------|--|
| CUSTOMER NO. | TERMS/SHIP VIA           | FRT/<br>SHIP DTE | SHIPPING INSTRUCTIONS  |
| 000000003001 | Net 30<br>COMMON CARRIER | 09/20/18         | CARRIER CONTACT WAREHOUSE 708-924-9155<br>FOR DELIVERY APPOINTMENT - HEATHER |

| ITEM NO./DESCRIPTION  | QUANTITY | UM | DIS | EXTENDED PRICE |
|---|----------|----|-----|----------------|
| W3260N-01CMH<br>HALLMARK 32X60-WHITE-7 hydro<br>HALLMARK WHITE & 1 Rotary jet<br>Cust Item: | 46.000   | EA |     | 12,098.00      |
| SK5N-01<br>HALLMRK Skirt - WHITE - 60"<br>(FRP backing/chopped)<br>Cust Item:               | 12.000   | EA |     | 408.00         |
| W3672N-01CMH<br>ALEXANDRIA, WHITE, COLOR MATCH<br>HYDRO JETS<br>Cust Item:                  | 24.000   | EA |     | 8,880.00       |
| SK6-01<br>6 Foot Skirt - WHITE<br>Cust Item:  | 6.000    | EA |     | 444.00         |

TOTAL: 21,830.00





Order # Order Date Cust # Cust. P.O.  
152832 08/30/18 00003001 n000022113

Page #  
1

COMMON CARRIER 09/20/18 CARRIER CONTACT WAREHOUSE 708-924-9155  
FOR DELIVERY APPOINTMENT - HEATHER

Bill To:  
H.O.B.O. Corporate Office  
2650 Belvidere Road  
  
Waukegan, IL 60085  
USA

Ship To:  
HOBO 47  
7557 S. 78TH AVENUE  
708-924-9155  
BRIDGEVIEW, IL 60455  
USA

|       |   |    |       |
|-------|---|----|-------|
| 46.00 | W3260N-01CMH<br>HALLMARK 32X60-WHITE-7 hydro<br>HALLMARK WHITE & 1 Rotary jet<br>Cust Item: | EA | ..... |
| 12.00 | SK5N-01<br>HALLMRK Skirt - WHITE - 60"<br>(FRP backing/chopped)<br>Cust Item:               | EA | ..... |
| 24.00 | W3672N-01CMH<br>ALEXANDRIA, WHITE, COLOR MATCH<br>HYDRO JETS<br>Cust Item:                  | EA | ..... |
| 6.00  | SK6-01<br>6 Foot Skirt - WHITE<br>Cust Item:  | EA | ..... |

All Line Items Picked

.00

.00





TO: CLARKE PRODUCTS  
820 CENTRAL DRIVE  
COLLEYVILLE TX 76034  
PHONE: (817) 796-5186

Hobo 47  
7557 S. 78TH AVE.  
BRIDGEVIEW, IL 60455  
(708) 924-9155

SHIP TO: HOBO 47  
7557 S. 78TH AVE.  
BRIDGEVIEW, IL 60455

# PURCHASE ORDER

P.O. #: n000022113  
Store : 47

Order Date: 8/30/18  
Date Due : 9/27/18  
Alt. PO # :  
Order Type: NORMAL  
Buyer : JFIE

| VENDOR | ASSIGNED CUST# | STATUS | BACK | REFER#          | CODES         | FREIGHT POLICY  | SHIP VIA                      | TERMS        | Date Due : 9/27/18 |     |               |
|--------|----------------|--------|------|-----------------|---------------|---|-------------------------------|--------------|--------------------|-----|---------------|
| CL105  |                | F      | N    | PPD             |               | PRE   |                               | 2% 10 NET 30 | Alt. PO # :        |     |               |
|        |                |        |      |                 |               |   |                               |              | Order Type: NORMAL |     |               |
|        |                |        |      |                 |               |   |                               |              | Buyer : JFIE       |     |               |
| LINE#  | STORE          | QTY    | ORD  | ITEM/SKU NUMBER | BILL TO:      | DESCRIPTION   | MFG#/SPCL                     | SPEC ORD#    | UNIT COST          | U/M | EXTENDED COST |
| 1      | 47             | 46     |      | 1000751         | SPECIAL INST: | HOBO 2650 BELVIDERE RD  | W3260N-01CH10                 |              | 263.00             | EA  | 12098.00      |
| 2      | 47             | 12     |      | 1000753         |               | WAUKEGAN, IL 60085  | OPP 3260 W                    |              | 34.00              | EA  | 408.00        |
| 3      | 47             | 24     |      | 1047155         |               | PREPAID DELIVERY/CLARKE TO ROUTE  | SK5 White SK5N-01             |              | 370.00             | EA  | 8880.00       |
| 4      | 47             | 6      |      | 1047156         |               | OPP 32 X 60 WP WHT 6 JETS DI POLY SKIRT WHT 60" ALEXANDRIA 36 X 72 X 19 WP WHT SKIRT FOR 72" ALEXANDRIA WHT | ALEXANDRIA WHT W32672N-01CH10 |              | 74.00              | EA  | 444.00        |

TOTAL UNITS 88

P.O. Approved By:

Date:

TOTAL COST 21830.00  
TOTAL FREIGHT .00  
OTHER CHARGES .00  
TOTAL P.O. 21830.00



**Helen MacKellar**

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**From:** Fiedler, Jacqueline <jfiedler@hoboonline.com>  
**Sent:** Thursday, August 30, 2018 9:29 AM  
**To:** Orders  
**Cc:** Childers, Christopher; Braasch, Barb; Mulder, Heather  
**Subject:** PO n22113 Clarke  
**Attachments:** CL105 n22113.pdf

Good Morning

Please find our PO attached in this email. Your carrier MUST contact our warehouse for a delivery appointment. Heather at our warehouse is copied on this email. Please confirm the receipt of this PO and that quantities are available.

Thank You,

**Jackie Fiedler**

Merchandising Assistant to Chris Childers  
Home Owners Bargain Outlet  
2650 Belvidere Road  
Waukegan, IL 60085  
P: 847-263-1240 ex 22  
jfiedler@hoboonline.com







# 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:* (27198149)  
CLARKE PRODUCTS  
820 CENTRAL DRIVE  
COLLEYVILLE, TX  
76034

**Claim No:** 41  
*Original Filed*  
*Date:* 12/26/2018  
*Original Entered*  
*Date:* 12/26/2018

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

Amount claimed: \$21830.00

*History:*

[Details](#) [41-1](#) 12/26/2018 Claim #41 filed by CLARKE PRODUCTS, Amount claimed: \$21830.00 (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

|                              |            |
|------------------------------|------------|
| <b>Total Amount Claimed*</b> | \$21830.00 |
| <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 |
|----------------|---------|---------|
| Secured        |         |         |
| Priority       |         |         |
| Administrative |         |         |