

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
 1/7/2019
 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?	Jay Import Co. _____ 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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Jay Import Co. _____ Name 41 Madison avenue 12th floor New York, NY 10010 Contact phone <u>2126832727</u> Contact email <u>rcousin@jayimport.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name Contact phone _____ Contact email _____
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: _____

7. How much is the claim? \$ 2395.20
 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

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 1/7/2019
MM / DD / YYYY

/s/ Adrian Haas

Signature

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

Name Adrian Haas

First name Middle name Last name

Title CFO

Company _____

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

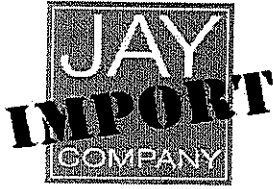
Address 41 Madison avenue 12th floor

Number Street

New York, NY 10010

City State ZIP Code

Contact phone 2126832727 Email rcousin@jayimport.com



JAY IMPORT COMPANY INC.
 41 MADISON AVE
 12TH FLOOR
 NEW YORK, NY 10010
 PHONE:212-683-2727 FAX:212-683-7293

INVOICE RE-PRINT

INVOICE NO.	N324690
INVOICE DATE	Sep12/18
INVOICE DUE	Oct12/18
PAGE	1

SOLD TO: HOBO Home Owner Bargain Outlet
 2650 BELVIDERE RD

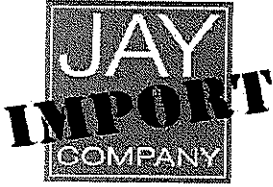
 WAUKEGAN IL 60085
 USA

SHIP TO HOBO 47
 7557 S. 78TH AVE.

 BRIDGEVIEW IL 60455
 USA

ACCOUNT #		SHIP VIA	SHIP DATE	FREIGHT TERMS	INVOICE TERMS	SALES ORDER	LOC.	
1002442		FRONTLINE FRT	Sep11/18	PREPAID + CHARGE	NET 30 DAYS	X37661	PX	
CUSTOMER P.O.		DEPT.#	STORE #	SALES REP.		S.D.N.	BILL OF LADING	
N21892				MARC FELDMAN		01		
LN	PRODUCT	ORDER	B/O	SHIP	SKU	DESCRIPTION	PRICE	EXTENSION
002	1137547	102	0	102	EA	12OZ FILLED DECAL GLASS CANDLE- 3 WICKS, W GOLD LID-AMAZON RAIN	2.00	204.00
003	1137548	102	0	102	EA	12OZ FILLED DECAL GLASS CANDLE- 3 WICKS-W GD METAL LID-VETIVER TONKA	2.00	204.00
004	1137549	102	0	102	EA	12OZ FILLED DECAL GLASS CANDLE- 3 WICKS-W GD METAL LID-WILLOW BLOSSOM	2.00	204.00
005	1137550	102	0	102	EA	12OZ FILLED DECAL GLASS CANDLE- 3 WICKS-W GOLD LID-FREESIA&SWEET PEAR	2.00	204.00
006	1137551	102	0	102	EA	12OZ FILLED DECAL GLASS CANDLE- 3 WICKS W GOLD LID-PEONY & SUEDE	2.00	204.00
007	1137552	102	0	102	EA	12OZ FILLED DECAL GLASS CANDLE- 3 WICKS-W GOLD LID-CASHMERE&AMBER	2.00	204.00
008	1137553	102	0	102	EA	12OZ FILLED DECAL GLASS CANDLE- 3 WICKS-W GOLD LID-AMAZON RAIN	2.00	204.00
009	1137554	102	0	102	EA	12OZ FILLED DECAL GLASS CANDLE- 3 WICK W GOLD METAL LID-FREESIA&SWEET	2.00	204.00
010	1137555	102	0	102	EA	12OZ FILLED DECAL GLASS CANDLE- 3 WICKS-W GD METAL LID-MANDARIN&CHILI	2.00	204.00
011	1137577	102	0	102	EA	12OZ FILLED DECAL GLASS CANDLE- 3 WICKS-W GD METAL LID-MANDARI&CHILI	2.00	204.00
012	1137585	102	0	102	EA	12OZ FILLED DECAL GLASS CANDLE- 3 WICKS-GOLD METAL LID-PEONY & SUEDE	2.00	204.00
SUBTOTAL								2244.00
CONTINUED ON PAGE2								

**NOT RESPONSIBLE FOR MERCHANDISE DAMAGED IN TRANSIT.
 NO GOODS TO BE RETURNED WITHOUT OUR APPROVAL.
 ALL DISCREPANCIES MUST BE REPORTED WITHIN 10 DAYS.**



JAY IMPORT COMPANY INC.
 41 MADISON AVE
 12TH FLOOR
 NEW YORK, NY 10010
 PHONE:212-683-2727 FAX:212-683-7293

INVOICE RE-PRINT

INVOICE NO.	N324690
INVOICE DATE	Sep12/18
INVOICE DUE	Oct12/18
PAGE	2

SOLD TO: HOBO Home Owner Bargain Outlet
 2650 BELVIDERE RD



 WAUKEGAN IL 60085
 USA

SHIP TO HOBO 47
 7557 S. 78TH AVE.

 BRIDGEVIEW IL 60455
 USA

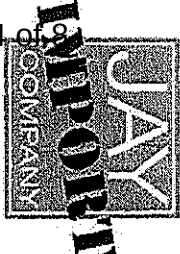
ACCOUNT #		SHIP VIA	SHIP DATE	FREIGHT TERMS	INVOICE TERMS	SALES ORDER	LOC.	
1002442		FRONTLINE FRT	Sep11/18	PREPAID + CHARGE	NET 30 DAYS	X37661	PX	
CUSTOMER P.O.		DEPT.#	STORE #	SALES REP.		S.D.N.	BILL OF LADING	
N21892				MARC FELDMAN		01		
LN	PRODUCT	ORDER	B/O	SHIP	SKU	DESCRIPTION	PRICE	EXTENSION
						PLEASE PAY THIS AMOUNT		2244.00
						*** Any back ordered product has been cancelled. Please reorder. ***		

NOT RESPONSIBLE FOR MERCHANDISE DAMAGED IN TRANSIT.
 NO GOODS TO BE RETURNED WITHOUT OUR APPROVAL.
 ALL DISCREPANCIES MUST BE REPORTED WITHIN 10 DAYS.

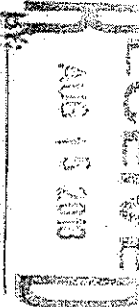
BILL OF LADING		BOL Number: 33158753							
SHIP FROM		Carrier: FRONTLINE CARRIER SYSTEMS (USA) IN Pro #:							
Name: JAY IMPORTCO/O PIXIOR LLC Address 1: 10621 6th St Address 2: Address 3: City/State/Zip: RANCHO CUCAMONGA, CA, 91730 Shipping P: (909) 694-3319 Ext. F: Stop Notes:		BAR CODE SPACE							
		Pick up date: 9/10/2018 Trailer #: Seal #:							
SHIP TO		REFERENCE INFORMATION							
Name: HOBO Distribution Address 1: 7557 S 78th Ave Address 2: Address 3: City/State/Zip: BRIDGEVIEW, IL, 60455 Barb P: 708-924-9155 Ext.17 F: Stop Notes:		Reference Name Value Load BOL # X37661 Load PO# N21892							
THIRD PARTY FREIGHT CHARGES BILL TO		PRO NUMBER							
Echo Global Logistics 600 W Chicago Ave., Suite 725 Chicago, IL		 2492007 							
Freight Charge Terms: Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/>	Carrier Acct #: Quote ID:								
Special Instructions: Call Jessica @ Echo with ?s 847.213.2539 DO NOT STACK *No addntl services approved* See Shipper and Consignee Instructions ECHO is not liable for any accessorial charges unless pre-approved by Echo or noted on this bill of lading.		<u>Shipper Instructions</u> Pickup #: X37661 Loc Type: Business Special Services: Line Haul Surcharge	<u>Consignee Instructions</u> Delivery #: N21892 Loc Type: Business Special Services:						
LTL or Partial Only: # of Pallets: ② Pallet Type: Skid Spots: 0 Stackable: No Pallet Dimensions: L: W: H:									
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		HM (X)	OD (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as 1</small>	LTL Only		
QTY	TYPE	QTY	TYPE				WEIGHT	NMFC#	CLASS
0	Pallets	0		2500		-	65		
				2500		GRAND TOTAL			
2		187							
<small>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 _____"</small>				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>					
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).									
<small>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.</small>				<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Section 7)</small>					
SHIPPER SIGNATURE / DATE <small>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.</small> Shipper: _____ Date: 9/10/18				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available under carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle.</small> Carrier: _____ Date: 9/10/18	

187CS-2PATS

[Handwritten signature]



JAY IMPORT COMPANY INC.
 41 MADISON AVE
 12TH FLOOR
 NEW YORK, NY 10010
 PHONE: 212-683-2727 FAX: 212-683-7293



PICK TICKET

SO #	X37661
Order Date	Aug06/18
Earliest Receipt Date	Aug14/18
Cancel Date	Aug21/18
Whse	PX
Page	1
INVOICE	

SOLD TO: HOBO Home Owner Bargain Outlet
 2650 BELVIDERE RD
 WAUKEGAN IL 60085
 USA

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

A/C 16.97

ACCOUNT #	SHIP VIA	FREIGHT TERMS	NET 30 DAYS	TERMS	SALES REP.			F.O.B.	LOC		
002442	TO DETERMINE	PREPAID + CHARGE			MARC FELDMAN			PIXIOR	PX		
CUSTOMER PO	DEPT. #	STORE #							S/D.N.		
N21892									01		
102	EA	102	1137547	120Z FILLED DECAL GLASS CANDLE-3 WICKS, W GOLD LID-AMAZON RAIN	6	17	0	2.00	204.00	0	002
102	EA	102	1137548	120Z FILLED DECAL GLASS CANDLE-3 WICKS-W GD METAL LID-VEEYVER T	6	17	0	2.00	204.00	0	003
102	EA	102	1137549	120Z FILLED DECAL GLASS CANDLE-3 WICKS-W GD METAL LID-WILLOW BL	6	17	0	2.00	204.00	0	004
102	EA	102	1137550	120Z FILLED DECAL GLASS CANDLE-3 WICKS-W GOLD LID-FRESIASWEET	6	17	0	2.00	204.00	0	005
102	EA	102	1137551	120Z FILLED DECAL GLASS CANDLE-3 WICKS W GOLD LID-PEONY & SUEDE	6	17	0	2.00	204.00	0	006
102	EA	102	1137552	120Z FILLED DECAL GLASS CANDLE-3 WICKS-W GOLD LID-CASHMERE&CAMBE	6	17	0	2.00	204.00	0	007
102	EA	102	1137553	120Z FILLED DECAL GLASS CANDLE-3 WICKS-W GOLD LID-AMAZON RAIN	6	17	0	2.00	204.00	0	008
102	EA	102	1137554	120Z FILLED DECAL GLASS CANDLE-3 WICK W GOLD METAL LID-FRESIAS& WICK	6	17	0	2.00	204.00	0	009

CONTINUED ON PAGE 2

183 CTNS 2 per lot



JAY IMPORT COMPANY INC.
 41 MADISON AVE
 12TH FLOOR
 NEW YORK, NY 10010
 PHONE: 212-683-2727 FAX: 212-683-7293

PICK TICKET



SO #	X37661
Order Date	Aug06/18
Earliest Receipt Date	Aug14/18
Cancel Date	Aug21/18
Whse	PX
Page	2
INVOICE	

SO/D TO: HOBO Home Owner Bargain Outlet
 2650 BELVIDERE RD
 WAUKEGAN IL 60085
 USA

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

AC 16.97

ACCOUNT #	SHIP VIA	SHIP TO DETERMINE	FREIGHT TERMS	PREPAID CHARGE	NET 30 DAYS	TERMS	DESCRIPTION	LOCATION	MC PK	MC	SKU	Price	Extension	B/O	LN
0002442															
CUSTOMER PO N21892															
DEPT #															
102	EA	102	1137555				120Z FILLED DECAL GLASS CANDLE- 3 WICKS-W GD METAL LID-MANDARINE		6	17	0	2.00	204.00	0	010
102	EA	102	1137577				120Z FILLED DECAL GLASS CANDLE- 3 WICKS-W GD METAL LID-MANDARINE		6	17	0	2.00	204.00	0	011
102	EA	102	1137585				120Z FILLED DECAL GLASS CANDLE- 3 WICKS-GOLD METAL LID-PEONY & S		6	17	0	2.00	204.00	0	012

Weight: 2477.75LB

No. of Cartons: 187



JAY IMPORT COMPANY INC.
 41 MADISON AVE
 12TH FLOOR
 NEW YORK, NY 10010
 PHONE:212-683-2727 FAX:212-683-7293

INVOICE RE-PRINT

INVOICE NO.	N324445
INVOICE DATE	Sep11/18
INVOICE DUE	Oct11/18
PAGE	1

SOLD TO: HOBO Home Owner Bargain Outlet
 2650 BELVIDERE RD

 WAUKEGAN IL 60085
 USA

SHIP TO HOBO 47
 7557 S. 78TH AVE.

 BRIDGEVIEW IL 60455
 USA

ACCOUNT #		SHIP VIA	SHIP DATE	FREIGHT TERMS		INVOICE TERMS	SALES ORDER	LOC.
1002442		ROUTING GUIDE	Sep10/18	PREPAID + CHARGE		NET 30 DAYS	T19862	CT
CUSTOMER P.O.		DEPT.#	STORE #		SALES REP.		S.D.N.	BILL OF LADING
N21893					MARC FELDMAN		01	
LN	PRODUCT	ORDER	B/O	SHIP	SKU	DESCRIPTION	PRICE	EXTENSION
002	1133512-VA	252	0	252	ST	ENTENMANN SCENTED S/4 MINI VOTIVES APPLE STRUDEL	.30	75.60
003	1133513-VA	252	0	252	ST	ENTENMANN SCENTED S/4 MINI VOTIVES CINNAMON CRUMB CAKE	.30	75.60
SUBTOTAL								151.20
PLEASE PAY THIS AMOUNT								151.20
*** Any back ordered product has been cancelled. Please reorder. ***								

NOT RESPONSIBLE FOR MERCHANDISE DAMAGED IN TRANSIT.
 NO GOODS TO BE RETURNED WITHOUT OUR APPROVAL.
 ALL DISCREPANCIES MUST BE REPORTED WITHIN 10 DAYS.

Shipper Address: Jay Impart 75 Aircraft Rd. Southington, CT 06489 Country: USA Contact Name: shipping Phone No: (203) 567-1099 Fax No:	Case 18-30039 Claim 53-1 Part 2 Carrier: DL Filed: 01/07/19 Desc: Attachment 1 Shipment Date: 01/02/19 Page 7 of 8
Consignee Address: HOBO Store 7557 78th Ave. Bridgeview, IL 60455 Country: USA Contact Name: Barb Phone No: (708) 924-9155 Fax No:	Third Party Billing Information : All charges prepaid to : GlobalTranz PO Box 6348 Scottsdale AZ 85261 Direct billing inquiries to : (866) 275-1407 GTZ.BOL NO : 16234808

Comments/Special Instructions:

Package Name	Pallets	Pieces	HM	Description	Weight	Class	Length	Width	Height	NMFC#
Pallets(40x48)	1	504		candles - 19 cases	180 lbs	70				47550
Total:	1	504			180 lbs					

Any problems with delivery, please contact Steven Lopez at slopez@globaltranz.com or (480) 339-5802.

The authorized signatories signing this document on behalf of its company consents and bind its company to the terms and conditions found on www.carrierrate.com.

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: [Signature] Date: _____ Trailer#: 4905LM

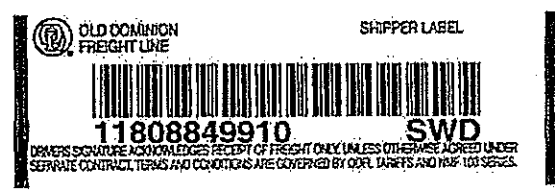
Driver's Signature: [Signature] Date: 9/1/07 Trailer#: _____

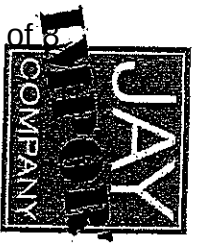
Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

Consignee Signature: _____ Print Name: _____

Company Name: _____ Date: _____

Permanent post-office address of the Shipper:
 * Mark with "X" to designate material as defined in Title 49 CFR





JAY IMPORT COMPANY INC.
 41 MADISON AVE
 12TH FLOOR
 NEW YORK, NY 10010
 PHONE: 212-683-2727 FAX: 212-683-7293

PICK TICKET



SO #	T19862
Order Date	Aug06/11
Earliest Receipt Date	Aug14/11
Cancel Date	Aug21/11
Whse	CT
Page	1
INVOICE	

SOLD TO: HOB0 Home Owner Bargain Outlet
 2650 BELVIDERE RD
 WAUKEGAN IL 60085
 USA

SHIP TO: HOB0 47
 7557 S. 78TH AVE.
 BRIDGEVIEW IL 60455
 USA

SRD	SKU	SHIP	PRODUCT CODE	DESCRIPTION	LOCATION	MC	PK	MC	SKU	Price	Extension	B/O	LN
	252	ST	252	ENTENMANN SCENTED S/4 MINI VOITVES APPLE STRUDEL			36	7	0	.30	75.60	0	002
	252	ST	252	ENTENMANN SCENTED S/4 MINI VOITVES CINNAMON CRUMB CAKE			36	7	0	.30	75.60	0	003

Weight: 155.4LB

No. of Cartons: 14

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

<p><i>Creditor:</i> (27425898) Jay Import Co. 41 Madison avenue 12th floor New York, NY 10010</p>	<p>Claim No: 53 <i>Original Filed</i> Date: 01/07/2019 <i>Original Entered</i> Date: 01/07/2019</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> EPoc ADI <i>Modified:</i></p>
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Amount claimed: \$2395.20

History:

[Details](#) [53-1](#) 01/07/2019 Claim #53 filed by Jay Import Co., Amount claimed: \$2395.20 (ADI, EPoc)

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*	\$2395.20
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		