

Fill in this information to identify the case:Debtor 1 Morgan Administration, Inc.

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court Northern District of IllinoisCase number: 18-30039

FILED

U.S. Bankruptcy Court
Northern District of Illinois

1/11/2019

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?	<u>Solstice Sleep Products, Inc.</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>HOBO</u>	
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? <u>Solstice Sleep Products, Inc.</u> Name 2652 Fisher Road Suite A Columbus, OH 43204-3534 Contact phone <u>614-279-8850</u> Contact email <u>ksisson@solsticesleep.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) <u>PO Box 713884</u> Name Cincinnati, OH 45271-3884 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 _____ <div style="text-align: right;">MM / DD / YYYY</div>	
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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>1035</u>										
7. How much is the claim?	\$ <u>90735.52</u> <div style="float: right; text-align: right;"> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). </div>										
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. <u>Goods sold</u>										
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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.) <table style="width: 100%;"> <tr> <td style="width: 50%;">Value of property:</td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td>Amount of the claim that is secured:</td> <td>\$ _____</td> </tr> <tr> <td>Amount of the claim that is unsecured:</td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;">Amount necessary to cure any default as of the date of the petition:</td> <td style="width: 40%;">\$ _____</td> </tr> <tr> <td>Annual Interest Rate (when case was filed)</td> <td>_____ %</td> </tr> </table> <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	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)	_____ %
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)	_____ %										
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____										
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____										

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(2) that applies	\$ 66709.00
* 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 1/11/2019
MM / DD / YYYY

/s/ Kevin Sisson

Signature

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

Name	Kevin Sisson		
	First name	Middle name	Last name
Title	President		
Company	Solstice Sleep Products, Inc.		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer 2652 Fisher Rd, Ste A Number Street Columbus, OH 43204-3534 City State ZIP Code		
Contact phone	614-279-8850	Email	ksisson@solsticesleep.com

SOLSTICE SLEEP PRODUCTS, INC.**1/9/2019**

<u>Invoice Number</u>	<u>Invoice Date</u>	<u>Due Date</u>	<u>Our Reference</u>	<u>Invoice Amount</u>	<u>Balance Due</u>	<u>Late Days</u>
S83511-001	4/11/2018	4/16/2018	S83511_001	12,498.00	597.52	267
S88080-001	7/11/2018	7/16/2018	S88080_001	2,234.00	2,234.00	176
S89772-001	8/8/2018	8/13/2018	S89772_001	612	612	148
S89821-001	8/8/2018	8/13/2018	S89821_001	12,800.00	12,800.00	148
S89822-001	8/8/2018	8/13/2018	S89822_001	1,840.00	1,840.00	148
S91365-001	9/6/2018	9/11/2018	S91365_001	5,943.00	5,943.00	119
S91672-001	9/12/2018	9/17/2018	S91672_001	1,764.00	1,764.00	113
S91673-001	9/12/2018	9/17/2018	S91673_001	652	652	113
S91674-001	9/12/2018	9/17/2018	S91674_001	15,035.00	15,035.00	113
S91676-001	9/12/2018	9/17/2018	S91676_001	1,648.00	1,648.00	113
S91677-001	9/12/2018	9/17/2018	S91677_001	785	785	113
S91678-001	9/12/2018	9/17/2018	S91678_001	1,000.00	1,000.00	113
S91679-001	9/12/2018	9/17/2018	S91679_001	1,484.00	1,484.00	113
S91997-001	9/19/2018	9/24/2018	S91997_001	375	375	106
S91998-001	9/19/2018	9/24/2018	S91998_001	96	96	106
S91999-001	9/19/2018	9/24/2018	S91999_001	96	96	106
S92000-001	9/19/2018	9/24/2018	S92000_001	324	324	106
S92001-001	9/19/2018	9/24/2018	S92001_001	717	717	106
S92003-001	9/19/2018	9/24/2018	S92003_001	14,115.00	14,115.00	106
S92238-001	9/26/2018	10/1/2018	S92238_001	450	450	99
S92243-001	9/26/2018	10/1/2018	S92243_001	2,345.00	2,345.00	99
S92244-001	9/26/2018	10/1/2018	S92244_001	2,424.00	2,424.00	99
S92245-001	9/26/2018	10/1/2018	S92245_001	1,581.00	1,581.00	99
S92246-001	9/26/2018	10/1/2018	S92246_001	4,030.00	4,030.00	99
S92249-001	9/26/2018	10/1/2018	S92249_001	3,410.00	3,410.00	99
S92253-001	9/26/2018	10/1/2018	S92253_001	4,286.00	4,286.00	99
S92254-001	9/26/2018	10/1/2018	S92254_001	3,377.00	3,377.00	99
S92259-001	9/26/2018	10/1/2018	S92259_001	6,715.00	6,715.00	99
Totals				102,636.00	90,735.52	



2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S91674-001

Invoice Date:

09/12/2018

Your Order:

N000022205

Shipped Date:

09/12/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
7557 S. 78th Ave.
Bridgeview, IL 60455

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S91674	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
AMC001-5010	AMC White 9" Twin Box	10	10	42.00	420.00		
AMC001-5020	AMC White 9" Twin XL Box	6	6	45.00	270.00		
AMC001-5030	AMC White 9" Full Box	8	8	48.00	384.00		
AMC001-5050	AMC White 9" Queen Box	12	12	52.00	624.00		
AMC002-1010	Corona MT Twin Mattress	21	21	58.00	1,218.00		
	AMC002-1010						
COT050-1030	Redondo Euro Full Mattress	8	8	141.00	1,128.00		
COT050-1050	Redondo Euro Queen Mattress	10	10	159.00	1,590.00		
COT103-1010	Clearwater PT II Twin Mattress	25	25	92.00	2,300.00		
COT103-1030	Clearwater PT II Full Mattress	14	14	114.00	1,596.00		
COT103-1050	Clearwater PT II Queen Mattress	15	15	125.00	1,875.00		
OJC032-5050	Chocolate 9" Box Queen Box	18	18	55.00	990.00		
SV016-1050	9" Finland Visco Queen Mattress	8	8	205.00	1,640.00		
SV022-1050	Utopia 11" Queen Mattress	4	4	250.00	1,000.00		
Line Item Total					15,035.00		
Cash discount of \$451.05 is available if full paid by 09/17/2018							
Line Item Total		Total Charges		Tax Amount		Invoice Amount	
15,035.00						15,035.00	



2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S91677-001

Invoice Date:

09/12/2018

Your Order:

0000002381

Shipped Date:

09/12/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
7630 Roosevelt Rd.
Forest Park, IL 60130

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S91677	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
COT103-1050	Clearwater PT II Queen Mattress	3	3	125.00	375.00		
SV016-1050	9" Finland Visco Queen Mattress	2	2	205.00	410.00		
Line Item Total					785.00		



2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S91678-001

Invoice Date:

09/12/2018

Your Order:

Q000012518

Shipped Date:

09/12/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S91678	
Part Number	Description			Ordered Qty	Shipped Qty	Unit Price	Ext Amt
COT103-1050	Clearwater PT II Queen Mattress			2	2	125.00	250.00
SV022-1050	Utopia 11" Queen Mattress			3	3	250.00	750.00
Line Item Total							1,000.00



2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S91679-001

Invoice Date:

09/12/2018

Your Order:

M000020334

Shipped Date:

09/12/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
800 S. 108th St.
West Allis, WI 53214

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S91679	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
AMC001-5050	AMC White 9" Queen Box	2	2	52.00	104.00		
COT103-1010	Clearwater PT II Twin Mattress	5	5	92.00	460.00		
OJC032-5030	Chocolate 9" Box Full Box	2	2	50.00	100.00		
SV016-1050	9" Finland Visco Queen Mattress	4	4	205.00	820.00		
Line Item Total					1,484.00		
Cash discount of \$44.52 is available if full paid by 09/17/2018							
Line Item Total		Total Charges		Tax Amount		Invoice Amount	
1,484.00						1,484.00	



Remit To: Solstice Sleep Products, Inc.

PO Box 713884

Cincinnati, OH 45271-3884

Invoice Number:

S91997-001

Invoice Date:

09/19/2018

Your Order:

T000012229

Shipped Date:

09/19/2018

2652 Fisher Rd

Columbus, OH 43204-3534

Ph: 614-279-8850 Fax: 614-279-8855

Bill To: 1035

Hobo

2650 Belvidere Rd.

Waukegan, IL 60085

Hobo

7557 S. 78th Ave.

Bridgeview, IL 60455

Email @see instructions

Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S91997	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
COT103-1050	Clearwater PT II Queen Mattress	3	3	125.00	375.00		
	Line Item Total				375.00		



2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S91998-001

Invoice Date:

09/19/2018

Your Order:

0000002409

Shipped Date:

09/19/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
7557 S. 78th Ave.
Bridgeview, IL 60455

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S91998	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
AMC001-5030	AMC White 9" Full Box	2	2	48.00	96.00		
Line Item Total					96.00		
Cash discount of \$2.88 is available if full paid by 09/24/2018							
Line Item Total		Total Charges		Tax Amount		Invoice Amount	
96.00						96.00	

SALES INVOICE

2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S91999-001

Invoice Date:

09/19/2018

Your Order:

S000018910

Shipped Date:

09/19/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
7557 S. 78th Ave.
Bridgeview, IL 60455

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S91999	
Part Number	Description			Ordered Qty	Shipped Qty	Unit Price	Ext Amt
AMC001-5030	AMC White 9" Full Box			2	2	48.00	96.00
Line Item Total							96.00
Cash discount of \$2.88 is available if full paid by 09/24/2018							
Line Item Total		Total Charges		Tax Amount		Invoice Amount	
96.00						96.00	

SALES INVOICE

2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S92000-001

Invoice Date:

09/19/2018

Your Order:

M000020378

Shipped Date:

09/19/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
7557 S. 78th Ave.
Bridgeview, IL 60455

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S92000	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
AMC011-5030	AMC White Low Pro 5" Full Box	2	2	48.00	96.00		
COT103-1030	Clearwater PT II Full Mattress	2	2	114.00	228.00		
Line Item Total					324.00		
Cash discount of \$9.72 is available if full paid by 09/24/2018							
Line Item Total		Total Charges		Tax Amount		Invoice Amount	
324.00						324.00	



2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S83511-001

Invoice Date:

04/11/2018

Your Order:

N000020827-2

Shipped Date:

04/11/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
7557 S. 78th Ave.
Bridgeview, IL 60455

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S83511	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
COT050-1030	Redondo Euro Full Mattress	8	8	141.00	1,128.00		
COT050-1050	Redondo Euro Queen Mattress	10	10	159.00	1,590.00		
COT103-1010	Clearwater PT II Twin Mattress	26	26	92.00	2,392.00		
COT103-1030	Clearwater PT II Full Mattress	20	20	114.00	2,280.00		
COT103-1050	Clearwater PT II Queen Mattress	7	7	125.00	875.00		
OJC032-5010	Chocolate 9" Box Twin Box	7	7	44.00	308.00		
OJC032-5050	Chocolate 9" Box Queen Box	14	14	55.00	770.00		
RST062-2030	Royal Palm PT Full 2Side Mattress	5	5	180.00	900.00		
SV016-1050	9" Finland Visco Queen Mattress	11	11	205.00	2,255.00		
Line Item Total							12,498.00
*** Shipment Instructions ***							
Split PO# N000020827-2 2 of 2							

SALES INVOICE

2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S92001-001

Invoice Date:

09/19/2018

Your Order:

Q000012536

Shipped Date:

09/19/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
7557 S. 78th Ave.
Bridgeview, IL 60455

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S92001	
Part Number	Description			Ordered Qty	Shipped Qty	Unit Price	Ext Amt
COT103-1030	Clearwater PT II Full Mattress			3	3	114.00	342.00
COT103-1050	Clearwater PT II Queen Mattress			3	3	125.00	375.00
Line Item Total							717.00

SALES INVOICE

IF MAILING A CHECK:
 Remit To: Solstice Sleep Products, Inc.
 PO Box 713884
 Cincinnati, OH 45271-3884

2652 Fisher Rd
 Columbus, OH 43204-3534
 Ph: 614-279-8850 Fax: 614-279-8855

Invoice Number:

S92003-001

Invoice Date:

09/19/2018

Your Order:

N000022287

Shipped Date:

09/19/2018

Bill To: 1035
 Hobo
 2650 Belvidere Rd.
 Waukegan, IL 60085

Hobo
 7557 S. 78th Ave.
 Bridgeview, IL 60455

Email @see instructions
 Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S92003	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
AMC001-5010	AMC White 9" Twin Box	8	8	42.00	336.00		
AMC001-5015	AMC White 9" 30x80 Spl Qn Box	8	8	38.50	308.00		
AMC001-5030	AMC White 9" Full Box	12	12	48.00	576.00		
AMC001-5050	AMC White 9" Queen Box	12	12	52.00	624.00		
AMC002-1010	Corona MT Twin Mattress	40	40	58.00	2,320.00		
	AMC002-1010						
COT050-1030	Redondo Euro Full Mattress	8	8	141.00	1,128.00		
COT103-1010	Clearwater PT II Twin Mattress	30	30	92.00	2,760.00		
COT103-1030	Clearwater PT II Full Mattress	15	15	114.00	1,710.00		
COT103-1050	Clearwater PT II Queen Mattress	25	25	125.00	3,125.00		
OJC025-1060	Manchester BPT King Mattress	4	4	307.00	1,228.00		
	OJC025-1060						
Line Item Total					14,115.00		

SALES INVOICE

2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S92238-001

Invoice Date:

09/26/2018

Your Order:

SAMPLES

Shipped Date:

09/26/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo - Waukegan
2650 Belvidere Rd
Waukegan, IL 60085

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S92238	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
HOT007-2010	Hotel FS Double Sided Twin 2Side Mattress	1	1	75.00	75.00		
PAR022-1010	Paradise Twin Mattress	1	1	49.00	49.00		
VBC008-1010	Lyndhurst Pillowtop Twin Mattress	1	1	101.00	101.00		
VBC035-1050	Grove Park Euro Queen Mattress	1	1	195.00	195.00		
VBC037-1050	Rose Hill II Queen Mattress	1	1	235.00	235.00		
VBC038-1050	Rose Hill PT II Queen Mattress	1	1	245.00	245.00		
Line Item Total							900.00
*** Additional Charge ***							
Floor Sample Discount							-450.00

SALES INVOICE

2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S92243-001

Invoice Date:

09/26/2018

Your Order:

M00020449

Shipped Date:

09/26/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
800 S. 108th St.
West Allis, WI 53214

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S92243	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
AMC001-5020	AMC White 9" Twin XL Box	2	2	45.00	90.00		
AMC001-5050	AMC White 9" Queen Box	3	3	52.00	156.00		
AMC002-1010	Corona MT Twin Mattress	8	8	58.00	464.00		
	AMC002-1010						
OJC025-1050	Manchester BPT Queen Mattress	1	1	225.00	225.00		
	OJC025-1050						
RST062-2030	Royal Palm PT Full 2Side Mattress	3	3	180.00	540.00		
RST062-2050	Royal Palm PT Queen 2Side Mattress	2	2	207.00	414.00		
COT103-1030	Clearwater PT II Full Mattress	4	4	114.00	456.00		
Line Item Total							2,345.00
*** Shipment Instructions ***							
order form says ship with PO T12269							

SALES INVOICE

2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S92244-001

Invoice Date:

09/26/2018

Your Order:

S000018960

Shipped Date:

09/26/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
300 W. North Ave.
Villa Park, IL 60181

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S92244	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
AMC001-5020	AMC White 9" Twin XL Box	1	1	45.00	45.00		
AMC001-5050	AMC White 9" Queen Box	4	4	52.00	208.00		
OJC024-1050	Kensington PT Queen Mattress	2	2	207.00	414.00		
OJC032-5030	Chocolate 9" Box Full Box	2	2	50.00	100.00		
OJC032-5050	Chocolate 9" Box Queen Box	3	3	55.00	165.00		
RST062-2050	Royal Palm PT Queen 2Side Mattress	2	2	207.00	414.00		
COT103-1010	Clearwater PT II Twin Mattress	9	9	92.00	828.00		
COT103-1050	Clearwater PT II Queen Mattress	2	2	125.00	250.00		
Line Item Total					2,424.00		
*** Shipment Instructions ***							
says ship with PO Q12567							

SALES INVOICE

2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S92245-001

Invoice Date:

09/26/2018

Your Order:

0000002434

Shipped Date:

09/26/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
7630 Roosevelt Rd.
Forest Park, IL 60130

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S92245	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
AMC001-5015	AMC White 9" 30x80 Spl Qn Box	2	2	38.50	77.00		
AMC002-1010	Corona MT Twin Mattress	3	3	58.00	174.00		
	AMC002-1010						
OJC024-1050	Kensington PT Queen Mattress	2	2	207.00	414.00		
COT103-1010	Clearwater PT II Twin Mattress	5	5	92.00	460.00		
COT103-1030	Clearwater PT II Full Mattress	4	4	114.00	456.00		
Line Item Total					1,581.00		
*** Shipment Instructions ***							
says ship with PO S18960							

SALES INVOICE

IF MAILING A CHECK:
 Remit To: Solstice Sleep Products, Inc.
 PO Box 713884
 Cincinnati, OH 45271-3884

2652 Fisher Rd
 Columbus, OH 43204-3534
 Ph: 614-279-8850 Fax: 614-279-8855

Invoice Number:

S92246-001

Invoice Date:

09/26/2018

Your Order:

T000012269

Shipped Date:

09/26/2018

Bill To: 1035
 Hobo
 2650 Belvidere Rd.
 Waukegan, IL 60085

Hobo
 3545 South 27th Street
 Milwaukee, WI 53221

Email @see instructions
 Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S92246	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
AMC001-5015	AMC White 9" 30x80 Spl Qn Box	2	2	38.50	77.00		
AMC001-5020	AMC White 9" Twin XL Box	5	5	45.00	225.00		
AMC001-5050	AMC White 9" Queen Box	6	6	52.00	312.00		
COT050-1050	Redondo Euro Queen Mattress	3	3	159.00	477.00		
OJC032-5030	Chocolate 9" Box Full Box	2	2	50.00	100.00		
RST062-2050	Royal Palm PT Queen 2Side Mattress	2	2	207.00	414.00		
SV016-1050	9" Finland Visco Queen Mattress	3	3	205.00	615.00		
COT103-1010	Clearwater PT II Twin Mattress	12	12	92.00	1,104.00		
COT103-1030	Clearwater PT II Full Mattress	4	4	114.00	456.00		
COT103-1050	Clearwater PT II Queen Mattress	2	2	125.00	250.00		
Line Item Total					4,030.00		
*** Shipment Instructions *** says ship with PO M20449							
Cash discount of \$120.90 is available if full paid by 10/01/2018							
Line Item Total		Total Charges		Tax Amount		Invoice Amount	
4,030.00						4,030.00	

SALES INVOICE

2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S92249-001

Invoice Date:

09/26/2018

Your Order:

Q000012567

Shipped Date:

09/26/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S92249	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
AMC001-5010	AMC White 9" Twin Box	4	4	42.00	168.00		
AMC001-5020	AMC White 9" Twin XL Box	2	2	45.00	90.00		
AMC001-5030	AMC White 9" Full Box	2	2	48.00	96.00		
AMC001-5050	AMC White 9" Queen Box	4	4	52.00	208.00		
AMC002-1010	Corona MT Twin Mattress	3	3	58.00	174.00		
	AMC002-1010						
OJC025-1050	Manchester BPT Queen Mattress	3	3	225.00	675.00		
	OJC025-1050						
OJC025-1060	Manchester BPT King Mattress	2	2	307.00	614.00		
	OJC025-1060						
RST062-2050	Royal Palm PT Queen 2Side Mattress	2	2	207.00	414.00		
COT103-1010	Clearwater PT II Twin Mattress	4	4	92.00	368.00		
COT103-1030	Clearwater PT II Full Mattress	2	2	114.00	228.00		
COT103-1050	Clearwater PT II Queen Mattress	3	3	125.00	375.00		
Line Item Total					3,410.00		
*** Shipment Instructions ***							
says ship with PO S18960							

SALES INVOICE

IF MAILING A CHECK:
 Remit To: Solstice Sleep Products, Inc.
 PO Box 713884
 Cincinnati, OH 45271-3884

2652 Fisher Rd
 Columbus, OH 43204-3534
 Ph: 614-279-8850 Fax: 614-279-8855

Invoice Number:

S92253-001

Invoice Date:

09/26/2018

Your Order:

P000011571

Shipped Date:

09/26/2018

Bill To: 1035
 Hobo
 2650 Belvidere Rd.
 Waukegan, IL 60085

Hobo
 1693 Plainfield Rd.
 Crest Hill, IL 60403

Email @see instructions
 Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S92253	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
AMC001-5010	AMC White 9" Twin Box	6	6	42.00	252.00		
AMC001-5020	AMC White 9" Twin XL Box	2	2	45.00	90.00		
AMC001-5030	AMC White 9" Full Box	2	2	48.00	96.00		
AMC001-5050	AMC White 9" Queen Box	4	4	52.00	208.00		
AMC002-1010	Corona MT Twin Mattress	8	8	58.00	464.00		
	AMC002-1010						
COT050-1030	Redondo Euro Full Mattress	2	2	141.00	282.00		
COT050-1050	Redondo Euro Queen Mattress	2	2	159.00	318.00		
COT050-1060	Redondo Euro King Mattress	2	2	213.00	426.00		
OJC025-1060	Manchester BPT King Mattress	1	1	307.00	307.00		
	OJC025-1060						
RST062-2050	Royal Palm PT Queen 2Side Mattress	2	2	207.00	414.00		
SV016-1050	9" Finland Visco Queen Mattress	2	2	205.00	410.00		
COT103-1010	Clearwater PT II Twin Mattress	7	7	92.00	644.00		
COT103-1050	Clearwater PT II Queen Mattress	3	3	125.00	375.00		
Line Item Total							4,286.00
</							

SALES INVOICE

IF MAILING A CHECK:
 Remit To: Solstice Sleep Products, Inc.
 PO Box 713884
 Cincinnati, OH 45271-3884

2652 Fisher Rd
 Columbus, OH 43204-3534
 Ph: 614-279-8850 Fax: 614-279-8855

Invoice Number:

S92254-001

Invoice Date:

09/26/2018

Your Order:

R000018756

Shipped Date:

09/26/2018

Bill To: 1035
 Hobo
 2650 Belvidere Rd.
 Waukegan, IL 60085

Hobo
 8716 S. Cicero
 Oak Lawn, IL 60453

Email @see instructions
 Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S92254	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
AMC001-5010	AMC White 9" Twin Box	4	4	42.00	168.00		
AMC001-5020	AMC White 9" Twin XL Box	2	2	45.00	90.00		
COT050-1030	Redondo Euro Full Mattress	4	4	141.00	564.00		
COT050-1050	Redondo Euro Queen Mattress	3	3	159.00	477.00		
OJC032-5030	Chocolate 9" Box Full Box	2	2	50.00	100.00		
OJC032-5050	Chocolate 9" Box Queen Box	2	2	55.00	110.00		
COT103-1010	Clearwater PT II Twin Mattress	6	6	92.00	552.00		
COT103-1030	Clearwater PT II Full Mattress	4	4	114.00	456.00		
COT103-1050	Clearwater PT II Queen Mattress	4	4	125.00	500.00		
RST062-2030	Royal Palm PT Full 2Side Mattress	2	2	180.00	360.00		
Line Item Total					3,377.00		
*** Shipment Instructions ***							
ship with PO 02434							
Cash discount of \$101.31 is available if full paid by 10/01/2018							
Line Item Total		Total Charges		Tax Amount		Invoice Amount	
3,377.00						3,377.00	

SALES INVOICE

2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S88080-001

Invoice Date:

07/11/2018

Your Order:

Q000012266

Shipped Date:

07/11/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S88080	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
AMC001-5010	AMC White 9" Twin Box	6	6	42.00	252.00		
AMC001-5020	AMC White 9" Twin XL Box	2	2	45.00	90.00		
AMC001-5050	AMC White 9" Queen Box	2	2	52.00	104.00		
AMC002-1010	Corona MT Twin Mattress	1	1	58.00	58.00		
	AMC002-1010						
COT050-1030	Redondo Euro Full Mattress	2	2	141.00	282.00		
COT050-1050	Redondo Euro Queen Mattress	2	2	159.00	318.00		
COT103-1010	Clearwater PT II Twin Mattress	3	3	92.00	276.00		
COT103-1030	Clearwater PT II Full Mattress	4	4	114.00	456.00		
OJC032-5020	Chocolate 9" Box Twin XL Box	4	4	47.00	188.00		
OJC032-5030	Chocolate 9" Box Full Box	2	2	50.00	100.00		
OJC032-5050	Chocolate 9" Box Queen Box	2	2	55.00	110.00		
Line Item Total					2,234.00		
*** Shipment Instructions ***							
ship store 24 & 26 together							



IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

Invoice Number:

S92259-001

Invoice Date:

09/26/2018

Your Order:

N000022383

Shipped Date:

09/26/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
7557 S. 78th Ave.
Bridgeview, IL 60455

Email @see instructions

Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S92259	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
AMC001-5010	AMC White 9" Twin Box	15	15	42.00	630.00		
AMC001-5020	AMC White 9" Twin XL Box	3	3	45.00	135.00		
AMC001-5050	AMC White 9" Queen Box	8	8	52.00	416.00		
AMC002-1010	Corona MT Twin Mattress	15	15	58.00	870.00		
	AMC002-1010						
COT050-1050	Redondo Euro Queen Mattress	6	6	159.00	954.00		
OJC025-1050	Manchester BPT Queen Mattress	4	4	225.00	900.00		
	OJC025-1050						
OJC032-5050	Chocolate 9" Box Queen Box	8	8	55.00	440.00		
SV016-1050	9" Finland Visco Queen Mattress	6	6	205.00	1,230.00		
COT103-1030	Clearwater PT II Full Mattress	10	10	114.00	1,140.00		
Line Item Total					6,715.00		
</							

SALES INVOICE

2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S89772-001

Invoice Date:

08/08/2018

Your Order:

08032018SAMPLE

Shipped Date:

08/08/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S89772	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
AF018-1010	Nordic Rest Bergen Twin Mattress	1	1	110.00	110.00		
AF019-1050	Nordic Rest Norway Queen Mattress	1	1	224.00	224.00		
AF020-1050	Nordic Rest Odin Queen Mattress	1	1	278.00	278.00		
Line Item Total							612.00

SALES INVOICE

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

Invoice Number:

S89821-001

Invoice Date:

08/08/2018

Your Order:

N000021810-1

Shipped Date:

08/08/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
7557 S. 78th Ave.
Bridgeview, IL 60455

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S89821	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
AMC001-5015	AMC White 9" 30x80 Spl Qn Box	14	14	38.50	539.00		
AMC001-5020	AMC White 9" Twin XL Box	7	7	45.00	315.00		
AMC001-5030	AMC White 9" Full Box	9	9	48.00	432.00		
AMC001-5050	AMC White 9" Queen Box	21	21	52.00	1,092.00		
COT050-1030	Redondo Euro Full Mattress	4	4	141.00	564.00		
COT050-1050	Redondo Euro Queen Mattress	20	20	159.00	3,180.00		
COT103-1010	Clearwater PT II Twin Mattress	26	26	92.00	2,392.00		
COT103-1030	Clearwater PT II Full Mattress	14	14	114.00	1,596.00		
COT103-1050	Clearwater PT II Queen Mattress	3	3	125.00	375.00		
OJC025-1050	Manchester BPT Queen Mattress	7	7	225.00	1,575.00		
	OJC025-1050						
OJC032-5030	Chocolate 9" Box Full Box	6	6	50.00	300.00		
OJC032-5050	Chocolate 9" Box Queen Box	8	8	55.00	440.00		
Line Item Total					12,800.00		
*** Shipment Instructions ***							
Split PO# N000021810-1 1 of 2							
Cash discount of \$384.00 is available if full paid by 08/13/2018							
Line Item Total		Total Charges		Tax Amount		Invoice Amount	
12,800.00						12,800.00	

SALES INVOICE

2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S89822-001

Invoice Date:

08/08/2018

Your Order:

N000021810-2

Shipped Date:

08/08/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
7557 S. 78th Ave.
Bridgeview, IL 60455

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S89822	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
COT103-1010	Clearwater PT II Twin Mattress	20	20	92.00	1,840.00		
	Line Item Total				1,840.00		
*** Shipment Instructions ***							
Split PO# N000021810-2 2 of 2							

SALES INVOICE

2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S91365-001

Invoice Date:

09/06/2018

Your Order:

N000022133

Shipped Date:

09/06/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
7557 S. 78th Ave.
Bridgeview, IL 60455

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S91365	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
AMC001-5015	AMC White 9" 30x80 Spl Qn Box	6	6	38.50	231.00		
AMC001-5020	AMC White 9" Twin XL Box	6	6	45.00	270.00		
AMC001-5050	AMC White 9" Queen Box	20	20	52.00	1,040.00		
AMC002-1010	Corona MT Twin Mattress	25	25	58.00	1,450.00		
	AMC002-1010						
COT103-1030	Clearwater PT II Full Mattress	15	15	114.00	1,710.00		
OJC024-1050	Kensington PT Queen Mattress	6	6	207.00	1,242.00		
Line Item Total					5,943.00		
Cash discount of \$178.29 is available if full paid by 09/11/2018							
Line Item Total		Total Charges		Tax Amount		Invoice Amount	
5,943.00						5,943.00	

SALES INVOICE

2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S91672-001

Invoice Date:

09/12/2018

Your Order:

T000012205

Shipped Date:

09/12/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
3545 South 27th Street
Milwaukee, WI 53221

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S91672	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
COT103-1010	Clearwater PT II Twin Mattress	12	12	92.00	1,104.00		
COT103-1050	Clearwater PT II Queen Mattress	2	2	125.00	250.00		
SV016-1050	9" Finland Visco Queen Mattress	2	2	205.00	410.00		
Line Item Total					1,764.00		
Cash discount of \$52.92 is available if full paid by 09/17/2018							
Line Item Total		Total Charges		Tax Amount		Invoice Amount	
1,764.00						1,764.00	

SALES INVOICE

2652 Fisher Rd
Columbus, OH 43204-3534
Ph: 614-279-8850 Fax: 614-279-8855

IF MAILING A CHECK:
Remit To: Solstice Sleep Products, Inc.
PO Box 713884
Cincinnati, OH 45271-3884

Invoice Number:

S91673-001

Invoice Date:

09/12/2018

Your Order:

P000011520

Shipped Date:

09/12/2018

Bill To: 1035
Hobo
2650 Belvidere Rd.
Waukegan, IL 60085

Hobo
1693 Plainfield Rd.
Crest Hill, IL 60403

Email @see instructions
Fax

Sales Representative		Payment Terms		FOB		Our Order	
Joe Miglio		3% Net 5		Origin		S91673	
Part Number	Description	Ordered Qty	Shipped Qty	Unit Price	Ext Amt		
COT103-1010	Clearwater PT II Twin Mattress	6	6	92.00	552.00		
OJC032-5030	Chocolate 9" Box Full Box	2	2	50.00	100.00		
Line Item Total					652.00		

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: (27438231)
Solstice Sleep Products, Inc.
2652 Fisher Road
Suite A
Columbus, OH 43204-
3534

Claim No: 66
Original Filed
Date: 01/11/2019
Original Entered
Date: 01/11/2019

Status:
Filed by: CR
Entered by: EPoc ADI
Modified:

Amount claimed: \$90735.52

Priority claimed: \$66709.00

History:

[Details](#) [66-1](#) 01/11/2019 Claim #66 filed by Solstice Sleep Products, Inc., Amount claimed: \$90735.52 (ADI, EPoc)

Description:

Remarks: (66-1) Account Number (last 4 digits):1035

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*	\$90735.52
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	\$66709.00	
Administrative		