

**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  
 JAN 11 2019  
 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?  
 Name of the current creditor (the person or entity to be paid for this claim) Amy Arechar  
 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)

<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
Name <u>Amy Arechar</u>	Name _____
Number <u>2934</u> Street <u>County Rd W</u>	Number _____ Street _____
City <u>Deerfield</u> State <u>WI</u> ZIP Code <u>53531</u>	City _____ State _____ ZIP Code _____
Contact phone <u>608 316 0107</u>	Contact phone _____
Contact email <u>amyarechar@glambia.com</u>	Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
 \_\_\_\_\_

4. Does this claim amend one already filed?  
 No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  
 No  
 Yes. Who made the earlier filing? \_\_\_\_\_

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

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.

Amount entitled to priority

\$ \_\_\_\_\_

\$ 299

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* 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.

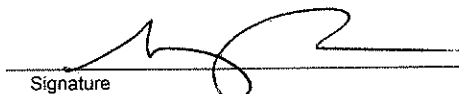
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 01 02 2019  
MM / DD / YYYY

  
\_\_\_\_\_  
Signature

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

Name Amy Marie Arechar  
First name Middle name Last name

Title \_\_\_\_\_

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

Address 2934 County Road W  
Number Street

Deerfield WI 53531  
City State ZIP Code

Contact phone 6083160107 Email amyarechar@gambian.com



# ORDER CONTRACT

Thank you for your countertop purchase at HOBO.  
We have contracted with a vendor and fabricator to furnish the products for your project.

Please read the contract below. If you have any questions, please address them with your salesperson prior to signing this document.

PURCHASER INFORMATION	
NAME	AMY ARECHAR
ADDRESS	2934 COUNTRY RD W
CITY	DEERFIELD WI
PHONE	608.316.0107
ALT PHONE	
EMAIL	0

GENERAL INFORMATION	
SLSP	KATE
DATE	2/25/2018
VENDOR	STONE SYSTEMS, INC
VDR CONTACT	KIMBERLY MEISSLER - (847) 566-2277
NEW CABINETS? CABINET SET ETA? NOTES	NEW CABINETS TO BE SET MONTH

HOBO WILL ARRANGE FOR THE VENDOR LISTED ABOVE TO COMPLETE (purchaser to initial all applicable)

- Measurement for fabrication and installation of the countertops
- Delivery of the countertops
- Installation of the countertops
- Purchaser to initial below
- This vendor listed above will be contacting you within four (4) business days to make arrangements to complete measurements, delivery and/or installation as marked above. This lead time for scheduling work may be effected by holidays, weekends and sales volume.
- Material is ordered immediately for your project. A 5% cancel order fee will apply if your order is cancelled prior to measurements by the vendor and viewing of slabs.
- Our estimate / order is based upon dimensions provided by you. Our vendors commonly find that the dimensions are slightly different upon measurement by the vendor. Any increase in measurements will cause an increase in the price of your countertops, and that increase must be paid by you prior to the fabrication of your countertops.
- Your cabinets MUST BE SET prior to measurement by the vendor, otherwise additional trip charges will be incurred for follow-up appointments. And adult must be present at time of measurement and installation by the vendor.
- This vendor will only install purchased countertops. Your purchase does not include any additional labor or materials such as cabinetry, plumbing, electrical, flooring, drywall, or painting.
- THESE COUNTERTOPS ARE CUSTOM MADE FOR YOUR PROJECT AND ARE NOT RETURNABLE FOR ANY NON-WARRANTY REASON.**
- HOBO AND ITS OWNERS AND EMPLOYEES ARE NOT RESPONSIBLE FOR ANY ERRORS, DAMAGE OR DEFECTS DURING MEASUREMENT, DELIVERY, AND/OR INSTALLATION OF PRODUCTS PURCHASED UNDER THIS ORDER CONTRACT.**
- After today, please maintain contact with the vendor, and the vendor will handle any questions about measurements, delivery, installation, product issues, and/or warranty claims. The phone number for the vendor is listed below.

Q QUARTZ

**CONTACTS & REQUIRED FORMS**

- SENA / PARAMOUNT (STONE SYSTEMS) - (847) 566-2277      FORMS A-B-C-D
- AVANZA / ECO (STONE SYSTEMS) - (847) 566-2277      FORMS A-B
- LAMINATE- ILL(847) 451-9300 WIS(414) 352-7870      FORMS A-B
- WILCOR SOLID SURFACE - (630) 350-7758      FORMS A-B

I have read and understand the above. By signing this document, I am in complete acceptance and understand what is being ordered for my project.

[Signature]      2-25-18  
Purchaser Signature      Date

[Signature]      2/25/18  
Sales Associate Signature      Date

PLEASE CONTACT THIS HOBO STORE WITH ANY QUESTIONS

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOBO #21 800 S. 108th West Allis, WI PH: (414) 302-4626 FX: (414) 302-4630	HOBO #23 1693 Plainfield Rd Crest Hill, IL PH: (815) 730-8340 FX: (815) 730-0297	HOBO #24 2650 Belvidere Rd Waukegan, IL PH: (847) 263-1612 FX: (847) 360-9616	HOBO #25 8716 S. Cicero Ave Oak Lawn, IL PH: (708) 423-4656 FX: (708) 423-5058	HOBO #26 300 W. North Ave Villa Park, IL PH: (630) 833-3200 FX: (630) 758-0915	HOBO #27 3545 S. 27th St Milwaukee, WI PH: (414) 643-1226 FX: (414) 643-1715

W D 11.9375

Customer AMY ARECHAR

59 24 Square Feet (include Backsplash) SF

Address 2934 COUNTY ROAD W

City DEERFIELD

Phone 608.316.0107

Email

HOBO Designer KATE

25.5 The Countertop Factory Upcharge Edges  
 25.5 Standard Eased and Bevel are FREE! LF   
 28 Premium Edge LF   
 27 Ultra Edge LF   
 27 Miter Edge (2 1/2" - 4") LF

27 TCF Stainless Steel Sinks (STS)  
 27 # of Undermounts / Farm Sink Cut Out EA   
 21 3 3118 - Double Equal Bowl 32 1/4"x18 1/2" EA   
 21 3 3120 (60/40) or (40/60) Offset Bowls 30 1/4"x19 1/2" EA   
 59 3 3120S (60/40) or (40/60) Offset Bowls 31 1/2"x20 1/2" EA   
 4 2321 Rounded Single Bowl 23 1/4"x21" EA   
 4 2331 Rounded Sink Bowl 23 1/4"x21" EA   
 4 3018 Rectangular Single Bowl 29 7/8"x18 1/16" EA   
 4 4121F 16-Gauge Rectangle Sink 29 7/8"x18 1/16" EA   
 4 White Oval Porcelain Vanity Bowl 17 15/16"x14 1/8" EA   
 White Rectangle Porcelain Vanity Bowl 18"x13" EA   
 Sink Strainer EA   
 Sink Basin Rack EA

	GROUP	LIST	SF \$	ACC	TOTAL
Q Quartz	A	\$ 982	\$ 648	\$ 299	\$ 947
Q Quartz	B	\$ 1,073	\$ 708	\$ 299	\$ 1,007
Q Quartz	C	\$ 1,164	\$ 768	\$ 299	\$ 1,067
Q Quartz	D	\$ 1,273	\$ 840	\$ 299	\$ 1,139
Q Quartz	E	\$ 1,546	\$ 1,020	\$ 299	\$ 1,319

TCF Options and Investment Upgrades

Chip Minimizer EA   
 Digital Layout EA   
 Plumbing Reconnections EA   
 Tear Out & Haul Away of Existing Tops SF   
 Oversized Piece EA   
 Outlet Cutouts EA   
 Cut Out for Cook Top or Drop-In Sink EA   
 Cradle Charge for Cast Iron/Heavy Sinks EA   
 Installation with Dishwasher Prep EA

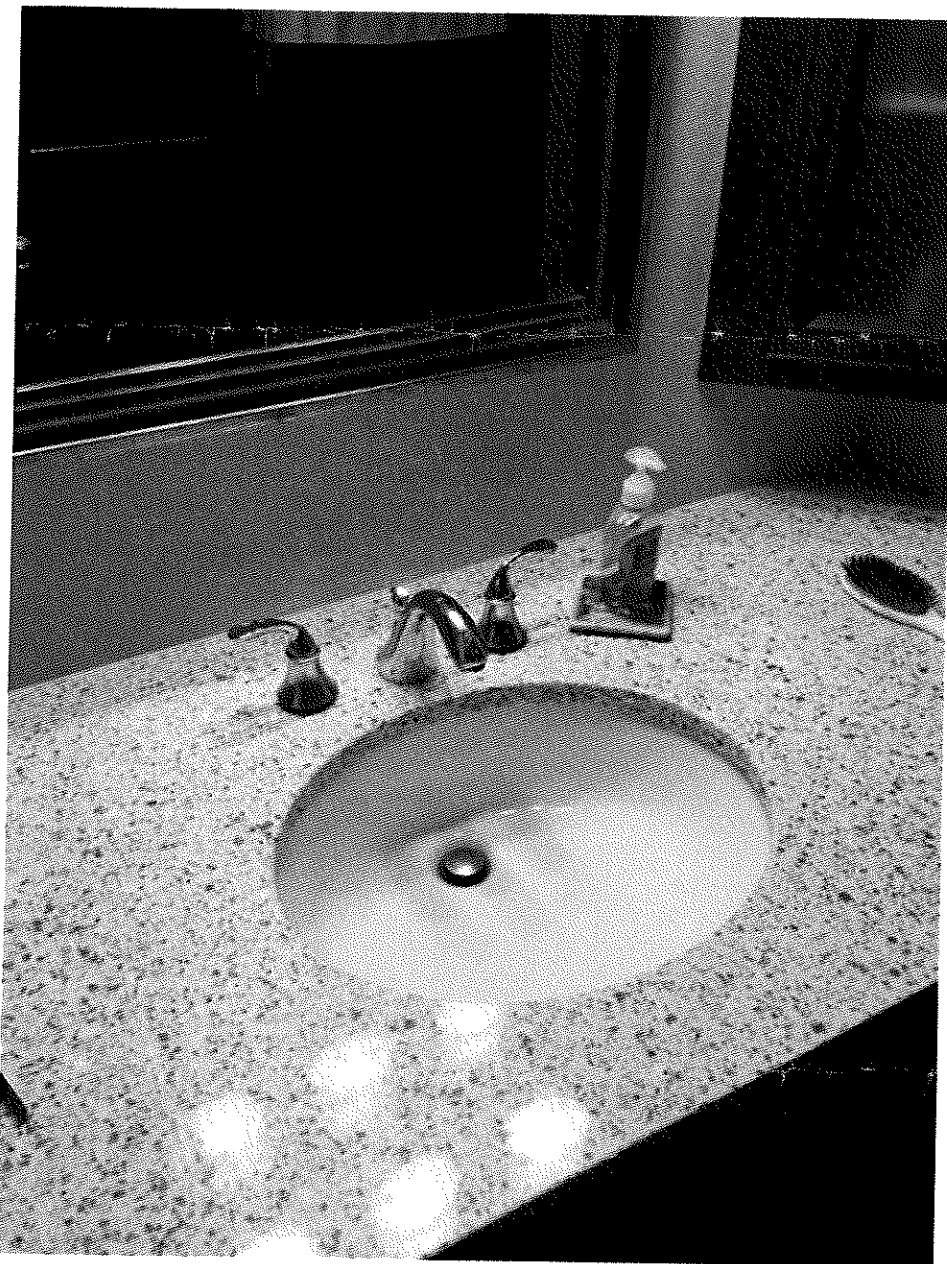
SUB TOTAL OF OPTIONS/UPGRADES \$

EXPLANATION(S) OF MISC CHARGES

PEPPERCORN WHITE WITH SQUARE EASED EDGE

*White*  
*Peppercorn*

I ordered an 18'x13' white rectangle Porcelain sink for \$299, but they installed a small oval sink. The installation team told me they filed paperwork with HOBAS for credit for the sink if I were to keep this one. HOBAS is to reimburse me for the sink. Page 2 of contract .



THANK YOU FOR SHOPPING AT HOB0

HOB0 21  
800 S. 108TH ST.  
WEST ALLIS, WI 53214  
(414) 302-4626

CUSTOMER: 80016 JOB: 000  
TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 2/25/18 1:31  
CLERK: VEDW  
TERMINAL: 22

**HOB0 21**  
**800 S. 108TH ST.**  
**WEST ALLIS, WI 53214**  
**PHONE: (414) 302-4626**

Page 6 of 7  
02/25/18 1:31PM VEDW 22 ORDER

SUB TOTAL: \$ 1638.00 TAX: \$ 91.73  
TOTAL: \$ 1729.73  
BC AMT: \$ 1729.73

3K CARD#: XXXXXXXXXXXX2001  
ID: 324191440993

AMT: \$ 1729.73  
Bat#

EXP: XXXX

AD 06480103602002  
SI 11F800

RC 7100  
ODE Issuer  
VM

AMELL AMERICAN EXPRESS  
KID/ValCode: 714866

ink Card USD\$ 1729.73  
POST : 1729.73



ORDER# 718196/21  
CUST NO: 80016

THANK YOU AMY ARECHAR  
FOR YOUR PATRONAGE

Case 18-30039 Claim 08-1

308-316-0107 REFERENCE: K\* KWC SLATE VAND KG 1

**ORDER: 718196/M**

DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
SPECIAL ORDER KWP CHOICE Kountry Wood Select Custom Kitchen Cabinets are SPECIAL ORDER. Cancellations within 48 hours are subject to a mandatory 10% restocking fee. After 48 hours absolutely no cancellations or returns will be accepted. Any modifications / alterations to the design may be subject to an additional charge and delay estimated delivery. Free delivery available within the		1638.00	/EA	1,638.00

CONTINUED...



THANK YOU FOR SHOPPING AT HOB0  
HOB0 21

800 S. 108TH ST.  
WEST ALLIS, WI 53214  
(414) 302-4626

**HOB0 21**  
**800 S. 108TH ST.**  
**WEST ALLIS, WI 53214**  
**PHONE: (414) 302-4626**

CUSTOMER: 80016  
TERMS: CASH/CHECK/BANKCARD

DATE/TIME: 2/25/18 1:30  
CLERK: VEDW  
TERMINAL: 22

Sub-TOTAL: \$ 1007.00 TAX: \$ 56.39  
TOTAL: \$ 1063.39  
BC AMT: \$ 1063.39

BK CARD#: XXXXXXXXXXXX2001  
MID: 324191440993  
AUI: 884859

Host reference #: 718211 AMT: \$ 1063.39  
Child Read Bat#

CARD TYPE: AM EXPRESS EXPR: XXXX  
AID: A00000025010801

TVR 0000008000  
IAD 06480103602002  
FSI F800

ARC 00  
Y/M Issuer

NAME: AMERICAN EXPRESS  
XID/Va1Code: 714853

Bank Card USD\$ 1063.39  
EPOCH: 1063.39



ORDER# 718205/21  
CUST NO: 80016

THANK YOU AMY ARECHAR  
FOR YOUR PATRONAGE  
JEFFUSI AMI  
BALANCE DUE

1063.39  
0.00

BANKCARD PAYMENT

1063.39

TAX AMOUNT  
TOTAL

56.39  
1063.39

08-316-0107 REFERENCE: K\* Q QUARTZ WHITE PEPPER KG 1

**ORDER: 718205/M**

DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
SPECIAL ORDER COUNTERTOP FACTORY WHITE PEPPERCORN MITH SQUARE EDGE 38 5/16 X 24 DESIGNER KATE CUSTOMER AMY ARECHAR 2934 COUNTY RD W DEERFIELD WI 53531 508.316.0107		1007.00	/EA	1,007.00

TAXABLE 1007.00  
NON-TAXABLE 0.00  
SUB-TOTAL 1007.00



BKCRD# XXXXXXXXXXXX2001  
MID: 324191440993  
APP: 884859  
XR: 718211

X

Case 18-30039 Claim 08-1  
Filed 01/11/19  
Debt Main Document

# 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> (27197698)          AMY ARECHAR          2934 COUNTY RD W          DEERFIELD, WI 53531</p>	<p><b>Claim No:</b> 68  <i>Original Filed</i>          Date: 01/11/2019  <i>Original Entered</i>          Date: 01/14/2019</p>	<p><i>Status:</i>  <i>Filed by:</i> CR  <i>Entered by:</i> Melissa Myers  <i>Modified:</i> 01/14/2019</p>
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Amount claimed: \$299.00  
 Priority claimed: \$299.00

*History:*

[Details](#)   [68-1](#) 01/11/2019 Claim #68 filed by AMY ARECHAR, Amount claimed: \$299.00 (Myers, Melissa)

*Description:*

*Remarks:* (68-1) Incomplete PDF, filer notified to file amended claim (Modified on 1/14/19)(MR)

## 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>	\$299.00
<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
<b>Secured</b>		
<b>Priority</b>	\$299.00	
<b>Administrative</b>		