

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

JAN 14 2019

JEFFREY P. ALLSTEADT, CLERK
TEAM - CA

Fill in this information to identify the case:

Debtor 1 MORRIS ADMINISTRATION, INC.Debtor 2 Hobo
(Spouse, if filing)United States Bankruptcy Court for the: NORTHERN District of ILLINOIS, EASTERN DIVISIONCase number 18-30039

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?

KIMBERLY L. BENNETT

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?

KIMBERLY L. BENNETT

Name

9014 BENNETT AVE #2

Number Street

EVANSTON

City

IL

State

60203

ZIP Code

Contact phone 954-809-9397Contact email apalambra@gmail.com

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

Name

Number

Street

City

State

ZIP Code

Contact phone _____

Contact email _____

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

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known) _____Filed on _____
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 877.56 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.

UN-REDEEMED GIFT CARDS

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 12/17/2018
MM/DD/YYYY

Kimberly L. Bennett
Signature

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

Name Kimberly Lou Bennett
First name Middle name Last name

Title _____

Company _____

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

Address 9014 BENNETT AVE. #2
Number Street

EVANSTON IL 60203
City State ZIP Code

Contact phone 954-807-9397 Email cpalcambria@gmail.com

PROOF OF CLAIM FILING INFORMATION FOR

MORGAN ADMINISTRATION, INC.

CASE NO. 18-30039

US BANKRUPTCY COURT, NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

Debtor Name	Case Number
Morgan Administration, Inc.	18-30039
Belvidere Associates LLC	18-30043
Deforab LLC	18-30057
FP Retail Associates LLC	18-30046
Hillcrest Enterprises, LLC	18-30047
Jular Media LLC	18-30050
KLS Acquisition Corp.	18-30052
Loomis Enterprises LLC	18-30053
North Avenue Associates LLC	18-30054
Oak Creek Distribution LLC	18-30055
OL Enterprises LLC	15-30056

General Bar Date: TBD

General Administrative Bar Date: TBD

Governmental Bar Date: TBD

NOTE: The Bar Date motion has not been filed. Until such time, you may send completed Proofs of Claims to:

US Bankruptcy Court – Northern District of Illinois – Eastern Division
Everett McKinley Dirksen United States Courthouse
219 South Dearborn Street
Chicago, IL 60604

08/25/18 6:36PM HILU 125 GIFTCARD

ACTIVATE GIFT CARD ***

GIFT AMT: \$ 377.56

RD#: XXXXXXXXXXXXX4803
24190873996

055785 AMT: \$ 377.56
reference #:888415 Bat#

TYPE:GIFT EXPR: XXXX
card balance : 377.56



JRNL#I88415/26
Customer Copy

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08/25/18 6:36PM HILU 125 GIFTCARD

*** ACTIVATE GIFT CARD ***

GIFT AMT: \$ 500.00

GIFTCARD#: XXXXXXXXXXXXX4802
MID: 324190873996

AUTH: 055784 AMT: \$ 500.00
Host reference #:888412 Bat#

SWIPED
CARD TYPE:GIFT EXPR: XXXX
Gift card balance : 500.00



==>> JRNL#I88412/26
Customer Copy

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300 W. NORTH AVE
VILLA PARK, IL 60181
(630) 833-3200

Case 18-30039

Claim 72-1

Filed 01/14/19

Desc. Main Document

Page 6 of 6

08/18 6:36PM HILU 125 GIFTCARD

ACTIVATE GIFT CARD ***

GIFT AMT: \$ 377.56

CARD#: XXXXXXXXXXXXX4803

324190873996

055785 AMT: \$ 377.56

reference #:888415 Bat#

ED

TYPE:GIFT EXPR: XXXX

card balance : 377.56



JRNL#I88415/26

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Customer Copy

7777 0502 2408 4803

This card can be used for the purchase of merchandise and cannot be redeemed for cash. Lost or stolen cards will not be replaced. Gift cards are void if not activated by the cardholder.

300 W. NORTH AVE
VILLA PARK, IL 60181
(630) 833-3200

08/25/18 6:36PM HILU 125 GIFTCARD

*** ACTIVATE GIFT CARD ***

GIFT AMT: \$ 500.00

GIFTCARD#: XXXXXXXXXXXXX4802

MID: 324190873996

AUTH: 055784 AMT: \$ 500.00

Host reference #:888412 Bat#

SWIPED

CARD TYPE:GIFT EXPR: XXXX

Gift card balance : 500.00



==>> JRNL#I88412/26

<<==

Customer Copy

7777 0502 2408 4802

This card can be used for the purchase of merchandise and cannot be redeemed for cash. Lost or stolen cards will not be replaced. Gift cards are void if not activated by the cardholder.

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: (27445115)
KIMBERLY L. BENNETT
9014 BENNETT AVE #2
EVANSTON, IL 60203

Claim No: 72
Original Filed
Date: 01/14/2019
Original Entered
Date: 01/14/2019

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

Amount claimed: \$877.56

History:

[Details](#) [72-1](#) 01/14/2019 Claim #72 filed by KIMBERLY L. BENNETT, Amount claimed: \$877.56 (Collier, Kimetha)

Description:

Remarks:

Claims Register Summary

Case Name: Morgan Administration, Inc.

Case Number: 18-30039

Chapter: 11

Date Filed: 10/25/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$877.56
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		