

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 17 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? PHONOPIA LLC
 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?	Where should payments to the creditor be sent? (if different)
	<u>PHONOPIA LLC</u> Name <u>1949 FRANK STILES STREET</u> Number Street <u>SOUTH EL MONTE CA 91733</u> City State ZIP Code Contact phone <u>626-376-5432</u> Contact email _____	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? \$ 18,366.60 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:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$2,000 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 \$12,000) 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

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/18 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 01/08/2019
MM / DD / YYYY



Signature

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

Name IVAN PAN
First name Middle name Last name

Title MANAGING MEMBER

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

Address 1949 FRANK STILES STREET
Number Street
SOUTH EL MONTE CA 91733
City State ZIP Code

Contact phone 626-376-5432 Email _____



Perfect Holiday (Phonopia, LLC)

1949 Frank Stiles St
 El Monte, CA USA 91733
 www.theperfectco.com
 Email sales@theperfectco.com
 Tel 626.350.7007
 Fax 1-844-273-7219
 Toll Free 1-877-717-8080

Invoice

Order #	6,998
Date	09/29/2018

BILL TO

HOBO Home Owners Bargain Outlet
 2650 Belvidere Road
 Waukegan IL 60085
 USA

SHIP TO

HOBO Home Owners Bargain Outlet
 2650 Belvidere Road
 Waukegan IL 60085
 USA

FAX:

Payment Terms

Item	Description	Quantity	Unit Price	Sub-Total
600013	30 LED String Light Battery Operated- White	700.00	1.30	910.00
PVCP-4MT	4 ft Pre-Lit Christmas Tree - Multicolor	35.00	17.50	612.50
PVCP-4WW	4 ft Pre-Lit Christmas Tree - Warm White	100.00	17.50	1,750.00
WT-24	24" Christmas Wreath Evergreen	120.00	4.00	480.00
WT-30	30" Christmas Wreath Evergreen	36.00	5.50	198.00
PVCO-2	2 ft PVC Christmas Tree Evergreen	900.00	0.79	711.00
PVCO-2W	2 ft PVC Christmas Tree - White	252.00	1.50	378.00
PVC-2SV	2 ft PVC Christmas Tree - Silver	65.00	3.60	234.00
PVC-2PR	2 ft PVC Christmas Tree - Purple	36.00	3.60	129.60
PVCO-6SV	6 ft PVC Christmas Tree - Silver	33.00	9.50	313.50
PVCF0-3	3ft Fiber Christmas Tree w/ 85 LED	28.00	20.00	560.00
600124	20 LED Clip String Light Battery Operated Light, Warm White	36.00	3.50	126.00
D1801	3D Star Light - Warm White Plug in	9.00	36.00	324.00
PVCP-65MT	6.5 ft Pre-Lit Christmas Tree - Multicolor	70.00	42.00	2,940.00



Perfect Holiday (Phonopia, LLC)

1949 Frank Stiles St
 El Monte, CA USA 91733
 www.theperfectco.com
 Email sales@theperfectco.com
 Tel 626.350.7007
 Fax 1-844-273-7219
 Toll Free 1-877-717-8080

Invoice

Order #	6,998
Date	09/29/2018

Item	Description	Quantity	Unit Price	Sub-Total
PVCP-65WW	6.5 ft Pre-Lit Christmas Tree- Warm White	100.00	42.00	4,200.00
PH1802-75W	7.5Ft Christmas Tree, 1311 Tips, UL 650 Warm White LED, BM5 Metal Base, Dia 54"	20.00	225.00	4,500.00

Sub-Total	18,366.60
Freight	0.00
Total	18,366.60
Paid	0.00
Balance	18,366.60

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

<i>Creditor:</i> (27459138)	Claim No: 79	<i>Status:</i>
Phonopia LLC	<i>Original Filed</i>	<i>Filed by:</i> CR
1949 Frank Stiles Street	<i>Date:</i> 01/17/2019	<i>Entered by:</i> Melissa Myers
South El Monte, CA 91733	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 01/18/2019	

Amount claimed: \$18366.60

History:

[Details](#) [79-1](#) 01/17/2019 Claim #79 filed by Phonopia LLC, Amount claimed: \$18366.60 (Myers, Melissa)

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*	\$18366.60
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		