

**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 25 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? FRANCISCO MORENO  
 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)

<p><b>Where should notices to the creditor be sent?</b></p> <p><u>FRANCISCO MORENO</u>                  Name  <u>7835 W. 43<sup>rd</sup> ST. APT# 2</u>                  Number Street  <u>Lyons IL 60534</u>                  City State ZIP Code                  Contact phone <u>708 906-7802</u>                  Contact email <u>CISCOMORN@sbcglobal.net</u></p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>_____                  Name                  _____                  Number Street                  _____                  City State ZIP Code                  _____                  Contact phone                  _____                  Contact email</p>
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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: 4 2 0 0

7. How much is the claim? \$ 1605<sup>00</sup> 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.  
CREDIT CARD

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:

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 rent<sup>1</sup> 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

\* 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).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

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.

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 18 2019  
MM / DD / YYYY

FRANCISCO MORENO

Signature

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

Name FRANCISCO MORENO  
First name Middle name Last name

Title \_\_\_\_\_

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

Address \_\_\_\_\_  
Number Street

City State ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

**FP Retail Associates LLC**  
**7630 ROOSEVELT RD**  
**FOREST PARK, IL**  
**60130**  
**PHONE: (708) 488-9800**

SOLD TO: FRANCISCO MORENO  
 7835 W. 43RD STREET  
 LYONS IL 60534

CUSTOMER: 4520  
 TERMS: CASH/CHECK/BANKCARD

DATE / TIME: 8/19/18 3:00  
 CLERK: NSPI  
 TERMINAL: 31

SHIP TO: MORENO/FRANCISCO  
 708-906-7802 REFERENCE: K\* SUPREME INSTALL F4 1

**ORDER: 305732/0**

QUANTITY	UM	ITEM	DESCRIPTION	SUGG	PRICE	/PER	EXTENSION
1	EA	SOSI	SPECIAL ORDER SUPREME INSTALLS ORDERS NOT COMPLETED / INSTALLED WITHIN 60 DAYS OF DEPOSIT ARE SUBJECT TO REPRICING BASED ON CURRENT MARKET PRICE. CUSTOMER: FRANCISCO MORENO 7835 W. 43RD STREET LYONS, IL 60534 PHONE (FRANCISCO): 708.906.7802 ALTERNATE: 847.833.4014 (NINFA) SP: JIM WILSON (F4)		1605.00	/EA	1,605.00

DEPOSIT AMT 1605.00  
 BALANCE DUE 0.00

BANKCARD PAYMENT

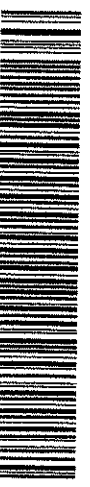
1605.00

TAXABLE 0.00  
 NON-TAXABLE 1605.00  
 SUB-TOTAL 1605.00  
 TAX AMOUNT 0.00  
**TOTAL 1605.00**

Case 18-30039 Claim 99-1 Filed 01/25/19 Desc: Main Document

X *[Signature]* *[Signature]*

BKCRD# XXXXXXXXXXXXXXX8021  
 MID: 324990119996  
 APP: 09383C



HUBO 22  
7630 ROOSEVELT RD  
FOREST PARK, IL  
60130  
(708) 488-9800

08/19/18 3:00PM NSPI 31 ORDER

SUB-TOTAL:\$ 1605.00 TAX:\$ .00  
TOTAL:\$ 1605.00  
BC AMT:\$ 1605.00

DEBIT/ATM:\$  
DEBIT/ATM: XXXXXXXXXXXX6640  
AUTH: DECLINED AMT:\$  
Debit network id:02  
Host reference #:305794 Bat#  
Trace# 034914

Authorizing Network: VISA

Chip Read  
CARD TYPE:DEBIT EXPR: XXXX  
AID : A0000000980840  
TVR : 8080048000  
IAD : 06010A03202000  
TSI : 6800  
ARC : 05  
MODE : Issuer  
CVM : Verified by PIN  
Name : US DEBIT  
BK CARD#: XXXXXXXXXXXX8021  
MTD: 324990119996  
AUTH: 09383C AMT:\$ 1605.00  
Host reference #:305796 Bat#

Chip Read  
CARD TYPE:VISA EXPR: XXXX  
AID : A0000000031010  
TVR : 8080008000  
IAD : 06010A03602000  
TSI : 7800  
ARC : 00  
MODE : Issuer  
CVM :  
Name : Visa Credit  
ATC :0039  
AC : 4B78D4257E1352B5

Name : X \_\_\_\_\_

Bank card USD\$ 1605.00  
DEPOSIT : 1605.00



ORDER# 305732/22  
CUST NO: 4520

THANK YOU FRANCISCO MORENO  
FOR YOUR PATRONAGE

I agree to pay above total amount  
according to card issuer agreement  
(merchant agreement if credit voucher)  
Acct: FRANCISCO MORENO  
REF: K\* SUPREME INSTALL F4 1

# 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

<b>Creditor:</b> (27482702) Francisco Moreno 7835 W. 43rd. St. Apt #2 Lyons, IL 60534	<b>Claim No: 99</b> <i>Original Filed</i> Date: 01/25/2019 <i>Original Entered</i> Date: 01/28/2019	<b>Status:</b> Filed by: CR Entered by: Melissa Myers Modified:
------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------

Amount claimed: \$1605.00

**History:**

[Details](#) [99-1](#) 01/25/2019 Claim #99 filed by Francisco Moreno, Amount claimed: \$1605.00 (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

<b>Total Amount Claimed*</b>	\$1605.00
<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>		
<b>Administrative</b>		