

**Fill in this information to identify the case:**

Debtor 1 Home Owners Bargain Outlet

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Illinois

Case number 18-30039

**FILED**  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
SEP 05 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?	<u>FMLASource</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>ComPsych Corporation</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>Robert Mallers</u> CFO Name <u>455 N. Cityfront Plaza Drive 13th Floor</u> Number Street <u>Chicago</u> IL <u>60611</u> City State ZIP Code Contact phone <u>312-327-5599</u> Contact email <u>RMallers@Compsych.com</u>	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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? ☒ 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? \$ 6,949.21. 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.  
FMLA Provider to Debtor

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:

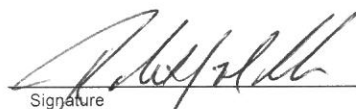
☒ I am the creditor.☐ I am the creditor's attorney or authorized agent.☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 08/28/2019  
MM / DD / YYYY

  
Signature

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

Name Robert J Mallers  
First name Middle name Last name

Title CFO

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

Address 455 N. CITYFRONT PLAZA DRIVE NBC TOWER 13TH FLOOR  
Number Street

CHICAGO IL 60611  
City State ZIP Code

Contact phone 312-327-5599 Email RMALLERS@COMPSYCH.COM

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Case 18-30039 Doc 262-1 Filed 08/19/19 Entered 08/19/19 16:11:49 Desc Exhibit 1 Page 1 of 2

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re:

Morgan Administration, Inc., *et al.* d/b/a  
Home Owners Bargain Outlet,

Chapter 11

Case No. 18-30039  
(Jointly Administered)

Debtors.<sup>1</sup>

Honorable Jacqueline P. Cox

**EXHIBIT 1**

**NOTICE OF SELECTION OF CREDITOR TRUSTEE**

PLEASE TAKE NOTICE THAT, pursuant to the *First Amended Joint Chapter 11 Liquidating Plan* (ECF No. 258) (as amended, the “*Plan*”) filed jointly on behalf of the above-captioned debtors (the “*Debtors*”) and the Official Committee of Unsecured Creditors (the “*Committee*” and together with the Debtors, the “*Plan Proponents*”), Sandor Jacobson of Plante & Moran, PLLC has been selected as the proposed Creditor Trustee of the Morgan Administration, Inc. *et al.* Creditor Trust.

Mr. Jacobson’s hourly rate is \$375 per hour, and a summary of his qualifications is attached hereto as Exhibit 1.

Dated: August 19, 2019

**FREEBORN & PETERS LLP**

By: /s/ Devon J. Eggert  
One of Its Attorneys

Shelly A. DeRousse  
Devon J. Eggert  
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[ejanczak@freeborn.com](mailto:ejanczak@freeborn.com)

*Counsel for Official Committee of Unsecured  
Creditors of Morgan Administration, Inc. et al.*

<sup>1</sup> The Debtors, along with the last four digits of each Debtor’s federal tax identification number are the following entities: (i) Morgan Administration, Inc. (4200); (ii) Belvidere Associates, LLC (8559); (iii) FP Retail Associates, LLC (0915); (iv) Hillcrest Enterprises, LLC (4581); (v) Jular Media, LLC (0805); (vi) KLS Acquisition Corp. (0925); (vii) Loomis Enterprises, LLC (5451); (viii) North Avenue Associates, LLC (3229); (ix) Oak Creek Distributions, LLC (0634); (x) OL Enterprises, LLC (9401); and (xi) Deforab, LLC (9348).

# FMLA Source<sup>®</sup>

Home Owners Bargain Outlet  
Mike Earl  
2650 Belvidere Road  
Waukegan IL 60085

Invoice 18110567  
Date 10/1/2018  
Purchase Order

# of Emp	Service Rendered	Price	Net Amount
388	FMLA PROGRAM Service Period 11/1/2018 to 1/31/2019	\$5.19	\$2,013

Home Owners Bargain Outlet

Total \$2,013

## Payment Due Upon Receipt

NBC Tower \* 13th Floor  
455 North Cityfront Plaza Drive \* Chicago, IL 60611-5322  
FEIN# 36-4422951

## For ACH Payments:

Account Name: Compsych Corporation  
Account Number: 18137881  
Routing Number: 071000013

[www.compsych.com](http://www.compsych.com)

Please E-Mail Questions or Revision Requests to [invoice@compsych.com](mailto:invoice@compsych.com)

# FMLA Source<sup>®</sup>

Home Owners Bargain Outlet  
Mike Earl  
2650 Belvidere Road  
Waukegan IL 60085

Invoice 19020041  
Date 1/15/2019  
Purchase Order

# of Emp	Service Rendered	Price	Net Amount
317	FMLA PROGRAM Service Period 2/1/2019 to 4/30/2019	\$5.19	\$1,645

Home Owners Bargain Outlet

Total \$1,645

## Payment Due Upon Receipt

NBC Tower \* 13th Floor  
455 North Cityfront Plaza Drive \* Chicago, IL 60611-5322  
FEIN# 36-4422951

## For ACH Payments:

Account Name: Compsych Corporation  
Account Number: 18137881  
Routing Number: 071000013

[www.compsych.com](http://www.compsych.com)

Please E-Mail Questions or Revision Requests to [invoice@compsych.com](mailto:invoice@compsych.com)

# FMLA Source<sup>®</sup>

Home Owners Bargain Outlet  
Mike Earl  
2650 Belvidere Road  
Waukegan IL 60085

Invoice 19050602  
Date 4/8/2019  
Purchase Order

# of Emp	Service Rendered	Price	Net Amount
317	FMLA PROGRAM Service Period 5/1/2019 to 7/31/2019	\$5.19	\$1,645

Home Owners Bargain Outlet

Total

\$1,645

## Payment Due Upon Receipt

NBC Tower \* 13th Floor  
455 North Cityfront Plaza Drive \* Chicago, IL 60611-5322  
FEIN# 36-4422951

## For ACH Payments:

Account Name: Compsych Corporation  
Account Number: 18137881  
Routing Number: 071000013

[www.compsych.com](http://www.compsych.com)

Please E-Mail Questions or Revision Requests to [invoice@compsych.com](mailto:invoice@compsych.com)

# FMLA Source<sup>®</sup>

Home Owners Bargain Outlet  
Julie Cwik  
2650 Belvidere Road  
Waukegan IL 60085

Invoice 19080610  
Date 7/1/2019  
Purchase Order

# of Emp	Service Rendered	Price	Net Amount
317	FMLA PROGRAM Service Period 8/1/2019 to 10/31/2019	\$5.19	\$1,645

Home Owners Bargain Outlet

Total \$1,645

## Payment Due Upon Receipt

NBC Tower \* 13th Floor  
455 North Cityfront Plaza Drive \* Chicago, IL 60611-5322  
FEIN# 36-4422951

## For ACH Payments:

Account Name: Compsych Corporation  
Account Number: 18137881  
Routing Number: 071000013

[www.compsych.com](http://www.compsych.com)

Please E-Mail Questions or Revision Requests to [invoice@compsych.com](mailto:invoice@compsych.com)



# 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> (27197440)	<a href="#">History</a> <b>Claim No: 139</b>
FMLASOURCE	<i>Original Filed</i>
Robert Mallers CFO	<i>Date: 09/05/2019</i>
455 N CITYFRONT PLAZA Drive,	<i>Original Entered</i>
13TH FLOOR	<i>Date: 09/06/2019</i>
Chicago, IL 60611	

*Status:*  
*Filed by:* CR  
*Entered by:* Charles Ward  
*Modified:* 09/06/2019

Amount claimed: \$6949.21

*History:*

[Details](#) [139-](#) 09/05/2019 Claim #139 filed by FMLASOURCE, Amount claimed: \$6949.21 (Ward, Charles)  
[1](#)

*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>	\$6949.21
<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.**

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		