

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

Debtor 1 Morgan Administration Inc d/b/a/ HOBO

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 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? FMLASOURCE  
 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>ROBERT MALLERS CFO</u>                  Name  <u>455 N. CITYFRONT PLAZA DR 13TH FLOOR</u>                  Number Street  <u>CHICAGO IL 60611</u>                  City State ZIP Code                  Contact phone <u>312-327-5599</u>                  Contact email <u>RMALLERS@COMPSYCH.COM</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: \_\_\_\_\_

7. How much is the claim? \$ 6,949.41. 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.  
SERVICES - FMLA PROGRAM

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:

<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priority \$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> 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:

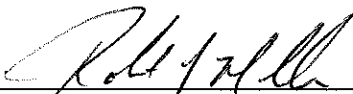
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 09/18/2019  
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 (DBA FMLASOURCE)  
Identify the corporate servicer as the company if the authorized agent is a servicer.

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

CHICAGO IL 60611  
City State ZIP Code

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

SOP Number	Customer Number	Customer Name	Document Amount
18110567	150425	Home Owners Bargain Outlet	\$ 2,013.72
19020041	150425	Home Owners Bargain Outlet	\$ 1,645.23
19050602	150425	Home Owners Bargain Outlet	\$ 1,645.23
19080610	150425	Home Owners Bargain Outlet	\$ 1,645.23
			\$ 6,949.41

# FMLA Source®

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	\$2,013.72

Home Owners Bargain Outlet

Total \$2,013.72

**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)

# FMLASource®

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	\$1,645.23

Home Owners Bargain Outlet

Total \$1,645.23

**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®

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	\$1,645.23

Home Owners Bargain Outlet

Total

\$1,645.23

**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	\$1,645.23

Home Owners Bargain Outlet

Total \$1,645.23

**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

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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

*Creditor:* (27197440) [History](#) **Claim No:** 141      *Status:*  
 FMLASOURCE                                      *Original Filed*                      *Filed by:* CR  
 Robert Mallery CFO                              *Date:* 09/25/2019              *Entered by:* Cristin Denton  
 455 N CITYFRONT PLAZA Drive,              *Original Entered*              *Modified:*  
 13TH FLOOR                                      *Date:* 09/25/2019  
 Chicago, IL 60611

Amount claimed: \$6949.41

*History:*

[Details](#) [141-](#) 09/25/2019 Claim #141 filed by FMLASOURCE, Amount claimed: \$6949.41 (Denton, Cristin)  
 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>	\$6949.41
<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>		