

Fill in this information to identify the case:

Debtor 1 Belvidere Associates LLC

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Northern District of Illinois

Case number 18-30043

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>Affordable Furniture Mfg Co</u> 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?	<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>Coface North America Insurance Company</u> Name <u>650 College Road East, Suite 2005</u> Number Street <u>Princeton, NJ 08540</u> City State ZIP Code Contact phone <u>609-469-0459</u> Contact email <u>amy.schmidt@coface.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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>7</u> <u>3</u> <u>8</u> <u>3</u>
7. How much is the claim?	\$ <u>26,225.00</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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. <u>Goods Sold</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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 11/08/2018
MM / DD / YYYY

/s/ Amy Schmidt

Signature

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

Name

Amy Schmidt

First name

Middle name

Last name

Title

agent

Company

Coface North America Insurance Company

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

Address

650 College Road East, Suite 2005

Number Street

Princeton,NJ08540

City

State

ZIP Code

Contact phone

609-469-0459

Email

amy.schmidt@coface.com

Date: Tuesday, October 23, 2018
 Time: 01:39PM
 User: TERESA

Affordable Furniture Mfg Co
Aged AR - Detail by Days Past Due
 Period: 11-18 As of: 10/23/2018

Page: 1 of 1
 Report: 08610dp.rpt
 Company: AFFORDABLE

Cust ID		Customer Name			Terms		Days Past Due					Total	
Type	Invoice #	Ord#	Invoiced	Due Date	Factored/ Non-Factored	Current	1 To 30	31 To 60	61 To 90	Over 90			
Company ID:		AFFORDABLE											
HOB0		Hobo Home Owners Bargain Outle			NET 10 DAYS							Avg Days To Pay	53
IN	I0113583	1	7/20/2018	7/30/2018		0.00	0.00	0.00	13,185.00	0.00	13,185.00		
IN	I0114637	1	8/30/2018	9/9/2018		0.00	0.00	13,040.00	0.00	0.00	13,040.00		
Customer Total						0.00	0.00	13,040.00	13,185.00	0.00	26,225.00		
Statement Cycle Total						0.00	0.00	13,040.00	13,185.00	0.00	26,225.00		
Company Total						0.00		13,040.00		0.00			
							0.00		13,185.00		26,225.00		

Affordable Furniture MFG CO,
 6496 Redland Sarepta Rd
 Houka, MS 38850
 Phone: (662) 568-7981
 Fax: (800) 370-6172

INVOICE

Invoice No. I0113583
 Date 7/20/2018
 Order No. O0098008
 Shipper ID S0114157
 Order Type Sales Order
 Customer ID HOBO

BILL TO:

Hobo Home Owners Bargain Outle
 2650 Belvidere Rd.
 Accounts Payable
 Waukegan, IL 60085

SHIP TO:

Hobo Home Owners Bargain Outle
 7557 S. 78 TH Avenue
 Bridgeview, IL 60455

Product (s) contains structural plywood PS1 & PS2, hardwood and oriented strand board specifically excluded from TSCA Title VI, Part 770 - Formaldehyde Standards for Composite Wood Products pursuant to 40 CFR 700.1

PAGE 1

F.O.B. POINT		SHIP VIA		ORDERED BY		CUSTOMER P.O. NO.	
		not available				n000021546	
ORDER DATE		TERMS		SALES PERSON		SITE	
7/10/2018		NET 10 DAYS				MAIN Main	
PART NUMBER	QTY ORDERED	UNITS	QTY SHIPPED	QTY BO	PRICE	DISC %	EXT. PRICE
5603-AUSC	38.0000	EA	38.0000	0.0000	195.0000	0.00	7,410.00
5603-Sofa Austin Chocolate							
5602-AUSC	33.0000	EA	33.0000	0.0000	175.0000	0.00	5,775.00
5602-Loveseal Austin Chocolate							

Remit to: Affordable Furniture Mfg. Co. Inc.
 PO Box 770299
 Memphis, TN 38177-0299

Sales Total 13,185.00
 Shipping & Handling 0.00
 Misc. Charges 0.00
 Tax Total 0.00
 Less Paid Amount 13,185.00
 0.00
TOTAL 13,185.00



TO: AFFORDABLE FURNITURE MFG. CO.
6496 REDLAND-SAREPTA RD
HOULKA MS 38850
PHONE: (662) 568-7981
FAX : (800) 370-6172

HOB0 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

SHIP TO: HOB0 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

Page: 1

PURCHASE ORDER

P.O. #: 0000021546
Store : 47

Order Date: 7/ 5/18
Date Due : 7/17/18
Alt. PO # :
Order Type: NORMAL
Buyer : JORI

VENDOR		ASSIGNED CUST#		STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA		TERMS		Date Due : 7/17/18 Alt. PO # : Order Type: NORMAL Buyer : JORI	
AF649				F	N	HTR		HOB			NET 30 DAYS			
LINE#	STORE	QTY ORD	ITEM/SKU NUMBER	DESCRIPTION				MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST		
			BILL TO:	HOB0 2650 BELVIDERE RD WAUKEGAN, IL 60085										
			SPECIAL INST:	FREIGHT-HOB0 TO ROUTE-EMAIL PICK UP INFO TO DISPATCH@HOB0ONLINE.COM										
1	47	38	1243046	AUSTIN SOFA IN CHOCOLATE				5603		195.00	EA	7410.00		
5	C	33	1243047	AUSTIN LOVESEAT IN CHOCOLATE				5602		175.00	EA	5775.00		
TOTAL UNITS										71	TOTAL COST			13185.00
											TOTAL FREIGHT			.00
											OTHER CHARGES			.00
											TOTAL P.O.			13185.00
P.O. Approved By:										Date:				

P.O. Approved By: _____

Date: _____

STRAIGHT BILL OF LADING—SHORT FORM—ORIGINAL—NOT NEGOTIABLE

SHIPPER'S NO.

NAME OF CARRIER

CARRIER'S NO.

DATE

7/20/18

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Original Bill of Lading.

Property described below in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth in Uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

FROM:
SHIPPER
(ORIGIN)

Affordable Furniture MFG CO, Inc
8496 RedlandSarepta Rd
Houlka, MS 38850

TO:
CONSIGNEE

STREET

Hobo Home Owners Bargain Outlet

DESTINATION

7557 S. 78 TH Avenue
Bridgman, MI 48455

ZIP

DELIVERING CARRIER	NO. PACKAGES	+ HM	KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	ERG #	*WEIGHT (SUBJECT TO CORR.)	VEHICLE NUMBER	CLASS OR RATE	✓	CHARGES (FOR CARRIER USE ONLY)
	30.00		5603-AUSC 5603-Sofa Austin Chocolate	EA	Weight 6,320.00				
	33.00		5602-AUSC 5602-Loveseat Austin Chocolate	EA	3,795.00				
	<u>71.00</u>				<u>9,115.00</u>				

PLACARDS SUPPLIED

☐ YES☐ NO

DRIVER'S SIGNATURE

X Will 12a

EMERGENCY RESPONSE PHONE NO.

REMIT C.O.D. TO:

PO# n000021540

Sales Ord No. 00090008
Invoice No. ID113583

Trailer # 48H
Seal # D4475585

COD

Amt. \$

C.O.D. FEE:

☐ Prepaid
☐ Collect \$

If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

TOTAL
CHARGES \$

Freight charges are PREPAID unless marked collect.

☒ Check box
If charges are Collect.

Shipper's Imprints in lieu of stamp; not a part of bill of lading approved by the U.S. Dept. of Transportation.

S

per

(Signature of Consignor)

"This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation".

Shipper, Per

Agent, Per

Permanent post office address of shipper

+ MARK WITH "X" TO DESIGNATE HAZARDOUS MATERIAL AS DEFINED IN TITLE 49 OF FEDERAL REGULATIONS.

Affordable Furniture MFG CO,
6496 Redland Sarepta Rd
Houlka, MS 38850
Phone: (662) 568-7981
Fax: (800) 370-6172

INVOICE

Invoice No. I0114637
Date 8/30/2018
Order No. O0098782
Shipper ID S0115211
Order Type Sales Order
Customer ID HOBO

BILL TO:

Hobo Home Owners Bargain Outle
2650 Belvidere Rd.
Accounts Payable
Waukegan, IL 60085

SHIP TO:

Hobo Home Owners Bargain Outle
7557 S. 78 TH Avenue
Bridgeview, IL 60455

Product (s) contains structural plywood PS1 & PS2, hardwood and oriented strand board specifically excluded from TSCA Title VI, Part 770 - Formaldehyde Standards for Composite Wood Products pursuant to 40 CFR 700.1

PAGE 1

F.O.B. POINT		SHIP VIA		ORDERED BY		CUSTOMER P.O. NO.	
		not available				n000021832	
ORDER DATE		TERMS		SALES PERSON		SITE	
8/9/2018		NET 10 DAYS				MAIN Main	
PART NUMBER	QTY ORDERED	UNITS	QTY SHIPPED	QTY BO	PRICE	DISC %	EXT. PRICE
2770-AURC	12.0000	EA	12.0000	0.0000	145.0000	0.00	1,740.00
2770-Recliner Aurora Chocolate							
5603-AUSC	40.0000	EA	40.0000	0.0000	195.0000	0.00	7,800.00
5603-Sofa Austin Chocolate							
5602-AUSC	20.0000	EA	20.0000	0.0000	175.0000	0.00	3,500.00
5602-Loveseat Austin Chocolate							

Remit to: Affordable Furniture Mfg. Co. Inc.
PO Box 770299
Memphis, TN 38177-0299

Sales Total 13,040.00
Shipping & Handling 0.00
Misc. Charges 0.00
Tax Total 0.00
Less Paid Amount 13,040.00
0.00
TOTAL 13,040.00



TO: AFFORDABLE FURNITURE MFG. CO.
6496 REDLAND-SAREPTA RD
HOULKA MS 38850
PHONE: (662) 568-7981
FAX : (800) 370-6172

HOB0 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

SHIP TO: HOB0 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

Page: 1

PURCHASE ORDER

P.O. #: 000021832
Store : 47

Order Date: 8/ 8/18
Date Due : 8/20/18
Alt. PO # :
Order Type: NORMAL
Buyer : JORI

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS	Date Due : 8/28/18 Alt. PO # : Order Type: NORMAL Buyer : JORI		
AF649		F	N	HTR		HOB	8/28 AD BACK UP	NET 30 DAYS			
LINE#	STORE	QTY ORD	ITEM/SKU NUMBER	DESCRIPTION			MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
			BILL TO:	HOB0 2650 BELVIDERE RD WAUKEGAN, IL 60085							
			SPECIAL INST:	FREIGHT-HOBO TO ROUTE-EMAIL PICK UP INFO TO DISPATCH@HOB0ONLINE.COM							
1	47	12	1241747	AURORA RECLINER CHOCOLATE			2770 CHOC		145.00	EA	1740.00
2	47	45	1243046	AUSTIN SOFA IN CHOCOLATE			5603		195.00	EA	8775.00
3	47	20	1243047	AUSTIN LOVESEAT IN CHOCOLATE			5602		175.00	EA	3500.00
TOTAL UNITS 77									TOTAL COST		14015.00
									TOTAL FREIGHT		.00
									OTHER CHARGES		.00
									TOTAL P.O.		14015.00
P.O. Approved By:									Date:		

P.O. Approved By: _____

Date: _____

STRAIGHT BILL OF LADING—SHORT FORM—ORIGINAL—NOT NEGOTIABLE

SHIPPER'S NO.

NAME OF CARRIER

LA Trucking

CARRIER'S NO.

DATE

8/30/18

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Original Bill of Lading.

the property described below in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth in the Uniform Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

FROM:
SHIPPER

(ORIGIN)

Affordable Furniture MFG CO, Inc
8498 Redland Sarepta Rd
Houlka, MS 38850

TO:
CONSIGNEE

STREET

Hobo Home Owners Bargain Outle
7557 S. 78 TH Avenue
Bridgeview IL 60455

DESTINATION

ZIP

DELIVERING CARRIER		ROUTE		VEHICLE NUMBER		CHARGES (FOR CARRIER USE ONLY)	
NO. PACKAGES	+ HM	KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS		ERG #	*WEIGHT (SUBJECT TO CORR.)	CLASS OR RATE	✓
12.00		2770-AURC 2770-Recliner Aurora Chocolate		EA	Weight 1,200.00		
40.00		5803-AUSC 5803-Sofa Austin Chocolate		EA	5,600.00		
20.00		5802-AUSC 5802-Loveseat Austin Chocolate		EA	2,300.00		
<u>72.00</u>					<u>9,100.00</u>		

PLACARDS SUPPLIED

☐ YES☐ NO

DRIVER'S SIGNATURE

K. J. S. S. C.

EMERGENCY RESPONSE PHONE NO.

REMIT C.O.D. TO:

PO# n000021832

Sales Ord No. 00098782
Invoice No. 10114837

Trailer # 5325
Seal # D4475811

COD

Amt. \$

C.O.D. FEE:

☐ Prepaid
☐ Collect \$

If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight".

NOTE: Where the rate is dependant on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

TOTAL CHARGES \$

Freight charges are PREPAID unless marked collect.

☒ Check box if charges are Collect.

Shipper's Imprints in lieu of stamp; not a part of bill of lading approved by the U.S. Dept. of Transportation.

S

per

(Signature of Consignor)

"This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation".

Shipper, Per

Agent, Per

Permanent post office address of shipper

+ MARK WITH "X" TO DESIGNATE HAZARDOUS MATERIAL AS DEFINED IN TITLE 49 OF FEDERAL REGULATIONS.

Northern District of Illinois Claims Register

[18-30043 Belvidere Associates LLC](#)

Honorable Judge: Jacqueline P. Cox

Chapter: 11

Office: Chicago

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (27285089)

Claim No: 2

Status:

Affordable Furniture Mfg Co

Original Filed

Filed by: CR

Coface North America Insurance

Date: 11/08/2018

Entered by: Amy Schmidt

Company

Original Entered

Modified:

650 College Road East, Suite

Date: 11/08/2018

2005

Princeton, NJ 08540

Amount claimed: \$26225.00

History:

[Details](#) [2-1](#) 11/08/2018 Claim #2 filed by Affordable Furniture Mfg Co, Amount claimed: \$26225.00 (Schmidt, Amy)

Description: (2-1) dcon 57383

Remarks:

Claims Register Summary

Case Name: Belvidere Associates LLC

Case Number: 18-30043

Chapter: 11

Date Filed: 10/25/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$26225.00
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		