

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

FILED
 UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS
 NOV 20 2018
 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?** AIR KING AMERICA LLC
 Name of the current creditor (the person or entity to be paid for this claim)
 Other names the creditor used with the debtor AIR KING AMERICA, AIR KING, AIR KING AMERICA INC

2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?** **Where should notices to the creditor be sent?** **Where should payments to the creditor be sent? (if different)**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>AIR KING AMERICA INC</u> Name <u>820 LINCOLN AVE</u> Number Street <u>WEST CHESTER PA 19380</u> City State ZIP Code Contact phone <u>610-719-8936</u> Contact email <u>amadonna@airkinglimited.com</u>	_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
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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: 1 5 0 2

7. How much is the claim? \$ 1,934.10 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:

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).

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 11/12/2018
MM / DD / YYYY



Signature

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

Name	Allison	Madonna
	First name	Last name
Title	Credit Manager	
Company	Air King America LLC	
	Identify the corporate servicer as the company if the authorized agent is a servicer.	
Address	820 Lincoln Avenue	
	Number	Street
	West Chester,	PA 19380
	City	State ZIP Code
Contact phone	610-719-8936	Email amadonna@airkinglimited.com



Air King America, LLC

DUNS# 00-232-9779

CUSTOMER NO. 1502

SOLD TO
 HOBO
 ACCOUNTS PAYABLE
 2650 BELVIDERE RD
 WAUKEGAN, IL 60085
 United States

REMIT TO :
 P.O. BOX 60514
 CHARLOTTE, NC 28260-0514

PAGE NO.
 1

INVOICE NUMBER
 1937V04101

INVOICE DATE
 09/13/18

SHIP TO
 HOBO 47
 7557 S 78TH AVENUE
 BRIDGEVIEW, IL 60455
 United States

PLEASE REFER TO ABOVE
 NUMBER ON ALL
 CORRESPONDENCE

F.O.B. CODES
 1 = 1/2 Frt.
 2 = F.O.B. Dest.
 3 = F.O.B. Fact.
 4 = Other

DATE ORD. REC	CUST. ORD. NO.	TERMS OF SALE	SALESMAN			
08/30/18	n000022070	2% 10, Net 30 days	SUMA SALES, LLC			
DATE SHIPPED	B/LADING NO.	COMP. OR PART	SHIPPED FROM	SHIPPED VIA		
09/13/18	374192796	P/C	AKA West C	RDFS		
QUANTITY ORDERED	QUANTITY SHIPPED	DESCRIPTION	FOB CD.	UNIT PRICE	AMOUNT	
1	1	AV1306 RH 30"CONVERT.BLK AV1306	7	35.82	35.82	
5	5	AV1308 RH 30"CONVERT.S/S AV1308	7	63.99	319.95	
19	19	AD1303 RH 30"DUCTLES WHT AD1303	7	34.38	653.22	
2	2	QZ2303 RH30"QTZONE WHITE QZ2303	7	71.31	142.62	
5	5	ASLC50 ASLC50-50 CFM FAN/LIGHT	7	25.79	128.95	
5	5	AS50 AS50-BATH FAN 50 CFM	7	11.46	57.30	
5	5	BFQ90 BFQ90-SNAP B/FAN 90 CFM	7	26.98	134.90	
6	6	AV1304 RH 30"CONVRT.BISQ AV1304	7	35.82	214.92	
1	1	DS1306 RH 30"DESIGNR BLK DS1306	7	45.84	45.84	
3	3	DS1308 RH 30"DESIGNR S/S DS1308	7	66.86	200.58	
	52	**** TOTAL UNIT **** *PO# ON CTNS PKG SLIPS & B/L *** NO BACKORDER - WILL RETURN *AT VENDOR'S EXPENSE - BLM			1,934.10	
38.68 CASH DISCOUNT IF PAID BY 09/23/18				TOTAL AMOUNT DUE	1,934.10	

CREDIT WILL NOT BE ALLOWED FOR RETURN GOODS WITHOUT OUR PERMISSION. CLAIMS FOR DEFICIENCIES POSITIVELY MUST BE MADE WITHIN 10 DAYS AFTER RECEIPT OF GOODS.
 We the undersigned, do here by certify that we are complying with all the requirements of the "Fair Labor Standards Act of 1938," and that the goods invoiced herein are manufactured or produced under terms and conditions of "Employment in Accordance with Said Act."

FRANKLIN, TENN.
 (615) 794-2531

WEST CHESTER, PA.
 (610) 692-7400

FORT WORTH, TX.
 (817) 625-6381

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: (27202077) [History](#) **Claim No: 12** *Status:*
 Air King America LLC *Original Filed* *Filed by:* CR
 Air King America LLC *Date:* 11/20/2018 *Entered by:* Kevin Lyons
 820 Lincoln Ave *Original Entered* *Modified:*
 Westchester PA 19380 *Date:* 11/20/2018

Amount claimed: \$1934.10

History:

[Details](#) [12-1](#) 11/20/2018 Claim #12 filed by Air King America LLC, Amount claimed: \$1934.10 (Lyons, Kevin)

Description:

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*	\$1934.10
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		