

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?** JMB Liquidators, LLC
 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>Where should notices to the creditor be sent?</p> <p><u>JMB Liquidators, LLC</u> Name</p> <p><u>729 Zeigler Lane</u> Number Street</p> <p><u>Enola PA 17025</u> City State ZIP Code</p> <p>Contact phone <u>717-547-6300</u></p> <p>Contact email <u>melanie@jmbliquidators.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>JMB Liquidators, LLC</u> Name</p> <p><u>729 Zeigler Lane</u> Number Street</p> <p><u>Enola PA 17025</u> City State ZIP Code</p> <p>Contact phone <u>717-547-6300</u></p> <p>Contact email <u>melanie@jmbliquidators.com</u></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: H O B O

7. How much is the claim? \$ 2,160.00 . 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:

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).

Amount entitled to priority

\$ _____

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 11/14/2018
MM / DD / YYYY



Signature

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

Name Melanie C. Bock
First name Middle name Last name

Title Owner/CFO

Company JMB LIQUIDATORS, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 729 Zeigler Lane
Number Street

Enola PA 17025
City State ZIP Code

Contact phone 717-547-6300 Email melanie@jmbliquidators.com

PO # 1291

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HOBO 24
2650 BELVIDERE RD
WAUKEGAN, IL 60085
(847) 263-1612

TO: JMB LIQUIDATORS, LLC
729 ZEIGLER LANE
ENOLA PA 17025
PHONE: (717) 547-6300
FAX : (717) 547-6399

SHIP TO: HOBO 24
2650 BELVIDERE RD
WAUKEGAN, IL 60085

PURCHASE ORDER

P.O. #: Q000012404
Store : 24

Order Date: 8/ 9/18
Date Due : 8/17/18
Alt. PO # :
Order Type: NORMAL
Buyer : CROB

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS			
JM390		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	
2	24	2	✓	1246849	HOBO 2650 BELVIDERE RD WAUKEGAN, IL 60085	I36L418		135.00	EA	270.00	
3	24	2	✓	1246850	FREIGHT-HOBO TO ROUTE-EMAIL PICK UP INFO TO dispatch@hoboonline.com	I36R418		135.00	EA	270.00	
4	24	2	✓	1246872	#418 ZINC 3/4 OVAL FBGL 36" HL	P36HL418		135.00	EA	270.00	
5	24	2	✓	1246873	#418 PATINA 3/4 OVAL FBGL 36" HR	P36HR418		135.00	EA	270.00	
6	24	2	✓	1246878	#418 PATINA 3/4 OVAL FBGL 36" HL	P36HL318		135.00	EA	270.00	
7	24	2	✓	1246879	#318 PATINA 3/4 OVAL FBGL 36" HR	P36HR318		135.00	EA	270.00	
8	24	2	✓	1246884	#318 ZINC 3/4 OVAL FBGL 36" HL	I36HL318		135.00	EA	270.00	
9	24	2	✓	1246885	#318 ZINC 3/4 OVAL FBGL 36" HR	I36HR318		135.00	EA	270.00	
TOTAL UNITS									16	TOTAL COST	2160.00
										TOTAL FREIGHT	.00
										OTHER CHARGES	.00
										TOTAL P.O.	2160.00

P.O. Approved By: _____

Date: _____

729 Zeigler Lane
 Enola, PA 17025
 USA

Sales Order Number: 1657
 Sales Order Date: Aug 28, 2018
 Ship By: Sep 28, 2018
 Page: 1

Voice: 717-547-6300
 Fax:

To:
HOBO CORPORATE OFFICE 2650 BELVIDERE ROAD WAUKEGAN, IL 60085

Ship To:
STORE 24

Customer ID	PO Number	Sales Rep Name
HOBO	O000012404	
Customer Contact	Shipping Method	Payment Terms
	Freight	Net 10 Days

Quantity	Item	Description	Unit Price	Amount
4.00	Door	3/0 FIBERGLASS DECO 3/4 OVAL ZINC #418 DB NO BRICKMOULD (2 LH - 2 RH)	135.0000	540.00
4.00	Door	3/0 FIBERGLASS DECO 3/4 OVAL PATINA #418 DB NO BRICKMOULD (2 LH - 2 RH)	135.0000	540.00
4.00	Door	3/0 FIBERGLASS DECO 3/4 OVAL PATINA #318 DB NO BRICKMOULD (2 LH - 2 RH)	135.0000	540.00
4.00	Door	3/0 FIBERGLASS DECO 3/4 OVAL ZINC #318 DB NO BRICKMOULD (2 LH - 2 RH)	135.0000	540.00
Subtotal				2,160.00
Sales Tax				
Freight				0.00
TOTAL ORDER AMOUNT				2,160.00

729 Zeigler Lane
 Enola, PA 17025
 USA

INVOICE

Invoice Number: 1624
 Invoice Date: Sep 17, 2018
 Page: 1

Duplicate

Voice: 717-547-6300
 Fax:

Bill To:
HOBO CORPORATE OFFICE 2650 BELVIDERE ROAD WAUKEGAN, IL 60085

Ship to:
STORE 24

Customer ID	Customer PO	Payment Terms	
HOBO	O000012404	Net 10 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Freight		9/27/18

Quantity	Item	Description	Unit Price	Amount
4.00	Door	3/0 FIBERGLASS DECO 3/4 OVAL ZINC #418 DB NO BRICKMOULD (2 LH - 2 RH)	135.00	540.00
4.00	Door	3/0 FIBERGLASS DECO 3/4 OVAL PATINA #418 DB NO BRICKMOULD (2 LH - 2 RH)	135.00	540.00
4.00	Door	3/0 FIBERGLASS DECO 3/4 OVAL PATINA #318 DB NO BRICKMOULD (2 LH - 2 RH)	135.00	540.00
4.00	Door	3/0 FIBERGLASS DECO 3/4 OVAL ZINC #318 DB NO BRICKMOULD (2 LH - 2 RH)	135.00	540.00

Subtotal	2,160.00
Sales Tax	
Total Invoice Amount	2,160.00
Payment/Credit Applied	
TOTAL	2,160.00

Check/Credit Memo No:

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):**

<i>Creditor:</i> (27201938)	Claim No: 13	<i>Status:</i>
JMB LIQUIDATORS LLC	<i>Original Filed</i>	<i>Filed by:</i> CR
729 ZEIGLER LANE	<i>Date:</i> 11/20/2018	<i>Entered by:</i> Kimetha Collier
Enola, PA 17025-0000	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 11/20/2018	

Amount claimed: \$2160.00

History:

[Details](#) [13-1](#) 11/20/2018 Claim #13 filed by JMB LIQUIDATORS LLC, Amount claimed: \$2160.00 (Collier, Kimetha)

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*	\$2160.00
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		