

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 - Eastern Div

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? GLASS TILE & STONE, INC.
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)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<p><u>GLASS TILE & STONE, INC.</u> Name</p> <p><u>1940 CLEARING COURT</u> Number Street</p> <p><u>NEW LENOX IL 60451</u> City State ZIP Code</p> <p>Contact phone <u>815-463-9630</u></p> <p>Contact email <u>glasstile@att.net</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>

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? \$ 42,085.19 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:

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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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.

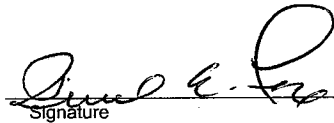
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 12/07/2018
MM / DD / YYYY


Signature

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

Name	<u>Paul</u>	<u>Edward</u>	<u>Fox</u>
	First name	Middle name	Last name
Title	<u>PRESIDENT/ OWNER</u>		
Company	<u>GLASS TILE & STONE, INC.</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>1940 CLEARING COURT</u>		
	Number	Street	
	<u>NEW LENOX</u>	<u>IL</u>	<u>60451</u>
	City	State	ZIP Code
Contact phone	<u>815-463-9630</u>	Email	<u>glasstile@att.net</u>



GLASS TILE & STONE, INC.

1940 CLEARING COURT
NEW LENOX, IL 60451

Invoice

Date	Invoice #
7/27/2018	39346

Bill To
HOBO 2650 BELVIDERE RD WAUKEGAN, IL 60085 847-263-1240

Ship To
HOBO BRIDGEVIEW WAREHOUSE #47 7557 S. 78TH ST. BRIDGEVIEW, IL 60455

P.O. Number	Terms	Rep	Ship	Via	Sidemark	Estimate Number
n000021243BO	Net 30	DSI	7/27/2018	Our Truck	STOCK	37711
Quantity	Item Code	Description		U/M	Price Each	Amount
480	GLAK350	GLAK350 3X12 GLASS TILE, SPA BLUE (4 PIECES PER SQ. FOOT)		SF	3.79	1,819.20T
792	GSAL4103	AL 4103 METALLIC FABRIC BRICK SERIES MULTI WIDTH GLASS & METAL RANDOM STRIP MOSAIC TILE 298X310X8 BROWN		SHT	5.51727	4,369.68T
1	DELIVERY CH...	DELIVERY CHARGE Out-of-state sale, exempt from sales tax			55.00 0.00%	55.00T 0.00
					Total	\$6,243.88

Phone #	Fax #
815-463-9630	815-463-9631



GLASS TILE & STONE, INC.

1940 CLEARING COURT
NEW LENOX, IL 60451

Invoice

Date	Invoice #
8/29/2018	40308

Bill To
HOBO 2650 BELVIDERE RD WAUKEGAN, IL 60085 847-263-1240

Ship To
HOBO BRIDGEVIEW WAREHOUSE #47 7557 S. 78TH ST. BRIDGEVIEW, IL 60455

P.O. Number	Terms	Rep	Ship	Via	Sidemark	Estimate Number
n000021958	Net 30	DSI	8/29/2018	WILL CALL	STOCK	38655
Quantity	Item Code	Description		U/M	Price Each	Amount
264	GSAL765	AL765 STONE BRICK SERIES STONE & METAL MOSAIC TILE		SHT	5.08636	1,342.80T
693	GSAL3500	AL3500 MULTI WIDTH GLASS & METAL RANDOM STRIP MOSAIC TILE WHITE		SHT	5.19	3,596.67T
1,056	GSAL710	AL710 STONE BRICK SERIES GLASS MOSAIC TILE		SHT	5.09	5,375.04T
528	GSAL735	AL735 STONE BRICK SERIES GLASS MOSAIC TILE 5/8" RANDOM STRIP		SHT	5.09	2,687.52T
792	GSAL4564	AL4564 HEXAGON METALLIC FABRIC SERIES GLASS AND METAL MIX 298X300X8		SHT	5.89	4,664.88T
550	GSAL4565	AL4565 HEXAGON METALLIC FABRIC SERIES GLASS AND METAL MIX 298X300X8		SHT	5.89	3,239.50T
792	GSAL4101	AL 4101 METALLIC FABRIC BRICK SERIES MULTI WIDTH GLASS & METAL RANDOM STRIP MOSAIC TILE 298X310X8 GREY & SILVER		SHT	5.51727	4,369.68T
792	GSAL4102	AL4102 METALLIC FABRIC BRICK SERIES MULTI WIDTH GLASS & METAL RANDOM STRIP MOSAIC TILE 298X310X8 SILVER		SHT	5.51727	4,369.68T
792	GSAL4103	AL 4103 METALLIC FABRIC BRICK SERIES MULTI WIDTH GLASS & METAL RANDOM STRIP MOSAIC TILE 298X310X8 BROWN		SHT	5.51727	4,369.68T
396	PTH9020	PTH9020 PORCELAIN MIXED TEXTURE HEXAGON MOSAIC TILE 2" LT. GREY 12"X12" SHEET MOUNTED 298X300X8		SHT	4.49	1,778.04T
		WILL CALL Out-of-state sale, exempt from sales tax			0.00%	0.00
					Total	\$35,793.49

Phone #	Fax #
815-463-9630	815-463-9631



GLASS TILE & STONE, INC.

1940 CLEARING COURT
NEW LENOX, IL 60451

Invoice

Date	Invoice #
9/18/2018	40568

Bill To
HOBO 2650 BELVIDERE RD WAUKEGAN, IL 60085 847-263-1240

Ship To
HOBO BRIDGEVIEW WAREHOUSE #47 7557 S. 78TH ST. BRIDGEVIEW, IL 60455

P.O. Number	Terms	Rep	Ship	Via	Sidemark	Estimate Number
M000020386	Net 30	DSI	9/18/2018	WILL CALL	CROB	38901
Quantity	Item Code	Description		U/M	Price Each	Amount
8	GSAL800	AL800 STONE BRICK SERIES GLASS & STONE MOSAIC TILE 5/8" & 1" RANDOM STRIP		SHT	5.99	47.92T
		WILL CALL Out-of-state sale, exempt from sales tax			0.00%	0.00
					Total	\$47.92

Phone #	Fax #
815-463-9630	815-463-9631

Northern District of Illinois Claims Register

[18-30043 Belvidere Associates LLC](#)

Honorable Judge: Jacqueline P. Cox **Chapter:** 11
Office: Eastern Division **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (27203206)	Claim No: 23	<i>Status:</i>
GLASS TILE & STONE, INC.	<i>Original Filed</i>	<i>Filed by:</i> CR
1940 CLEARING COURT	<i>Date:</i> 12/19/2018	<i>Entered by:</i> Barbara L Yong
NEW LENOX, IL 60451	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 12/19/2018	

Amount claimed: \$42085.19

History:

[Details](#) [23-1](#) 12/19/2018 Claim #23 filed by GLASS TILE & STONE, INC., Amount claimed: \$42085.19 (Yong, Barbara)

Description: (23-1) Goods sold

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*	\$42085.19
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		