Case 18-30043 Claim 28-1 Filed 12/26/18 Desc Main Document Page 1 of 7

Fill in this in	formation to identify the case:
Debtor 1	Belvidere Associates LLC dba Home Owners Bargain Ou남
Debtor 2 (Spouse, if filing)	
United States I	Bankruptcy Court for the: Northern District of Illinois
Case number	18-30043

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

DEC 26 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** Who is the current Eagle Home Products, Inc. creditor? Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Has this claim been M No acquired from ☐ Yes. From whom? someone else? Where should notices Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if and payments to the different) creditor be sent? Eagle Home Products, Inc. Federal Rule of Name Name Bankruptcy Procedure (FRBP) 2002(g) One Arnold Drive Number Number Street Huntington NY City State ZIP Code City State ZIP Code Contact phone (631) 673 3500 Contact phone Contact email custserv@eaglehomeproducts.com Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use one): Does this claim amend V No one already filed? Yes. Claim number on court claims registry (if known) ____ MM / DD Do you know if anyone V No else has filed a proof ☐ Yes. Who made the earlier filing? of claim for this claim?

	o you have any number ou use to identify the ebtor?	No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7. H	ow much is the claim?	\$ 11,770.86 . Does this amount include interest or other charges?
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
	hat is the basis of the aim?	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
	all or part of the claim cured?	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
	nis claim based on a	Z Í No
leas		Yes. Amount necessary to cure any default as of the date of the petition.
	is claim subject to a	Ź No
	t of setoff?	- 110

12. Is all or part of the claim entitled to priority under	☑ No					
11 U.S.C. § 507(a)?	Yes. Chec	ck one:				Amount entitled to priori
A claim may be partly priority and partly	☐ Dome: 11 U.S	\$				
nonpriority. For example, in some categories, the law limits the amount entitled to priority.		\$2,850* of deposits toward purchal, family, or household use. 11		property	or services for	\$
,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	bankrı	s, salaries, or commissions (up suptcy petition is filed or the debte S.C. § 507(a)(4).				\$
	☐ Taxes	or penalties owed to governme	ntal units. 11 U.S.C. § 5	07(a)(8).		\$
	☐ Contril	butions to an employee benefit p	olan. 11 U.S.C. § 507(a)	(5).		\$
	Other.	Specify subsection of 11 U.S.C	. § 507(a)() that appli	es.		\$
	* Amounts	are subject to adjustment on 4/01/1	9 and every 3 years after th	at for case	es begun on or afte	er the date of adjustment.
Part 3: Sign Below						
	011-11					
The person completing this proof of claim must	Check the appr					
sign and date it.	I am the c	reditor.				
FRBP 9011(b).	☐ I am the c	reditor's attorney or authorized a	agent.			
If you file this claim electronically, FRBP	☐ I am the tr	ustee, or the debtor, or their aut	horized agent. Bankrupt	cy Rule 3	3004.	
5005(a)(2) authorizes courts	☐ I am a gua	arantor, surety, endorser, or other	er codebtor. Bankruptcy	Rule 300	5.	
to establish local rules specifying what a signature is.		at an authorized signature on th				
A person who files a	amount of the C	dain, the creditor gave the debt	of credit for any paymer	its receive	ed toward the de	SDI.
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examine and correct.	ed the information in this Proof o	f Claim and have a reas	onable be	elief that the info	rmation is true
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under	penalty of perjury that the foreg	joing is true and correct.			
3571.	Executed on da					
		MM / DD / YYYY	1			
	Signature		V	-	_	
		of the person who is comple	ting and signing this c	laim:		
	Name	Robert Chemtob	Middle			
	Title	VP	Middle name		Last name	
	Company	Eagle Home Products	. Inc.			
	Company	Identify the corporate servicer as		zed agent	is a servicer.	ν.
	Address	One Arnold Drive				2 31 - 312
		Number Street				
		Huntington		NY	11743	
		City		State	ZIP Code	
	Contact phone	(631) 673 3500		Email CII	eteen/Meaal	ehomenroducts com

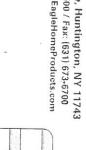
Case 18-30043 Claim 28-1 Filed 12/26/18 Desc Main Document B/03/1B B/2B/1B DATE CURRENT 00 96161 95980 INVOICE NO. 30 DAYS n0000219BB 1000021702 ŨŨ CUST. PURCHASE ORDER NO. 60 DAYS 00 90 DAYS 7,472 45 CHARGES 4,298.40 7,472.46 120 DAYS & OVER 4,298 40 CREDITS PAY THIS AMOUNT 11,770.B6 BALANCE 4,298.40 7,472.46

Page 4 of 7

HORO 24 2650 Belvidere Road Mankegan IL 60085

Eagle Home Products, Inc.

ACCOUNT NO. 11/30/18



DATE



PLEASE DETACH AND RETURN WITH YOUR REMITTANCE



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1442499 HOBO 24 2650 Belvidere Road Waukegan, ff 60085 email: CustServ@EagleHomeProducts.com

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One Amold Drive, Huntington, NY 11743
Tel: (631) 673-3500 / Fax: (631) 673-6700
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Bill of Lading received by driver Packing list provided by shipper Merchandise received on pallets meiribneo boog ni beviecer esibnadoreM Lucker Initial Total Cherpes . Permanent post office address of shipper One Arnold Drive, Huntington New York 11743 Collection - ee -EAGLE HOME PRODUCTS INC. THEMMENT G.O.D O.D. charge to be paid by □ sengiane2 □ require (viño escand lanousamorni (df) votiny it problem enroute or at delivery -CHECK BOX IS COFFECT пиева шакес сонесл be so marked and packaged as to ensure self-transportation with ordinan care. CIASERS ed of ene segnanc inglen-Package Nos NOTE (3) Commodifies requiring special or additional care or attention in handling or stowing must streed or declared value of the propenty as follows: applicable SECSIG Carrier Certification—Carrier acknowledges (receipt of packages and required placency receipt of packages carriers emergency response to the carrier and required processing the processing response guidebook or next met PCT amergency response guidebook or service. and the minimum of the second Cignature of Consignor. The carrier may decline to make delivery of theight and theight of theight and all other lawful charges. Statement Collect Shipments

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Case 18-30043 Claim 28-1 Part 2 Filed 12/26/18 Desc Document Continued 3 of 11

Driver is responsible for carbon count and for any massessen years are pallets and carbons from

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Shipper not responsible for carrier repositioning of pallets.

Case 18-30043 Claim 28-1 Part 2 Filed 12/26/18 Desc Document Continued Page 4 of 11 Stutangie Sevino Detay Time (nr.: min) EBION= 000 545 Anove checked services accepted by signed receiving party Сотрапу Мапте DEDICA DEED MOL-MOCH PRIMED. AW \square oM □ Shinkwarp inizat? Non-Commercial Delivery Security bropection Signature सक्तुवाछुड़ेड व मट्ड ********* Litteam Construction Sile neado Delivery Residential Delivery BC 30€ BUIEN CENCASTIO 34114 Additional Services Pertorined Additional Services Hay APPLY # PES EXCEPT WHERE NOTED BELOW? 81 9 ABOND GOOD HI GEVIEDEN THEMSTHE SYDEM 817090 KAF-JTC TMOGO Z11/Z ΩĦ 7T/6 CCH DRIVER SOTUO Shh NI TAGA SOd SKIDS #Od :3TAG : BAUTANDIS :EMAM 5666-666-666 ENOHA CONTACT SET ** DEFIAEK BELMEEN 03:00-IR:00 ** APPOINTMENT MADE FOR 09/07/18 ESOOI 00000 'LTd 00000 'AMS 70000 X:144:49 D:70:30:+5%:CGO:60632 => DISTRIBUTION/DROP LOAD AT DOCK DATE/TIME NOT SHOWN ON BL 108-924-9155 ** CALL FOR APPT 24 HRS B4 DELIVERY NOTIFY CHARGE 679'T PCS PLASTIC OR RUBBER ARTICLES 3 PCS PLASTIC OR RUBBER ARTICLES 273 CISSE sebinA to notitiness (MH stirrU gibH changes Melgh SIEF 82/80 237110 30002486 # TelierT SIEC ONE # 019 18/1150:0 DADS 0 0/0 DECAC CGO CGO 8861200000 #00 708474T 3.5 II 60455 MA JILES HOMITMGLOW BEIDGEAIEM I FEMOLD DR UNIT 1997 S 78TH AVE EAGLE HOME PRODUCTS HOBO DC T00907 T50628 Shipper สลบชิงบอก Special Instructions 500 County Road D W New Brighton, MN 55112 www.lme4me.com 800–888–4550 SCAC: LMEL Pro: 4860003072 CIAGEAG emel 5508 1/50/6 TEUTSTAD

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Eagle Home Products, Inc. One Amold Drive, Huntington, NY 11743 Tel: (631) 673-3500 / Fax: (631) 673-6700 email: CustServ@EagleHomeProducts.com

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Eagle Home Products, Inc.

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1442499 One Arnold Drive, Huntington, NY 11743 Tel: (631) 673-3500 / Fax: (631) 673-6700 email: CustServ@EagleHomeProducts.com

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One Arnold Drive, Huntington, NY 11743 Tel: (631) 673-3500 / Fax: (631) 673-6700 email: CustServ@EagleHomeProducts.com

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email: CustServ@EagleHomeProducts.com One Arnold Drive, Huntington, NY 11743 Tel: (631) 673-3500 / Fax: (631) 673-6700

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Magic Home Products, Inc.

One Arnold Drive, Huntington, NY 11743 Tel: (631) 673-3500 / Fax: (631) 673-6700 email: CustServ@EagleHomeProducts.com

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Claim 28-1 Part 2 Filed 12/26/18

Case 18-30043

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8/03/18	95980	5

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

Case 18-30043 — Claim 28-1 Part 2--- Filed 12/26/18 pg. Descriper processing and are available.

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			er's Pro No		01540-
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Of	One Arnold Drive, Huntington New York 11743	5-100000-6-0000	gnee's Refere		
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(E)	On Collect on Delivery Shipment, the letters COD must appear before			Cot	unty of
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HANDLING	Shipment Information PACKAGES KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS NO TYPE (Subject to Correction)	"WEIGHT (Subject to Correction)	Class or Rate Rei (For Info, Only)	Cube (Optional)	For Freight Collect Shipments. If this shipment is to be delivered to the
UNITS NO. TYPE	NO TYPS (Subject to Correction)	1310			consignee without recourse on the consignor, the consignor shall sign the following statement:
20	C2 6102 0510 2000	1.58			The carrier may decline to make delivery of this shipment without payment of freight and
	10 2 1 00000 41 10 4	- X			all otner lawful charges-
Cons	ser must call for delilency	05000z	2501A		(Signature-of Consignor.)
	(708) - PGP - (80T)				Shipper Certification—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 DOT.
					Per Date
7	i dientmust sign for case o	entite			Carrier Certification—Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response.
					information was made available and/or carrier has the DOT emergency response guidebook
TOTAL PIECES	16,42 6 Co 1 4 28	1320	422-1		or equivalent document in the vehicle.
NOTE (1) Where	e the rate is dependent on value, snippers are required to state specifically in writing the NOTE (2) Liability Limitation applicable.	n for loss or damage on	this shipment n	nay be	Per
	red value of the property as follows. **MOTE (3) Commodities requiring stated by the shipper to be not acceeding. **NOTE (3) Commodities requiring stated by the shipper to be not acceeding to be so marked and packaged as to	pecial or additional care or attention	on in nandling or stow rdinary care. See Sec	ing musi L	Package Nos. Date Freight charges are to be PREPAID
	per				uniess marked collect. CHECK BOX IF COLLECT
Notify if proble	em enroute or at delivery	(for infe	ormational purpos	e only)	
Send freight o	SIE toCompany Name	State	Zto		C.O.D. charge to be paid by Shipper Consignee
Shipper Per	Carrier	Date			C.O.D. SHIPMENT
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One A	arnold Drive, Huntington New York 11743	Permanent post o	ffice address of s	snipper	Total Cherges
	asignate Hazardous Materials as defined in DOT Regulations				Charles and Company and Compan
	Truck	er Initial			
5	Merchandise received in good condition				Time In: ,
		\supset			// -
6	Merchandise received on pallets				
	Packing list provided by shipper	20			Time Out:
	Tacking hat provided by ampper	5/			//
9	Bill of Lading received by driver				
		and the same and the	י הרכינסתל ו	alle	ts and cartons from
\$	Driver is responsible for carton count and for any necess	ary strapping to	bieseir!	Jano	to and cartons from
	movement.				
	Packing list is provided on last pallet loaded and clearly meshipper not responsible for carrier repositioning of pallets	narked.	e e		
		A GR			
	1-1-6/8-1				
8	15/18 1/47242	<u> </u>		m 13	an Mumbas
Date	Driver Signature	Cartons		raile	er Number

Case 18-30043 Claim 28-1 Part 2 Filed 12/26/18 Desc Document Continued 11 of 11 Page

ROADRUNNER PO Box 74857 CHICAGO IL 60	at the court	RDFS EN 39-1452112 PRO NO. 393290614 SHIP DATE 8/03/18	PAG G	International Control of Control	DELIVERY RECEIPT
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B/L No: 32 Manifesti 2 Orig: NYM	Dest: CHI - RDFS CHI		708 924 Ruver	1 Sauced	TI- CHARGES
3	PLT STC 88 CAS PLASTIC & RUBBER 156600-6 NOTIFY CHARGE LINEHAUL SURCHARGE Fuel Surcharge BOL:42629 ORD:N000021702 ACCESSORIALS WILL NOT BE PAID UN PRE-APPROVED OR NOTED ON THE BOL	SIGN DATE SKID	IATURE: B-I S: 10-	1,320 () :: D-1X PO# 1 PCS: IN 101.25	121703
3	< TOTALS	393290614D	PPD	1,320	
ALL FREIGHT DESCRI	UBED ABOVE RECEIVED IN GOOD CONDITION AND SHRINKWRAP/BANDING INTACT EX		Any Additio	nal Service May Resu ease Initial Services P	It In Additional Charges
		ELIVERED D			,
SIGNATURE				LIFTGATE S	
PRINTED NAME	DRIVER	XW IRE	SID	OTHER C	HK#
FEDERAL & CARNER	REGULATIONS REQUIRE PAYMENT WITHIN 15 DAYS - ACCOUNT MUST BE WITH	N CREDIT TERMS TO AROUNTAIN APPRIC	ABLE DISCOUNT.		

08/07/18 01:54

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):

Creditor: (27202928) Claim No: 28 Status: EAGLE HOME PRODUCTS, Original Filed Filed by: CR

INC Date: 12/26/2018 Entered by: Kimetha Collier

ONE ARNOLD DRIVE Original Entered Modified:

HUNTINGTON, NY Date: 12/26/2018

11743

Amount claimed: \$11770.86

History:

Details 28-1 12/26/2018 Claim #28 filed by EAGLE HOME PRODUCTS, INC, Amount claimed: \$11770.86

(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*	\$11770.86
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		