

**FILED**  
 UNITED STATES BANKRUPTCY COURT  
 NORTHERN DISTRICT OF ILLINOIS  
 JAN 25 2019  
 JEFFREY P. ALLSTEADT, CLERK  
 TEAM - CA

**Fill in this information to identify the case:**

Debtor 1 Belvidere Assoc.

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?

Jaecle Distributors  
 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?**

Jaecle Distributors  
 Name

4101 Owl Creek Dr  
 Number Street

Madison WI 53718  
 City State ZIP Code

**Where should payments to the creditor be sent? (if different)**

Name \_\_\_\_\_  
 Number Street \_\_\_\_\_  
 City State ZIP Code \_\_\_\_\_

Contact phone 608-838-5352

Contact phone \_\_\_\_\_

Contact email rich.weiss@jaecle.com

Contact email \_\_\_\_\_

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 1 5 5

7. How much is the claim? \$ 26,879.04 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).

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 01/02/2019  
MM / DD / YYYY

Rich Weiss  
Signature

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

Name Rich Weiss  
First name Middle name Last name

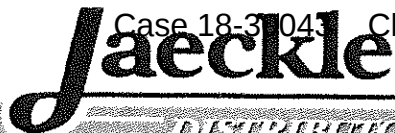
Title Corporate Credit Mgr

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

Address 4101 Owl Creek Dr  
Number Street

Madison WI 53718  
City State ZIP Code

Contact phone 608-838-5352 Email \_\_\_\_\_



INVOICE#	PAGE#
244261	1

## DISTRIBUTORS

INVOICE DATE	SHIP DATE	SHIP VIA	F.O.B.	ACCT#	YOUR P.O.#	TERMS	OUR REF#	ORDER#
07/23/18	07/20/18	COMMON CARRIE	WAREHOUSE	031155	N000021649	NET 30 DAYS	4009251	795371
		TT 06 (MAD FL LTL CHICAGO DAILY \$70)			EMAIL		LP / DES /	M5

## BILL TO:

HOBO CORPORATE OFFICE  
2650 BELVIDERE RD  
WAUKEGAN IL 60085

## SHIP TO:

HOBO  
7557 S 78TH AVE  
BRIDGEVIEW IL 60455

LINE#	ITEM NUMBER	SERIAL#	DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY B/O	UM	PRICE	AMOUNT
			WAREHOUSE: No partial ct's or wet/moldy ct's.						
			Salesperson: FRANK FEITER						
0010	TICRF416WGC	170823A	RAINFALL CALM 4X16	1,377.28	1,377.28		SF	1.580	2,176.11
			WHITE GLOSSY	128.00	128.00		CT	17.00	
0030	TICRF416SGT	170706B	RAINFALL TORRENT 4X16	867.72	867.72		SF	2.620	2,273.43
			SLATE GLOSSY	84.00	84.00		CT	27.06	
0040	TICRF416WGT	170622A	RAINFALL TORRENT 4X16	867.72	867.72		SF	2.620	2,273.43
			WHITE GLOSSY	84.00	84.00		CT	27.06	
0050	TICRF416FGM	20170825A	RAINFALL MIST 4X16	903.84	903.84		SF	1.990	1,798.64
			FOG GLOSSY	84.00	84.00		CT	21.41	
9966			NO FREIGHT - INCLUDED IN PRICING						

Branch DES TOTAL PRICE \$ 8,521.61

TOTAL AMOUNT DUE \$ 8,521.61  
Amount Paid \$ 8,521.61  
Balance Due \$ 0.00

Due to continued and persistent upward pressure on inbound freight surcharges, our surcharge will increase from 1.0% to 1.5% on all flooring products effective October 8, 2018.

Please return this portion with your remittance.

ACCT#	INVOICE#	DATE
031155	244261	07/23/18

REMIT TO:  
JAECKLE DISTRIBUTORS INC.  
PO BOX 8490  
MADISON WI 53708-8490

HOBO CORPORATE OFFICE  
DES

TOTAL PRICE \$ 8,521.61

TOTAL AMOUNT DUE \$ 8,521.61  
Amount Paid \$ 8,521.61  
Balance Due \$ 0.00



INVOICE#	PAGE#
259620	1

**DISTRIBUTORS**

INVOICE DATE	SHIP DATE	SHIP VIA	F.O.B.	ACCT#	YOUR P.O.#	TERMS	OUR REF#	ORDER#
09/14/18	09/13/18	COMMON CARRIE	WAREHOUSE	031155	N000022226	NET 30 DAYS	4034924	011599
TT 06 (MAD FL LTL CHICAGO DAILY \$70)			EMAIL		LP / DES /		M5	

**BILL TO:**

HOBO CORPORATE OFFICE  
2650 BELVIDERE RD  
WAUKEGAN IL 60085

**SHIP TO:**

HOBO  
7557 S 78TH AVE  
BRIDGEVIEW IL 60455

LINE#	ITEM NUMBER	SERIAL#	DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY B/O	UM	PRICE	AMOUNT
0006			WAREHOUSE: No partial ct's or wet/moldy ct's.						
0007			I' PRICING PER TM JUST RECEIVED						
0008			EMAILED BY CHRISTI CCRAGG@HOBOONLINE.COM Salesperson: FRANK FEITER						
0010	TICRF416WGM	160227B	RAINFALL MIST 4X16	677.88	677.88		SF	1.990	1,348.98
			WHITE GLOSSY	63.00	63.00		CT	21.41	

Branch DES TOTAL PRICE \$ 1,348.98

TOTAL AMOUNT DUE \$ 1,348.98  
Amount Paid \$ 1,348.98  
Balance Due \$ 0.00

Due to continued and persistent upward pressure on inbound freight surcharges, our surcharge will increase from 1.0% to 1.5% on all flooring products effective October 8, 2018.

Please return this portion with your remittance.

ACCT#	INVOICE#	DATE
031155	259620	09/14/18

**REMIT TO:**  
JAECKLE DISTRIBUTORS INC.  
PO BOX 8490  
MADISON WI 53708-8490

HOBO CORPORATE OFFICE  
DES

TOTAL PRICE \$ 1,348.98

TOTAL AMOUNT DUE \$ 1,348.98  
Amount Paid \$ 1,348.98  
Balance Due \$ 0.00



INVOICE#	PAGE#
261613	1

**DISTRIBUTORS**

(DIR SHP)

INVOICE DATE	SHIP DATE	SHIP VIA	F.O.B.	ACCT#	YOUR P.O.#	TERMS	OUR REF#	ORDER#
09/21/18	09/12/18	COMMON CARRIE	WAREHOUSE	031155	N000020953	NET 30 DAYS	3973579	773842
EMAIL							LP / DES /	M5

**BILL TO:**

**SHIP TO:**

HOBO CORPORATE OFFICE  
 2650 BELVIDERE RD  
 WAUKEGAN IL 60085

HOBO  
 7557 S 78TH AVE  
 BRIDGEVIEW IL 60455

LINE#	ITEM NUMBER	SERIAL#	DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY B/O	UM	PRICE	AMOUNT
WAREHOUSE: No partial ct's or wet/moldy ct's.									
0003									
0004									
0005									
0006									
0007									
0008									
0009									
Salesperson: FRANK FEITER									
0080	TICRF416WGC		RAINFALL CALM 4X16	3,464.72	3,464.72		SF	1.580	5,474.26
			WHITE GLOSSY	322.00	322.00		CT 17.00		
0090	TICRF416WMC		RAINFALL CALM 4X16	1,710.84	1,710.84		SF	1.580	2,703.13
			WHITE MATTE	159.00	159.00		CT 17.00		
0100	TICRF416FGC		RAINFALL CALM 4X16	903.84	903.84		SF	1.580	1,428.07
			FOG GLOSSY	84.00	84.00		CT 17.00		
0110	TICRF416SGC		RAINFALL CALM 4X16	1,807.68	1,807.68		SF	1.580	2,856.13
			SLATE GLOSSY	168.00	168.00		CT 17.00		
0120	TICRF416SGT		RAINFALL TORRENT 4X16	867.72	867.72		SF	2.620	2,273.43
			SLATE GLOSSY	84.00	84.00		CT 27.06		
0130	TICRF416WGT		RAINFALL TORRENT 4X16	867.72	867.72		SF	2.620	2,273.43
			WHITE GLOSSY	84.00	84.00		CT 27.06		
9961			I* PRICING PER FRANK F						

Branch DES                      BLV                      26963 09/13/18                      TOTAL PRICE \$                      17,008.45

TOTAL AMOUNT DUE \$                      17,008.45  
 Amount Paid \$                      17,008.45  
 Balance Due \$                      0.00

Due to continued and persistent upward pressure on inbound freight surcharges, our surcharge will increase from 1.0% to 1.5% on all flooring products effective October 8, 2018.

Please return this portion with your remittance.

ACCT#	INVOICE#	DATE
031155	261613	09/21/18

REMIT TO:                      HOBO CORPORATE OFFICE  
 JAECKLE DISTRIBUTORS INC.                      DES  
 PO BOX 8490  
 MADISON WI 53708-8490

TOTAL PRICE \$                      17,008.45

TOTAL AMOUNT DUE \$                      17,008.45  
 Amount Paid \$                      17,008.45  
 Balance Due \$                      0.00

# 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):**

<p><i>Creditor:</i> (27203572) <a href="#">History</a>          JAECKLE DISTRIBUTORS INC.          4101 OWL CREEK DR.          MADISON, WI 53718</p>	<p><b>Claim No: 36</b>  <i>Original Filed Date:</i> 01/08/2019  <i>Original Entered Date:</i> 01/08/2019  <i>Last Amendment Filed:</i> 01/25/2019  <i>Last Amendment Entered:</i> 01/28/2019</p>	<p><i>Status:</i>  <i>Filed by:</i> CR  <i>Entered by:</i> Nilsa Molina  <i>Modified:</i></p>
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Amount claimed: \$26879.04

*History:*

- [Details 36-1](#) 01/08/2019 Claim #36 filed by JAECKLE DISTRIBUTORS INC., Amount claimed: (Collier, Kimetha)
- [Details 36-2](#) 01/25/2019 Amended Claim #36 filed by JAECKLE DISTRIBUTORS INC., Amount claimed: \$26879.04 (Molina, Nilsa)

*Description:*

*Remarks:* (36-1) PDF error-filer notified to file Amended Claim  
 (36-2) PDF error-filer notified to file Amended Claim

## Claims Register Summary

**Case Name:** Belvidere Associates LLC  
**Case Number:** 18-30043  
**Chapter:** 11  
**Date Filed:** 10/25/2018  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$26879.04
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		

**Fill in this information to identify the case:**

Debtor 1 Belvidere Assoc.

Debtor 2 (Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: Northern District of Illinois - Eastern Div

Case number 18-30043

**FILED**  
 UNITED STATES BANKRUPTCY COURT  
 NORTHERN DISTRICT OF ILLINOIS  
 JAN -8 2019  
 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?  
Jaeckle Distributors  
 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><b>Where should notices to the creditor be sent?</b></p> <p>Name <u>Jaeckle Distributors</u></p> <p>Number <u>4101</u> Street <u>Owl Creek Dr</u></p> <p>City <u>Madison</u> State <u>WI</u> ZIP Code <u>53718</u></p> <p>Contact phone <u>608-838-5352</u></p> <p>Contact email <u>reb.weiss@jaeckle distributors.com</u></p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</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? \_\_\_\_\_



# 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> (27203572) <a href="#">History</a> <b>Claim No: 36</b>	<i>Status:</i>
JAECKLE DISTRIBUTORS INC.	<i>Original Filed</i> Filed by: CR
4101 OWL CREEK DR.	<i>Date:</i> 01/08/2019 Entered by: Kimetha Collier
MADISON, WI 53718	<i>Original Entered</i> Modified:
	<i>Date:</i> 01/08/2019

*No amounts claimed*

*History:*

[Details](#) [36-1](#) 01/08/2019 Claim #36 filed by JAECKLE DISTRIBUTORS INC., Amount claimed: (Collier, Kimetha)

*Description:*

*Remarks:* (36-1) PDF error-filer notified to file Amended Claim

## Claims Register Summary

**Case Name:** Belvidere Associates LLC

**Case Number:** 18-30043

**Chapter:** 11

**Date Filed:** 10/25/2018

**Total Number Of Claims:** 1

**No Amounts Claimed**