

Fill in this information to identify the case:

Debtor 1 <u>Belvidere Associates LLC</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Northern District of Illinois</u>
Case number: <u>18-30043</u>

FILED
 U.S. Bankruptcy Court
 Northern District of Illinois
 1/21/2019
 Jeffrey P. Allsteadt, Clerk

**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?	<u>Fredriksen Fire Equipment Company</u>	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	<u>Fredriksen Fire Equipment Company</u>	_____
	Name	Name
	<u>555 Pond Drive</u> <u>Wood Dale, IL 60191</u>	
	Contact phone <u>630-595-9500</u>	Contact phone _____
	Contact email <u>arts@fredriksenfire.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>MB05</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>1163.64</u></p> <p>Does this amount include interest or other charges?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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 healthcare information.</p> <p><u>Equipment sold, service performed</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property:</p> <p><input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed</p> <p><input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	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.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/1/19 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(b).</p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor.</p> <p><input type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.</p> <p>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.</p> <p>I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date <u>1/21/2019</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ Arthur Stamas</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Arthur Stamas</u></p> <p style="text-align: center;">First name Middle name Last name</p> <p>Title <u>President</u></p> <p>Company <u>Fredriksen Fire Equipment Company</u></p> <p>Address <u>555 Pond Drive</u></p> <p style="text-align: center;">Number Street</p> <p style="text-align: center;"><u>Wood Dale, IL 60191</u></p> <p style="text-align: center;">City State ZIP Code</p> <p>Contact phone <u>630-595-9500</u> Email <u>arts@fredriksenfire.com</u></p>
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INVOICE



FREDRIKSEN
Fire Equipment Co.

555 POND DRIVE
WOOD DALE, IL 60191

SOLD TO:

SHIP TO:

INVOICE NUMBER	186841
INVOICE DATE :	10/02/18
PAYMENT TERMS:	NET 30

HOBO - *Filed CH 11*
2650 BELVIDERE ROAD
ATTN: ACCOUNTS PAYABLE DEPT
WAUKEGAN IL 60085-6006

HOMEOWNERS BARGAIN OUTLET
7557 SOUTH 78TH AVENUE
BRIDGEVIEW IL 60455

ACCOUNT NUMBER	HOMB05
PURCHASE ORDER	

S.O. NUMBER	TECH	SALESPERSON
001001244	1 375	199

UNITS	PART NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
Contract#: PM				
6.00	SGGPABC10	New 10 lb ABC Extinguisher	119.00	714.00 *
1.00		Annual Maintenance-2.5 lb ABC	5.85	5.85
48.00		Annual Maintenance- 10 lb ABC	5.85	280.80
1.00		Annual Maintenance- 15.5 lb H	5.85	5.85
2.00	SGGPLPIN	Lock Pin Portable	5.10	10.20 *
2.00	SBRPUHC	Ext Band w/ Clip	9.35	18.70 *
1.00		Annual Maintenance-10 lb CO2	8.30	8.30
1.00	PCALL	Service Call	55.00	55.00

PHONE 630.595.9500 FAX 630.595.3548 www.fredriksenfire.com
PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS

A service charge in the amount of the lesser of (1 1/2 % PER MONTH)
18% per year or the maximum allowed by law will be added to all invoices
thirty (30) days past due.

Please tear off and send with your payment

RETURN PORTION WITH PAYMENT

REMIT TO: Fredriksen Fire Equipment
P.O. BOX 714
Bedford Park, IL 60499-0714

SUBTOTAL	1,098.70
SALES TAX	64.94
TOTAL DUE	\$1163.64

Account Number	HOMB05
Invoice Date	10/02/18
Invoice Number	186841
Total Due	\$1163.64
Amount Enclosed \$	_____

SO# 124491

CUST# HOMBOS

Homeowners Bargain Outlet

7557 S. 78th Ave

Bridgeview, IL 60455

186841

DATE	PUR ORDER	TECH	ESCORTED	SHOP UNITS	TIME IN	TIME OUT	PARTIAL	WORK IN PROCESS	SERVICE	ANNUAL
10-2-18		375			8:00	12:10				Oct

DRY CHEM										CARBON DIOXIDE				SERVICES			
		2.5	5	5.5	6	10	20	30		5	10	15	20	QTY	CODE	DESC	
A B C	P R E S	P1A	1						48					1	PCALL	SERVICE CALL	
		PRA													DEL	DELIVERY	
		P6A														MTH	MONTHLY
		PSA														QRT	QUARTERLY
	C A R T	P1CA													PSEMI-ANN	SEMI-ANN SERV	
		PRCA														DLINSP	EL FUNCTION
S T A N D A R D	P R E S	P1S														STEM	LOAD TEST
		PRS														INE	INSTALL FE
		P6S														INSH	INSTALL F/H
	C A R T	P1CS														IEC	INSTALL CAB
		PRCS														DLINU	INSTALL E/E LT
P K	S P	P1P														DLIP	INSTALL PARTS
		P1CP															DLIB
M X	S P	P1M														URH	RACK HOSE
		P1CM														PLBR	HOURLY LABOR

HALON										WHEELED UNITS									
		2.5	5	6	9	13	14	17	20		50	100	125	150	200	300	350	P1N	
HAL	P1H																		

HALOTRON / FE 36										
		1.4	2	2.5	5	5.5	9	11	13	15.5
HALT	P1HT									
FE36	P1FE									

PARTS					
QTY	PART NO	DESC	QTY	PART NO	DESC
	SGGPSF	SAFETY FLAG		SBAP21389	HANGER LOOP
2	SGGPLPIN	LOCK PIN		STBRKT	BRACKET
	SGGPPRES	PRESS SEAL		SGGPUWH	UNIVERSAL WALL HOOK
	SGGPGAUP	GAUGE		SGGPTVT	TYVEK TAG
	SGGPVALV	VALVE-PORTABLE		SGGPTB	TAG BAG
	SAMP2627	RELEASE LEVER	2	SBRPUHC	BAND W/CLIP
	SAMP2628	CARRY HANDLE			
	RRIV	RIVET			
	SBRPHLK	HANGER LOOP KIT			

COD		
TYPE	NUMBER	AMOUNT
CHECK		\$
CREDIT CARD		\$
CASH		\$

Notes:
6-SGGPABC 10
10* ABC FE

PRINT NAME: JOHN DRAPER
SIGNATURE: *[Signature]*



"Your Safety is Our Goal"

FREDRIKSEN
Fire Equipment Co.

tel. 630.595.9500 • fax 630.595.3548
www.fredriksenfire.com

No. **25063**

Date: **10-2-18**

Tech: **375**

S.O. _____

Invoice: _____

INV. SOURCE

- Inventory
- Truck Num. **108**
- Other

INFORMATION

Customer: **Homeowners Bargain Outlet**

EXISTING

Account Number _____

NEW

BILLING

SERVICE

Contact _____

Address _____

7557 S. 78th Ave

City, State, Zip _____

Bridgeview, IL 60455

Phone _____

Fax _____

E-mail _____

DELIVERY

Deliver Only

Deliver & Install

Other _____

By **Esequiel Valdivia**

Special Instructions _____

AUTHORIZATION

P.O. _____

Signature 

CREDIT

COD

Net 30 Days

Deposit Required _____

Approved by _____

Qty.	Stock Number	Description	Unit Cost	Qty.	Stock Number	Description	Unit Cost
_____	SGGPCAB_	CABINET __ R or W	_____	_____	_____	_____	_____
_____	SGGPABC5	ABC 5 LB	_____	_____	_____	_____	_____
6	SGGPABC10	ABC 10 LB	119.00	_____	_____	_____	_____
_____	SGGPABC20	ABC 20 LB	_____	_____	_____	_____	_____
_____	SGGPCO210	CO2 10 LB	_____	_____	_____	_____	_____
_____	SGGPWC6L	WETCHEM 6L	_____	_____	_____	_____	_____
_____	SGGPFH75	HOSE 75 Ft. _____	_____	_____	_____	_____	_____
_____	SGGPFH100	HOSE 100 Ft. _____	_____	_____	_____	_____	_____
_____	SGGPV108	4X12 SIGN	_____	_____	_____	_____	_____
_____	SGGPPTD182	TENT SIGN	_____	_____	_____	_____	_____
_____	UWH	10lb. WALL BRACKET	_____	_____	_____	_____	_____

A service charge of 2% per month will be added to all invoices not paid within 30 days.

APPLICABLE SALES TAX WILL BE ADDED UPON INVOICING.

WHITE-ACCOUNTING

YELLOW-INVENTORY

PINK-CUSTOMER

GOLD-TECH

Hombos

Date: 10/1/18



Service / Sales Order Form

Prospect

Customer

Service Location:

City & Zip

Contact:

Office:

Website:

Billing Address:

HOMEOWNERS BARRAIN OUTLET
7557 S. 78th AVE
BRIDGEVIEW. 60456

Fire Alarm

Pre Eng

Eng Sys

Other

Extinguishers

Emerg Lights

Sprinklers

E-Mail:

Cell:

Customer PO#:

JOHN - 708 924-9155

How did they hear of us?

Trucks

Web Site

Tech

Referral

Phone Book

1ST THING.
8AM.

Date Assigned:

SO#:

Task Wise

Prospect

Sales

Quote Number:

TUESDAY 10/2

131193

Service Mgr

Sytems Mgr

Other

Comments:

ANNUAL.

Rep Assigned:

Call Taken By:



S/O NO: 00100124491
Cust No: HOMB05
Cont No: PM
Cont Dt: 09/16/10

Tech:
Received: 10/01/18 11:50
Method: CUSTOMER
Last Svc: 09/01/17
Next Svc: 09/01/18
Last Invc: 05/14/18
Salesman: 199
Contact: JOHN
Terms: NET 30
Phone Num: 708-924-9155
PO Required: N
Quote: N

Service Address:
 HOMEOWNERS BARGAIN OUTLET
 7557 SOUTH 78TH AVENUE
 BRIDGEVIEW IL 60455

Billing Address:
 HOBO
 2650 BELVIDERE ROAD
 ATTN: ACCOUNTS PAYABLE DEPT
 WAUKEGAN IL 60085-6006

Site Contact:
 SCOTT
 847-721-7575

Site Access:

Schedule Contact:
 JOHN DRAPER
 WHSE
 708-924-9158X118
 708-243-5769

SERVICE ORDER

Special Instructions:

Problem: ANNUAL INSPECTION
S/O Type: Portable Service
Coverage: PORTABLES - CALL AND SET Field #2 Desc Tech Time Taken

Lost to Competitor Name: _____ Date on Tag: _____
Lost Account Status _____ Out of Business _____ Price _____ Quality _____ Timeliness
 _____ National Acct _____ Declined Service _____ Moved
Moved New Address: _____ Other: _____
New Management Name: _____ Contact: _____ Phone: _____
Action Required Give To Sales _____ Delete SO _____ Contract _____
Comments _____
Technician Date _____ Technician _____

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> (27464085) Fredriksen Fire Equipment Company 555 Pond Drive Wood Dale, IL 60191	Claim No: 52 <i>Original Filed</i> Date: 01/21/2019 <i>Original Entered</i> Date: 01/21/2019	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> EPoc ADI <i>Modified:</i>
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Amount claimed: \$1163.64

History:

[Details](#) [52-1](#) 01/21/2019 Claim #52 filed by Fredriksen Fire Equipment Company, Amount claimed: \$1163.64 (ADI, EPoc)

Description:

Remarks: (52-1) Account Number (last 4 digits):MB05

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*	\$1163.64
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		