

Fill in this information to identify the case:

Debtor 1 Belvidere Associates LLCDebtor 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 25 2019

JEFFREY P. ALLSTEADT, CLERK
TEAM - CA 04/16

Official Form 410

Proof of Claim

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?

Tapes Unlimited 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?

Tapes Unlimited Inc

Name

1245 Hartrey Ave

Number

Street

Evanston IL 60202

City

State

ZIP Code

Contact phone

847-866-6060

Contact email

tapesunlimitedinc@gmail.com

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

Same

Name

Number

Street

City

State

ZIP Code

Contact phone

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: _____

7. How much is the claim? \$ 4861.42 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:

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.

☐ 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.

\$ _____

* 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

01/18/2019
MM / DD / YYYY

Signature

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

Name

Thomas

Middle name

Goebel

Last name

Title

Pres.

Company

Tapes Unlimited Inc.

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

Address

1245 Hartrey Ave

Number

Street

Evanston

IL

60202

City

State

ZIP Code

Contact phone

847-866-6060

Email

tapesunlimitedinc@gmail.com

Tapes Unlimited, Inc.

1245 Hartrey Ave
 Evanston, IL 60202
 tel: 847-866-6060 Fax: 6146
 tapesunlimitedinc@gmail.com

Invoice

Date	Invoice #
8/9/2018	55335

Bill To
H.O.B.O. 2650 Belvidere Rd Waukegan IL 60085 jsutton@hoboonline.com

Ship To
HOBO #47 7557 S 78th St Bridgeview, IL 60455 tel:414-762-1600 x-101 Brian

P.O. Number	Terms
N21642	Net 15

Shipped	Via	F.O.B.
8/13/2018	M & T	Our Warehouse

Description	Cases	Pack	Total Pcs	U/M	Price	Amount
Freight: For Shipment billed on invoice #52579 1 skid 1152 lbs					50.00	50.00
****NOTE: MUST PAY THIS FREIGHT INVOICE IN 30 DAYS****						

Web: tapesunlimitedinc.com

Total

\$50.00

Tapes Unlimited, Inc.

1245 Hartrey Ave
Evanston, IL 60202

tel: 847-866-6060 Fax: 6146

tapesunlimitedinc@gmail.com

Invoice

Date	Invoice #
8/9/2018	55331

Bill To
H.O.B.O. 2650 Belvidere Rd Waukegan IL 60085 jsutton@hoboonline.com

Ship To
HOB0 #47 7557 S 78th St Bridgeview, IL 60455 tel:414-762-1600 x-101 Brian

P.O. Number	Terms
N21813	Net 15

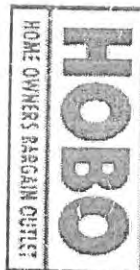
Shipped	Via	F.O.B.
8/13/2018	Your Pick UP	Our Warehouse

Description	Cases	Pack	Total Pcs	U/M	Price	Amount
Masking 1" x 60 yd	6	48	288	each	0.42	120.96
Masking 2" x 60 yd	10	24	240	each	0.80	192.00
Masking 3" x 60 yd	15	16	240	each	1.20	288.00
Painters D Green 2nds 3/4" x 60 yd	2	64	128	each	0.55	70.40
Painters DK Green 1" x 60 yd	1	48	48	each	0.65	31.20
Air Freshener -Neutral	2	12	24	each	0.55	13.20
Air Freshener -Floral	2	12	24	each	0.55	13.20
Pine Glo Antibacterial Cleaner	2	12	24	each	0.60	14.40
Desantis Glass Cleaner 1 lb 3 oz	1	12	12	each	1.10	13.20

Web: tapesunlimitedinc.com

Total

\$756.56



TO: TAPES UNLIMITED
1245 HARTREY AVENUE
EVANSTON IL 60202-1056
PHONE: (847) 856-6060
FAX : (847) 856-6146

HOBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

SHIP TO: HQBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

PURCHASE
ORDER

P.O. #: n000021813
Store : 47

Order Date: 8/5/18
Date Due: 8/20/18
Alt. PO # :
Order Type: NORMAL
Buyer : CROB

Page: 1

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS	Date Due	
TA166		F	N	HTR		HOB			Alt. PO # : Order type: NORMAL Buyer : CROB	
LINE#	STORE	QTY	ORD	ITEM/SKU NUMBER	DESCRIPTION	MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
BILL TO: HOB0 2650 BELVIDERE RD WAUKEGAN, IL 60085 SPECIAL INST: FRT: HOB0 TO ROUTE - EMAIL DISPATCH@HOB0ONLINE.COM TO REQUEST A ROUTING FORM										
2	C	288		1007778	MASKING TAPE 1"	1 MASKING		.42	EA	120.96
6	C	240		1007780	MASKING TAPE 2"	2 MASKING		.80	EA	192.00
7	C	240		1007781	MASKING TAPE 3"	3 MASKING		1.20	EA	288.00
9	C	128		1020375	3/4 X 60YD GREEN PAINTERS TAPE 2	7109		.55	EA	70.40
10	C	48		1054234	1 X 60YD GREEN PAINTERS TAPE 2	1 FROG TAPE		.55	EA	31.20
11	C	24		1224651	90Z AIR FRESHENER NEUTRAL			.55	CS	13.20
12	C	24		1224652	90Z AIR FRESHENER FLORAL			.55	CS	13.20
13	C	24		1224656	PINE GLO ANTI-BACTERIAL CLEANER			.60	CS	14.40
14	C	12		1224657	1LB 30Z DESANTIS GLASS CLEANER			1.10	CS	13.20
TOTAL UNITS		1028								

P.O. Approved By:

525

TOTAL	72.52
TOTAL	00.00
OTHER	00.00
TOTAL	72.52

Original-Not Negotiable

Straight Bill of Lading Short Form

Shipper's No. _____

(Name of Carrier)

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at 1245 HARTREY AVE. EVANSTON, IL 60202

From

TAPES UNLIMITED, INC.

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to

Helen 847

7557 S. 18th St

(Mail or street address at consignee—For purposes of notification only.)

Destination

Bridgeview

State

IL

Zip

60455

County

Delivery

Address *

* To be filled in only when shipper desires and governing tariffs provide for delivery thereof.

Route _____

Delivering Carrier

Car or Vehicle Initials

No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column	Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Signature of Consignor) <i>[Signature]</i> If charges are to be prepaid, write or stamp here "To be Prepaid." <i>[Signature]</i> Received \$ _____ to apply in prepayment of the charges on the property described hereon. Agent or Cashier _____ Per _____ (The signature here acknowledges only the amount prepaid.) Charges Advanced: _____ * Shipper's imprint in lieu of stamp: not a part of Bill of Lading approved by the Interstate Commerce Commission.
41	PAPER SEALING TAPE on 1-5 Ltr Q# 721813		55		

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE—When the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____.

* The tare boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

Shipper, Per

Rob Costa

Agent, Per

Permanent post-office address of shipper, _____

8.14.18

Tapes Unlimited, Inc.

Invoice

1245 Hartrey Ave
 Evanston, IL 60202
 tel: 847-866-6060 Fax: 6146
 tapesunlimitedinc@gmail.com

Date	Invoice #
7/19/2018	55282

Bill To
H.O.B.O. 2650 Belvidere Rd Waukegan IL 60085 jsutton@hoboonline.com

Ship To
HOB0 #47 7557 S 78th St Bridgeview, IL 60455 tel:414-762-1600 x-101 Brian

P.O. Number	Terms
N21642	Net 15

Shipped	Via	F.O.B.
7/19/2018	Your Pick-Up <i>my</i>	Our Warehouse

Description	Cases	Pack	Total Pcs	U/M	Price	Amount
Freight: For shipment billed on invoice #52579. 1 skid 1152 lbs		②			50.00	50.00

Web: tapesunlimitedinc.com

Total	\$50.00
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Original-Not Negotiable

Straight Bill of Lading Short Form

Shipper's No. _____

(Name of Carrier)

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading.

at 1245 HARTREY AVE. EVANSTON, IL 60202

From

TAPES UNLIMITED, INC.

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown, marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to HCB Warehouse #47

7557 S. 78th St

(Mail or street address at consignee - For purposes of notification only.)

Destination Bridgeview

State IL

Zip 60455

County

Delivery

Address *

* To be filled in only when shipper desires and governing tariffs provide for delivery thereof.

Route _____

Delivering Carrier _____

Car or Vehicle Initials _____

No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column	Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Signature of Consignor) _____ If charges are to be prepaid, write or stamp here: "To be Prepaid." Received \$ _____ to apply in prepayment of the charges on the property described hereon. Agent or Cashier _____ Per _____ (The signature here acknowledges only the amount prepaid.) Charges Advanced: _____ \$ _____ † Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.
12	PAPER SEALING TAPE	by 1-5/16" x 1/2"	55		
	8-1/2" x 1/2" x 1/2"				

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

† The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

Shipper, Per _____

Agent, Per _____

Permanent post-office address of shipper, _____

Bol Costa
7-27-18

Tapes Unlimited, Inc.

Invoice

1245 Hartrey Ave
 Evanston, IL 60202
 tel: 847-866-6060 Fax: 6146
 tapesunlimitedinc@gmail.com

Date	Invoice #
7/19/2018	55279

Bill To
H.O.B.O. 2650 Belvidere Rd Waukegan IL 60085 jsutton@hoboonline.com

Ship To
HOB0 #47 7557 S 78th St Bridgeview, IL 60455 tel:414-762-1600 x-101 Brian

P.O. Number	Terms
N21642	Net 15

Shipped	Via	F.O.B.
7/19/2018	<i>mat</i> Your Pick UP	Our Warehouse

Description	Cases	Pack	Total Pcs	U/M	Price	Amount
Masking 1" x 60 yd	4	48	192	each	0.42	80.64
Masking 1-1/2" x 60 yd	4	32	128	each	0.60	76.80
Masking 2" x 60 yd	4	24	96	each	0.80	76.80
Masking 3" x 60 yd	13	16	208	each	1.20	249.60
Painters DK Green 1-1/2" x 60 yd	9	32	288	each	0.98	282.24
Painters DK Green 2" x 60 yd	11	24	264	each	1.30	343.20
Air Freshener -Neutral	12	12	144	each	0.55	79.20
Air Freshener -Floral	4	12	48	each	0.55	26.40
Pine Glo Antibacterial Cleaner	5	12	60	each	0.60	36.00
Desantis Glass Cleaner 1 lb 3 oz	6	12	72	each	1.10	79.20
Total						\$1,330.08

Web: tapesunlimitedinc.com



TO: TAPES UNLIMITED
1245 HARTREY AVENUE
EVANSTON IL 60202-1056
PHONE: (847) 866-6060
FAX : (847) 866-6146

HOBBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

SHIP TO: HOBBO 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

PURCHASE ORDER

P.O. #: 0000021642
Store : 47

Order Date: 7/17/18
Date Due : 7/27/18
Alt. PO # :
Order Type: NORMAL
Buyer : CROB

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS	Date Due :			
TA166		F	N	HTR		HOB		NET 30 DAYS <td>Alt. PO # :</td>	Alt. PO # :			
LINE#	STORE	QTY ORD	ITEM/SKU NUMBER	DESCRIPTION				MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
BILL TO: HOBBO 2650 BELVIDERE RD WAUKEGAN, IL 60085												
SPECIAL INST: FRT: HOBBO TO ROUTE - EMAIL DISPATCH@HOBBOONLINE.COM TO REQUEST A ROUTING FORM												
44	47	1.5	1007778	4x45	2	MASKING TAPE 1"	1.5 MASKING	EA	73.92			
43	47	1.5	1007779	4x32	2	MASKING TAPE 1-1/2"	1.5 MASKING	EA	76.80			
42	47	1.5	1007780	4x24	2	MASKING TAPE 2"	2 MASKING	EA	76.80			
41	47	1.5	1007781	3x16	2	MASKING TAPE 3"	3 MASKING	EA	249.60			
40	47	1.5	1052926	1052926	2	1.5 X 60YD GREEN PAINTERS TAPE 2	1.5 FROG TAPE	EA	62.72			
39	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	136.00			
38	47	1.5	1224651	1224651	2	90Z AIR FRESHENER NEUTRAL	1.55	CS	79.20			
37	47	1.5	1224652	1224652	2	30Z AIR FRESHENER FLORAL	1.55	CS	79.20			
36	47	1.5	1224653	1224653	2	PINE SLO ANTIBACTERIAL CLEANER	1.55	CS	26.40			
35	47	1.5	1224654	1224654	2	1LB 30Z DESANTIS GLASS CLEANER	1.10	CS	36.00			
34	47	1.5	1052926	1052926	2	1.5 X 60YD GREEN PAINTERS TAPE 2	1.5 FROG TAPE	EA	79.20			
33	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	219.52			
32	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
31	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
30	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
29	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
28	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
27	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
26	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
25	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
24	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
23	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
22	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
21	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
20	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
19	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
18	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
17	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
16	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
15	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
14	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
13	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
12	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
11	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
10	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
9	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
8	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
7	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
6	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
5	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
4	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
3	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
2	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
1	47	1.5	1054233	1054233	2	2 X 60YD GREEN PAINTERS TAPE 2	2 FROG TAPE	EA	187.20			
TOTAL UNITS 1484										TOTAL COST 1323.36		
TOTAL FREIGHT 1.00										TOTAL CHARGES 1323.36		
TOTAL P.O. 1323.36												

1245 Hartrey Ave

Evanston, IL 60202

tel: 847-866-6060 Fax: 6146

tapesunlimitedinc@gmail.com

Invoice

Date	Invoice #
5/24/2018	55092

Bill To
H.O.B.O. 2650 Belvidere Rd Waukegan IL 60085 jsutton@hoboonline.com

Ship To
HOBO #47 7557 S 78th St Bridgeview, IL 60455 tel:414-762-1600 x-101 Brian

P.O. Number	Terms
N21240	Net 15

Shipped	Via	F.O.B.
5/24/2018	Your Pick UP	Our Warehouse

Description	Cases	Pack	Total Pcs	U/M	Price	Amount
Carton Seal 2" x 55 yd 2nds	120	36	4,320	each	0.33	1,425.60
			Total		\$1,425.60	



Hobo 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

Page: 1

PURCHASE ORDER

P.O. #: 0000021240
Store : 47

TO: TAPES UNLIMITED
1245 HARTREY AVENUE
EVANSTON IL 60202-1056
PHONE: (847) 866-6060
FAX : (847) 866-6146

SHIP TO: Hobo 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

Order Date: 5/23/18
Date Due : 5/30/18
Alt. PO # :
Order Type: NORMAL
Buyer : LMIL

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS	Date Due : 5/30/18		
TA166		F	N	HTR		HOB		NET 30 DAYS	Alt. PO # : Order Type : NORMAL Buyer : LMIL		
LINE#	STORE	QTY ORD	ITEM/SKU NUMBER	DESCRIPTION			MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
			BILL TO:	HOB0 2650 BELVIDERE RD WAUKEGAN, IL 60085							
			SPECIAL INST:	FRT: HOB0 TO ROUTE - EMAIL DISPATCH@HOB0ONLINE.COM TO REQUEST A ROUTING FORM							
1	47	4320	1007785	CARTON SEAL 2"X55YD 2NDS STORE					.33	EA	1425.60
				NFR CRTN SEAL							

TOTAL UNITS 4320

P.O. Approved by:

Date:

TOTAL COST 1425.60
TOTAL FREIGHT .00
OTHER CHARGES .00
TOTAL P.O. 1425.60

Original-Not Negotiable

Straight Bill of Lading Short Form

Shipper's No. _____

(Name of Carrier)

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading.

at 1245 HARTREY AVE. EVANSTON, IL 60202

From

TAPES UNLIMITED, INC.

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to 11060 471 7552 3013 H&M (Mail or street address at consignee—For purposes of notification only.)

Destination Bend, OR State OR Zip 97101 County _____ Delivery Address *

* To be filled in only when shipper desires and governing tariffs provide for delivery thereof.

Route _____

Delivering Carrier _____ Car or Vehicle Initials _____ No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	WEIGHT (Subject to Correction)	Class or Rate	Check Column	Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Signature of Consignor)
170	PAPER SEALING TAPE on 1-Skid R-11/2/240		55		If charges are to be prepaid, write or stamp here: "To Be Prepaid." Received \$ _____ to apply in prepayment of the charges on the property described hereon. Agent or Cashier _____ Per _____ (The signature here acknowledges only the amount prepaid.) Charges Advanced: \$ _____ * Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.

1. If "To Be Prepaid" invoice has been sent you parts by _____, you shall state whether it is carrier's or shipper's invoice.

2. NOTE:—Where the rate is prepayment on value, shippers are required to state the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____.

3. The three boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

Shipper, Per _____

Agent, Per _____

Permanent post-office address of shipper: _____

Tapes Unlimited, Inc.

1245 Hartrey Ave

Evanston, IL 60202

tel: 847-866-6060 Fax: 6146

tapesunlimitedinc@gmail.com

Invoice

Date	Invoice #
4/17/2018	54967

Bill To
H.O.B.O. 2650 Belvidere Rd Waukegan IL 60085 jsutton@hoboonline.com

Ship To
Bridgeview Whs #47 7557 S 78th St Bridgeview, IL 60455 tel:414-762-1600 x-101 Brian

P.O. Number	Terms
N20882	Net 15

Shipped	Via	F.O.B.
4/17/2018	Your Pick UP	Our Warehouse

Description	Cases	Pack	Total Pcs	U/M	Price	Amount
Air Freshener - Neutral	6	12	72	each	0.55	39.60
Air Freshener - Floral	4	12	48	each	0.55	26.40
3M Vorend Seal Tape 3/4" x 200" w/Dispenser	1	144	144	each	0.15	21.60
Pine Glo Antibacterial Cleaner	4	12	48	each	0.60	28.80
Desantis Glass Cleaner 1 lb 3 oz	6	12	72	each	1.10	79.20
Homax Caulk Tool Kit 8pc	5	4	20	each	1.00	20.00
Homax Caulk Tool Kit 8pc	7	72	504	each	1.00	504.00
Masking 1" x 60 yd	1	48	48	each	0.42	20.16
Masking 2" x 60 yd	1	24	24	each	0.80	19.20
Masking 3" x 60 yd	3	16	48	each	1.20	57.60
Painters DK Green 2" x 60 yd	6	24	144	each	1.30	187.20
Painters DK Green 1" x 60 yd	4	48	192	each	0.65	124.80
Masking 1-1/2" x 60 yd	1	32	32	each	0.60	19.20
49 cases on 1 skid						

Web: tapesunlimitedinc.com

Total

\$1,147.76



HOME OWNERS SARGAIN OUTLET

TO: TAPES UNLIMITED
1245 HARTREY AVENUE
EVANSTON IL 60202-1056
PHONE: (847) 866-6060
FAX : (847) 856-6146

HOB0 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

SHIP TO: HOB0 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

PURCHASE ORDER

P.O. #: 0000020882
Store : 47

Order Date: 4/12/18
Date Due : 4/19/18
Alt. PO # :
Order Type: NORMAL
Buyer : CRO8

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS	Date Due : 4/19/18			
TA165		F	N	HTR		HOB			Alt. PO # : Order type : NORMAL Buyer : CROB			
LINE#	STORE	QTY	ORD	ITEM/SKU	NUMBER	DESCRIPTION	MFG#/SPCL	SPEC ORD#	UNIT	COST	U/M	EXTENDED COST
SPECIAL INST:												
FRIT: HOBO TO ROUTE - EMAIL DISPATCH@HOBONLINE.COM TO REQUEST A ROUTING FORM												
						HOBO 2650 BELVIDERE RD WAUKEGAN, IL 60085						
3	25	72	1224651			90Z AIR FRESHENER NEUTRAL			EA	5.60		35.60
4	25	48	1224652			90Z AIR FRESHENER FLORAL			EA	3.60		26.40
5	25	144	1224654			3/4" SEAL TAPE ON DISPENSER			CS	21.60		21.60
6	25	24	1224656			PINE GLO ANTIBACTERIAL CLEANER			CS	14.40		14.40
7	25	72	1224657			1LB 30Z DESANTIS GLASS CLEANER			CS	79.20		79.20
8	25	504	1243871			HOWAX CAULK TOOL KIT 8PC			EA	504.00		504.00
9	25	48	1007778			MASKING TAPE 1"			EA	20.16		20.16
10	25	24	1007780			MASKING TAPE 2"			EA	19.20		19.20
11	25	16	1007781			MASKING TAPE 3"			EA	19.20		19.20
12	25	48	1054233			2 X 60YD GREEN PAINTERS TAPE 2			EA	62.40		62.40
13	25	24	1054234			1 X 60YD GREEN PAINTERS TAPE 2			EA	31.20		31.20
14	25	48	1224656			PINE GLO ANTIBACTERIAL CLEANER			CS	14.40		14.40
15	25	32	1007779			MASKING TAPE 1-1/2"			EA	19.20		19.20
16	25	112	1007781			MASKING TAPE 3"			EA	34.40		34.40
17	25	144	1054233			2 X 60YD GREEN PAINTERS TAPE 2			EA	27.20		27.20
18	25	144	1054234			1 X 60YD GREEN PAINTERS TAPE 2			EA	93.60		93.60

SPECIAL INST:

FRT: HOB0 TO ROUTE - EMAIL
DISPATCH@HOB0ONLINE.COM TO
REQUEST A ROUTING FORM

TOTAL UNITS 1504

P.O. Approved By:

TOTAL COST 1286.16
TOTAL FREIGHT 1.00
OTHER CHARGES
TOTAL P.O. 1286.16

Original-Not Negotiable

Straight Bill of Lading Short Form

Shipper's No. _____

(Name of Carrier)

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,
at 1245 HARTREY AVE. EVANSTON, IL 60202 4-17-78 From TAPES UNLIMITED, INC.

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.


Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to 7557 S. 78th St. (Mail or street address at consignee - For purposes of notification only.)

Destination Bridgeview State IL Zip 60455 County _____ Delivery Address ★
★ To be filled in only when shipper desires and governing tariffs provide for delivery thereof.

Route _____

Delivering Carrier _____ Car or Vehicle Initials _____ No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	*WEIGHT (Subject to Correction)	Class or Rate	Check Column	Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Signature of Consignor) <u>[Signature]</u> If charges are to be prepaid, write or stamp here: "To be Prepaid." Received \$ _____ to apply in prepayment of the charges on the property described hereon. Agent or Cashier Per _____ (The signature here acknowledges only the amount prepaid.) Charges Advanced: _____ * Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.
<u>49</u>	<u>PAPER SEALING TAPE</u> <u>on 15Kd</u> <u>Lot # 120882</u>		<u>55</u>		
<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOX BROTHERS TRANS. 671 301 0  </div>					

In the shipment made between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

* The bill is concerned and has conformed to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

Shipper, Per [Signature] Agent, Per [Signature]

Permanent post-office address of shipper, _____

Tapes Unlimited, Inc.

Invoice

1245 Hartrey Ave

Evanston, IL 60202

tel: 847-866-6060 Fax: 6146

tapesunlimitedinc@gmail.com

Date	Invoice #
4/6/2018	54937

Bill To
H.O.B.O. 2650 Belvidere Rd Waukegan IL 60085 jsutton@hoboonline.com

Ship To
Bridgeviw Whs #47 7557 S 78th St Bridgeview, IL 60455 tel:414-762-1600 x-101 Brian

P.O. Number	Terms
N20474	Net 15

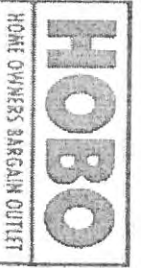
Shipped	Via	F.O.B.
4/6/2018	Your Pick UP	Our Warehouse

Description	Cases	Pack	Total Pcs	U/M	Price	Amount
PET MATE CARRIER 19" UP TO 10 LBS.	28	5	140	each	8.00	1,120.00
PET MATE CARRIER 24" UP TO 20 LBS.	8	5	40	each	24.00	960.00
PET MATE CARRIER 28" UP TO 30 LBS.	6	3	18	each	30.00	540.00
PET MATE CARRIER 36" UP TO 70 LBS.	4	2	8	each	32.00	256.00
PET MATE CARRIER 40" UP TO 90 LBS.	4	2	8	each	35.00	280.00
PET MATE 2 DOOR KENNEL 24" UP TO 20 LBS.	12	4	48	each	12.00	576.00
GREAT CHOICE PORTABLE KENNEL 24" LONG 16 X 15	10	4	40	each	8.00	320.00
GREAT CHOICE PORTABLE KENNEL 24" LONG 16 X 15	10	6	60	each	8.00	480.00
PET MATE LARGE HOODED LITER PAN	8	6	48	each	8.00	384.00

Web: tapesunlimitedinc.com

Total	\$4,916.00
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Bal. Due \$ 101.42



TO: TAPES UNLIMITED
1245 HARTREY AVENUE
EVANSTON IL 60202-1056
PHONE: (847) 866-6060
FAX : (847) 866-6146

HOB0 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455
(708) 924-9155

SHIP TO: HOB0 47
7557 S. 78TH AVE.
BRIDGEVIEW, IL 60455

PURCHASE ORDER

P.O. #: 0000020782
Store : 47

Order Date: 4/4/18
Date Due : 4/25/18
Alt. PO # :
Order Type: NORMAL
Buyer : LMIL

VENDOR	ASSIGNED CUST#	STATUS	BACK	REFER#	CODES	FREIGHT POLICY	SHIP VIA	TERMS	DATE DUE		
TA166		F	N	HTR		HOB			4/23/18		
LINE#	STORE	QTY	ORD	ITEM/SKU	NUMBER	DESCRIPTION	MFG#/SPCL	SPEC ORD#	UNIT COST	U/M	EXTENDED COST
BILL TO:											
HOB0 2650 BELVIDERE RD WAUKEGAN, IL 60085											
FRT: HOB0 TO ROUTE - EMAIL DISPATCH@HOB0ONLINE.COM TO REQUEST A ROUTING FORM											
140				1243595		PET MATE CARRIER 19" /10 LBS.			5.00	EA	1120.00
40				1243596		PET MATE CARRIER 24" /20 LBS.			24.00	EA	960.00
18				1243597		PET MATE CARRIER 28" /30 LBS.			30.00	EA	540.00
8				1243598		PET MATE CARRIER 36" /70 LBS.			32.00	EA	256.00
8				1243599		PET MATE CARRIER 40" /90 LBS.			35.00	EA	280.00
48				1243600		PET MATE 2 DR KENNEL 24" /20 LB			12.00	EA	576.00
40				1243601		PORTABLE KENNEL 24" L 16 X 15			8.00	EA	320.00
60				1243602		PORTABLE KENNEL 24" L 16 X 15			8.00	EA	480.00
48				1243603		LARGE HOODED LITER PAN			8.00	EA	384.00
SPECIAL INST:											
TOTAL UNITS 410											

TOTAL UNITS	410	TOTAL COST	2976.00
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TOTAL COST 4916.00
TOTAL FREIGHT .00
OTHER CHARGES .00
TOTAL 4916.00

P.O. Approved By:

Date:

Original-Not Negotiable

Straight Bill of Lading Short Form

Shipper's No. _____

(Name of Carrier)

Carrier's No. _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading,

at 1245 HARTREY AVE. EVANSTON, IL 60202

From

TAPES UNLIMITED, INC.

the property described below, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classification in effect on the date thereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.


Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to Alpha Warehouse #41 2037 S. 18th St. (Mall or street address at consignee—For purposes of notification only.)Destination Bridgeview State IL Zip 60435 County _____ Delivery Address ★ _____

★ To be filled in only when shipper desires and governing tariffs provide for delivery thereof.

Route _____

Delivering Carrier _____ Car or Vehicle Initials _____ No. _____

No. Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	WEIGHT (Subject to Correction)	Class or Rate	Check Column	Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Signature of Consignor) <u>[Signature]</u> If charges are to be prepaid, write or stamp here: "To be Prepaid." <u>Prepaid</u> Received \$ _____ to apply in prepayment of the charges on the property described hereon. Agent or Cashier Per _____ (The signature here acknowledges only the amount prepaid.) Charges Advanced: \$ _____ Shipper's imprint in lieu of stamp; not a part of Bill of Lading approved by the Interstate Commerce Commission.
70	PAPER SEALING TAPE on 5-5140's PO # 77 207 82 <div style="border: 1px solid black; padding: 5px; text-align: center;">FOX BROTHERS TRANS. 665 177 2 </div>		55		

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of this property is hereby specifically stated by the shipper to be not exceeding _____ per _____.

The labels used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.

Shipper, Per [Signature]Agent, Per ph 5140's

Permanent post-office address of shipper: _____

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> (27205122) TAPES UNLIMITED 1245 HARTREY AVENUE EVANSTON, IL 60202	Claim No: 73 <i>Original Filed</i> Date: 01/25/2019 <i>Original Entered</i> Date: 01/28/2019	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Maria Garcia <i>Modified:</i>
Amount claimed: \$4861.42		

History:

[Details](#) [73-1](#) 01/25/2019 Claim #73 filed by TAPES UNLIMITED, Amount claimed: \$4861.42 (Garcia, Maria)

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*	\$4861.42
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		