

Fill in this information to identify the case:

Debtor 1 _____

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of _____

Case number _____

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?

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?

Where should notices to the creditor be sent?

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

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Name

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Contact phone

Contact phone

Contact email ComEdBankruptcyGroup@exeloncorp.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: ____ _

7. **How much is the claim?** \$_____. **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.

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 all that apply:*

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 _____
 MM / DD / YYYY

 Signature

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

Name _____
 First name Middle name Last name

Title _____

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

Address _____
 Number Street

City _____ State ZIP Code

Contact phone _____ Email ComEdBankruptcyGroup@exeloncorp.com

*** Account Information ***

*** Current Account Status ***

Account Number: 4070
 Account Status: Active
 Requested By: FP RETAIL ASSOCIATES LLC
 1214 Extension: 17

Mail To: FP RETAIL ASSOCIATES LLC
 2650 BELVIDERE RD
 WAUKEGAN IL 60085

Current Bill: \$44310.00
 Billed Prior: \$0.00
 Balance Due: \$44310.00
 Service Address: 7600 ROOSEVELT RD
 FOREST PARK IL 60130

Credit Amount: \$0.00
 Deposit Requested: \$44310.00
 Deposit On-Hand: \$0.00
 Meter Bill Grp: 11
 Rate: Commercial Hourly - 400 kW to 1000 kW

DATE	CHARGE TYPE	BILLING PERIOD	READ	METER #	CHARGE AMOUNT	CREDIT AMOUNT	TOTAL BILL	BALANCE FORWARD	DUE DATE	KWH	CCF
04/17/17	Payment					\$2865.00					
04/18/17	CANCELED ELECTRIC SERVICE	03/29/17 04/13/17		230171135	\$2614.80						
04/18/17	DEPOSIT				\$2865.00						
04/18/17	Regular Bill						\$2614.80		05/03	40597	
05/02/17	Estimated Bill					\$2614.80					
05/02/17	ELECTRIC SERVICE	03/29/17 04/13/17		230171135	\$2614.80						
05/02/17	Regular Bill						\$2614.80		05/17	40597	
05/15/17	Payment					\$2614.80					
05/15/17	ELECTRIC SERVICE	04/13/17 05/12/17		230171135	\$5139.96						
05/15/17	DEPOSIT				\$2865.00						
05/15/17	Regular Bill						\$8004.96		05/30	77965	
05/22/17	Payment					\$2865.00					
05/30/17	Payment					\$5139.96					
06/14/17	ELECTRIC SERVICE	05/12/17 06/13/17		230171135	\$8192.17						
06/14/17	DEPOSIT				\$2865.00						
06/14/17	Regular Bill						\$11057.17		06/29	116105	
06/19/17	Payment					\$2865.00					
06/26/17	Payment					\$8192.17					
07/21/17	ELECTRIC SERVICE	06/13/17 07/13/17		230171135	\$9883.36						
07/21/17	Regular Bill						\$9883.36		08/07	128043	
08/07/17	Payment					\$9883.36					
08/14/17	ELECTRIC SERVICE	07/13/17 08/11/17		230171135	\$9522.81						
08/14/17	Regular Bill						\$9522.81		08/29	119970	
08/28/17	Payment					\$9522.81					
09/12/17	ELECTRIC SERVICE	08/11/17 09/11/17		230171135	\$9774.73						
09/12/17	Regular Bill						\$9774.73		09/27	143660	
09/22/17	Payment					\$9774.73					
10/11/17	ELECTRIC SERVICE	09/11/17 10/10/17		230171135	\$10214.11						
10/11/17	Regular Bill						\$10214.11		10/26	138573	
10/23/17	Payment					\$10214.11					
11/09/17	ELECTRIC SERVICE	10/10/17 11/08/17		230171135	\$6855.06						
11/09/17	Regular Bill						\$6855.06		11/27	93862	
11/29/17	Late Payment Charge				\$102.83						
12/04/17	Payment					\$6855.06					
12/12/17	ELECTRIC SERVICE	11/08/17 12/11/17		230171135	\$6338.23						
12/12/17	Regular Bill						\$6441.06	\$102.83	12/27	98588	
12/27/17	Payment					\$6441.06					
01/16/18	ELECTRIC SERVICE	12/11/17 01/12/18		230171135	\$10971.70						
01/16/18	Regular Bill						\$10971.70		01/31	118923	
01/29/18	Payment					\$10971.70					
02/14/18	ELECTRIC SERVICE	01/12/18 02/13/18		230171135	\$8016.95						
02/14/18	Regular Bill						\$8016.95		03/01	124687	
03/05/18	Payment					\$8016.95					
03/15/18	ELECTRIC SERVICE	02/13/18 03/14/18		230171135	\$7040.60						
03/15/18	Regular Bill						\$7040.60		03/30	111323	
03/26/18	Payment					\$7040.60					
04/13/18	ELECTRIC SERVICE	03/14/18 04/12/18		230171135	\$7779.80						
04/13/18	Regular Bill						\$7779.80		04/30	110129	
04/18/18	Deposit Interest					\$88.83					
04/30/18	Payment					\$7779.80					

CUAR038

ComEd Account Activity Statement

Date: 11/12/18

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DATE	CHARGE TYPE	BILLING PERIOD	READ	METER #	CHARGE AMOUNT	CREDIT AMOUNT	TOTAL BILL	BALANCE FORWARD	DUE DATE	KWH	CCF
06/13/18	ELECTRIC SERVICE	05/11/18 06/12/18		230171135	\$14483.29						
06/13/18	Regular Bill						\$14483.29		06/28	172168	
06/26/18	Payment					\$14483.29					
06/26/18	Transfer					\$8619.36					
07/13/18	ELECTRIC SERVICE	06/12/18 07/12/18		230171135	\$16766.28						
07/13/18	Regular Bill						\$16766.28		07/30	195411	
08/01/18	Payment					\$16766.28					
08/13/18	ELECTRIC SERVICE	07/12/18 08/10/18		230171135	\$16123.94						
08/13/18	Regular Bill						\$16123.94		08/28	183399	
08/30/18	Payment					\$16123.94					
09/12/18	ELECTRIC SERVICE	08/10/18 09/11/18		230171135	\$16697.33						
09/12/18	Regular Bill						\$16697.33		09/27	186534	
09/25/18	Payment					\$16697.33					
10/11/18	ELECTRIC SERVICE	09/11/18 10/10/18		230171135	\$13461.96						
10/11/18	Regular Bill						\$13461.96		10/26	152016	
10/23/18	Payment					\$13461.96					
11/09/18	Bnkrptcy Pre Filing Cr					\$4750.53					
11/09/18	Bnkrptcy Post Filing Cr					\$4433.84					
11/09/18	ELECTRIC SERVICE	10/10/18 11/08/18		230171135	\$9184.37						
11/09/18	DEPOSIT				\$44310.00						
11/09/18	Regular Bill						\$53494.37		11/26	84266	

Northern District of Illinois Claims Register

[18-30046 FP Retail Associates LLC](#)

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

Creditor: (27296200) **Claim No:** 3 *Status:*
Commonwealth Edison Company *Original Filed* *Filed by:* CR
Bankruptcy Department *Date:* 11/13/2018 *Entered by:* Emily Kibler
1919 Swift Drive *Original Entered* *Modified:*
Oak Brook, IL 60523 *Date:* 11/13/2018

Amount claimed: \$4750.53

History:

[Details](#) [3-1](#) 11/13/2018 Claim #3 filed by Commonwealth Edison Company, Amount claimed: \$4750.53 (Kibler, Emily)

Description:

Remarks:

Claims Register Summary

Case Name: FP Retail Associates LLC
Case Number: 18-30046
Chapter: 11
Date Filed: 10/25/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$4750.53
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		